

# School Health Manual



ARCHDIOCESE OF ST. LOUIS  
Office of Catholic Education and Formation



Health Guidelines for  
Catholic Schools in the  
Archdiocese of St. Louis

Established August 1996

Revised  
Summer 2024

# **School Health Manual**

## **Health Guidelines for Catholic Schools in the Archdiocese of St. Louis**



ARCHDIOCESE OF ST. LOUIS  
Office of Catholic Education and Formation



**Developed by the  
Archdiocesan Health Advisory Committee,  
Office of Catholic Education and Formation  
and  
SSM Health Cardinal Glennon Children's Hospital**

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# **TABLE OF CONTENTS**

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## **Series**

<b>1.0</b>	<b>Mission and Goals</b>
<b>2.0</b>	<b>Health Documents</b>
<b>3.0</b>	<b>Physical Examination of Students</b>
<b>4.0</b>	<b>Administration of Medication</b>
<b>5.0</b>	<b>Health Screening</b>
<b>6.0</b>	<b>Communicable Disease</b>
<b>7.0</b>	<b>First Aid and Emergency Guidelines</b>
<b>8.0</b>	<b>Child Abuse</b>



# **Series 1.0**

## **Mission and Goals**

<b>Introduction to the Manual</b>	<b>1.1</b>
<b>Mission</b>	<b>1.2</b>
<b>Goals</b>	<b>1.3</b>
<b>References</b>	



# **Mission and Goals (1.0)**

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## **Introduction to the Manual (1.1)**

The School Partnership Nurses of SSM Health Cardinal Glennon Children's Hospital, the Office of Catholic Education and Formation, and the Health Advisory Committee of the Archdiocese have developed the guidelines in this manual for the schools of the Archdiocese of St. Louis. These guidelines provide direction to school staff and volunteers on school health issues and supplement, not replace, all guidelines in the ***Administrative Manuals for Elementary and Secondary Education***. The guidelines and goals are to be fulfilled as time, personnel, access to equipment, and facilities allow.

## **Mission (1.2)**

The School Partnership Program strives to assist all students to achieve and grow in the school environment by promoting a coordinated approach to health and wellness within the school setting.

## **Goals (1.3)**

The school principal, school health staff, teachers, support staff and parents in each individual school will address the SSM Health Cardinal Glennon Children's Hospital program goals.

The school should:

1. establish and review school health policies from the Health Advisory Committee of the St. Louis Archdiocese.
2. assess and document the health status of each student.
  - a. Maintain and review current and cumulative health records on each student annually.
  - b. Document all health interactions with a student (i.e. medication administration, first aid administration, illness).
  - c. Perform and document health screening and follow-up.
3. protect confidentiality of all records with individual health information.
  - a. Keep all files under administration supervision and separate from academic records.
  - b. Determine who in the school setting should have access to the school health records.
4. be supervised and directed by a registered professional nurse.
5. promote a coordinated approach to optimal health and well being of students and school personnel as addressed in the Wellness Plan.
6. prevent and control communicable disease, thereby protecting the well being of students and others.
  - a. Maintain all required immunization dates or a state-approved exemption card in their health record.
  - b. Enforce school health guidelines to prevent the outbreak and spread of communicable disease.
  - c. Encourage good hygiene practices.
  - d. Follow the Exposure Control Plan.

7. provide personnel who can take appropriate action in case of illness and injury, when possible.
  - a. Develop written school policy regarding care of illness and injury.
  - b. Maintain current emergency files for students and staff.
  - c. Provide supplies and equipment.
  - d. Provide first aid training for staff and lunchroom/playground volunteers.
8. provide injury-reporting system.
9. provide a safe, healthy physical and psychological environment that facilitates learning.
  - a. Encourage routine inspection of school grounds by administrator, nurse, or custodian.
  - b. Ensure that school is in compliance with local and state sanitation standards.
  - c. Ensure that crossing guards are available where and when necessary.
10. in-service all staff regarding health issues.

## References

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***American Nurses Association Standards***, American Nurses Association

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary Education

***Missouri Nurse Practice Act***, Missouri Board of Nursing

***Occupational Safety and Health Administration (“OSHA”) Guidelines***

***School Health: Policy and Practice***, American Academy of Pediatrics

***School Health Index***, CDC Coordinated School Health Program Model

***Standards of School Health Services***, Missouri Association of School Nurses



# **Series 2.0**

## **Health Documents**

<b>Health Information</b>	<b>2.1</b>
Collection of Information	2.11
Types of Records	2.12
Emergency Information/Authorization Record	2.121
Cumulative School Health Record	2.122
Medical History Form	2.123
Treatment Log	2.124
Transfer of Records	2.13
Maintenance of Records	2.14
 <b>School Staff Health</b>	 <b>2.2</b>
Health Form	2.21
Emergency Information	2.22
Tuberculin (TB) Testing	2.23
 <b>References</b>	
 <b>Appendix</b>	



## **Health Documents (2.0)**

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### **Health Information (2.1)**

#### **Collection of Information (2.11)**

As a part of the yearly school registration process, appropriate medical information should be collected on each student and maintained in a secure area. All students should have:

1. a completed emergency form,
2. a medical history and/or a physical form, and
3. a cumulative health record with all mandatory immunization dates.

Students with chronic health conditions should also provide an action/care plan and medication administration form.

School health records should be maintained separately from school educational records to maximize confidentiality protection afforded to medical information under Missouri Law. An exception will arise when health care is delivered as a part of the student's educational program.

#### **Types of Records (2.12)**

Each school may use its own forms. The information that schools should maintain on each student includes the following:

1. Identifying student information (name, birth date, sex, Social Security number [last four digits only] or Medicaid number)
2. Month, day, and year of mandatory immunizations
3. Health information relevant to the student's education or physical exercise program
4. Physical forms (for students in Kindergarten, 3<sup>rd</sup>, 6<sup>th</sup>, and 9<sup>th</sup> grades and new entrants who have not had a physical exam within the past year)
5. Record of screening test results
6. Recommendations for referral and follow-up
7. Clinical information, when appropriate (medications taken and treatment plans)

#### **Emergency Information/Authorization Record (2.121)**

The school shall develop procedures for the emergency handling of injury and sudden illness of a student occurring on school property and during school sponsored events.

The emergency information/authorization record should be completed by the parent/guardian annually. Each student should have a completed form on file by the first day of school.

This information should be stored in the school office and in the health room.

The file should be easily accessible and portable.

The information should be taken on field trips or sports events for a specific class or grade and should be available for use in all emergency/crisis situations. It is recommended that this record be printed on heavy card stock due to its frequent use.

The emergency information form should at least contain:

1. Student's name, birth date, and sex.
2. Parents, guardians, or adult(s) with whom the child resides, their names, addresses, cell phone, home and work telephone numbers, and places of employment.
3. The name and telephone number of a relative or neighbor who may be called in an emergency.
4. The name, address, and telephone number of the student's primary care physician and dentist.
5. A letter stating parental consent for treatment at a local emergency hospital if parents, legal guardian, or personal physician cannot be reached.

See sample form, Appendix 1: ***Emergency Information/Authorization Record***.

### **Cumulative School Health Record (2.122)**

The cumulative school health record should contain all of the student's health information except the emergency information/authorization form.

A cumulative record (Appendix 2: ***Cumulative School Health Record***) should be printed on card stock. The majority of the student's health information can be transferred to the folder to consolidate papers.

### **Medical History Form (2.123)**

For schools wishing to gather additional medical information, a medical history form may be completed by the student's parent or guardian (Appendix 3: ***Medical History Form***). This form should be updated annually.

### **Health Room Daily Visit Log and Treatment Record (2.124)**

The Health Room Daily Visit Log (Appendix 4) is a record kept of minimal information on daily visits of the students. The school secretary, health aide or school nurse should maintain the log. The log should be in a spiral binder or bound binder and be considered confidential information.

The Treatment Record (Appendix 5) is specific information about the student's visit to the health room and the care that was given, then filed in the student's health file. A copy of the treatment record should be sent home to the parents.

The following information should be entered on each student presenting with a medical concern.

1. Date and time of arrival
2. Name of student
3. Complaint/observations
4. Care given
5. Phone calls made
6. Time student returned to class or home (name of person who picked up student)

The Treatment Record should be kept until the student reaches 26 years of age.

### **Transfer of Records (2.13)**

There should be no release of student health records to other schools, institutions, agencies or individuals without the prior written consent of a parent/guardian, or the former student if age eighteen years or older. Records are not to be released to parents or students but are transferred directly from the school to the institution designated to receive them. Immunization records may be released without written consent, but only copies, not originals, should be released.

(For more detailed information on transferring student records and for a copy of the *Request for Student Records* form, consult the ***Administrative Manual***, 4601.4, Transfer of Records.)

Generally, health records are not transferred from a Catholic elementary school to a Catholic secondary school for students entering ninth grade, unless parents specifically request and give permission for the transfer of these records.

### **Maintenance of Records (2.14)**

According to Missouri law, health information should be kept on students until they reach the age of 26 years. The only exception is health care plans, which are to be retained for one year. When a health form is updated, the old form may be destroyed. Health information can be consolidated in the student's cumulative health record.

(For additional information on the maintenance of school records, consult the ***Administrative Manual***, 4602, Inactive File.)

## **School Staff Health 2.2**

### **Health Form (2.21)**

Principals, directors/coordinators of religious education, and teachers who accept a position in the Catholic schools are required to have a current health form completed by a licensed physician or physician's assistant or nurse practitioner working under a collaborative practice agreement with a licensed physician (download [Health Certificate](#)). This form should be kept on file in the local school administrator's office. A yearly physical examination may be required of a teacher if a local school should make this a policy.

Schools may obtain the health form from the Office of Catholic Education and Formation. According to the American's With Disabilities Act, this form can be presented to the employee by the employer only after hiring. This form is to be completed by the employee's physician to ensure the safety and well being of students.

### **Emergency Information (2.22)**

It is recommended that emergency information on each employee and volunteer be kept in an appropriate manner by each school (emergency contact names and phone numbers, hospital preference, physician's name and phone number, etc.).

(Appendix 6: ***School Staff Medical History Form***)

## **Tuberculin (TB) Testing (2.23)**

School staff should have TB testing at the time of employment. Routine testing of school staff is not recommended unless the employee is in a high risk group. High risk is defined as alcoholic, immunocompromised, foreign born, homeless, or elderly. However, it is recommended that school personnel follow current guidelines of the local health departments regarding TB testing.

### **Information for School Nurses Kindergarten – 12th Grade (from MDHSS)**

For effective tuberculosis (TB) control among school employees in Missouri, the following policies are recommended:

All personnel, paid and unpaid, who work with children in a school environment shall be certified free from TB in an infectious form prior to beginning employment. This includes an evaluation that indicates no signs or symptoms of infectious TB disease (persistent cough for > 3 weeks, unexplained weight loss, fever, night sweats, general malaise) AND one of the situations described below:

1. An individual who has documentation of a Mantoux PPD tuberculin skin test reading of 0 – 9 mm within the past month, or a negative IGRA, and no history of contact with a person with TB immediately prior or subsequent to this documentation, shall be considered to be free from TB. No further TB testing shall be necessary except for epidemiologic or diagnostic purposes which may be required by the local public health agency (LPHA) or the Missouri Department of Health and Senior Services.

<https://health.mo.gov/living/healthcondiseases/communicable/tuberculosis/tbmanual/pdf/Chap2.pdf>

## References

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***Retention of Health Records in Public Schools***, Missouri School Nurses Association

***School Nursing Practice***, Missouri School Nurses Association, Missouri Department of Elementary and Secondary Education, and Missouri Department of Health

***School Health: Policy and Practice***, American Academy of Pediatrics

***Diagnostic Procedure: The Tuberculin Test***, St. Louis County Department of Health

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary Education and Missouri Department of Health Revised 6/2014  
<https://health.mo.gov/living/families/schoolhealth/pdf/ManualForSchoolHealth.pdf>



## Appendix

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Appendix 1	
<b><i>Emergency Information/Authorization Record</i></b>	2.121
Appendix 2	
<b><i>Cumulative School Health Record</i></b>	2.122
Appendix 3	
<b><i>Medical History Form</i></b>	2.123
Appendix 4	
<b><i>Health Room Daily Visit Log</i></b>	2.124
Appendix 5	
<b><i>Treatment Record</i></b>	2.124
Appendix 6	
<b><i>School Staff Medical History Form</i></b>	2.22



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_\_ Student's SS#: \_\_\_\_\_  
 Preference on which parent to call first: Mother \_\_\_\_\_ Father \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_  
 Siblings: 1) \_\_\_\_\_ Grade \_\_\_\_\_  
 2) \_\_\_\_\_ Grade \_\_\_\_\_  
 3) \_\_\_\_\_ Grade \_\_\_\_\_  
 4) \_\_\_\_\_ Grade \_\_\_\_\_

1. \_\_\_\_\_  
(Name) (relationship) (phone number)
2. \_\_\_\_\_  
(Name) (relationship) (phone number)

(front)

In case of emergency and parents are not available, contact:

1. \_\_\_\_\_

(Name) (relationship) (phone number)

2. \_\_\_\_\_

(Name) (relationship) (phone number)

Physician's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Medical Conditions of Student:

\_\_\_\_ Allergies \_\_\_\_ Asthma \_\_\_\_ Diabetes \_\_\_\_ Seizures

\_\_\_\_ Heart Problems \_\_\_\_ Taking Medications \_\_\_\_ Recurring Illness \_\_\_\_ Other:

Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
In case of accident or serious illness, and we and the people I designated are unable to be reached, I hereby authorize the school to call the physician listed and to follow his instructions. If this physician is unable to be contacted, the school may make whatever arrangements are deemed necessary.

\_\_\_\_\_  
(parent/guardian signature)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

(back)



## NAME \_\_\_\_\_ RECORD # \_\_\_\_\_

[illegible]

- 1) Calculate Body Mass Index (BMI) using the formula on the chart or the web-based Centers for Disease Control website.
- 2) Plot BMI on the body mass index-for-age chart for girls or boys.

3) Determine weight status: Underweight = < 5th percentile. Normal

3) Determine weight status: Underweight = < 5th percentile, Normal Weight =  $\geq$  5th percentile to < 85th percentile, At-risk for Overweight =  $\geq$  85th to < 95th percentile, Overweight =  $\geq$  95th percentile.

## NAME \_\_\_\_\_ RECORD # \_\_\_\_\_

[illegible][illegible]

for using the body mass index-for-age charts to determine weight status in children are:

control and prevention (CDC) BMI calculator at <http://www.cdc.gov/nccdphp/dnpa/bmi/calc-bmi.htm>.

centile, At-risk for Overweight' =  $\geq 85$ th to  $< 95$ th percentile, Overweight =  $\geq 95$ th percentile.

## Annual Student Health Information Form

Please Print:

\_\_\_\_\_ M ☐ F ☐  
 Student's Last Name First Birthdate Grade

Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone # \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone # \_\_\_\_\_

**History/Medical Diagnosis** - Please check any that apply and return to school office

☐ ADHD ☐ \*Asthma ☐ Autism ☐ \*Diabetes ☐ Heart/Lung ☐ \*Seizure Disorder date of last seizure \_\_\_\_\_

☐ \*Allergies (specify)

Drug Allergies	Food Allergies	Insect/Bee Allergies	Other Allergies

**\* Medical diagnoses that impact your child's health and safety during the school day and/or requires treatment or accommodations, such as severe food allergies, asthma, etc., will need an Action/Care Plan completed by the physician.**

☐ Hearing Loss/Aids right / left ear ☐ Glasses/Contacts distance / near ☐ Anxiety

☐ Other Health Information \_\_\_\_\_

☐ Behavioral Concerns \_\_\_\_\_

☐ Concerns that might affect performance at school \_\_\_\_\_

☐ **NO KNOWN HEALTH PROBLEMS**

Please list medication given at home or school:

Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose \_\_\_\_\_ Time(s) \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose \_\_\_\_\_ Time(s) \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_ Dose \_\_\_\_\_ Time(s) \_\_\_\_\_

**\* Any medications to be administered at school requires the completion of Authorization of Medication Administration in School form.**

**Parent/Guardian Name (print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Health Room Daily Visit Log

**School Year:**

[illegible]



## APPENDIX 5

2.124

## Treatment Record

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Time Arrived: \_\_\_\_\_ Time Left: \_\_\_\_\_ RTC / HOME / ER / OTHER

**REASON FOR VISIT / COMPLAINT:**

<input type="checkbox"/> Abrasion/minor cut*	<input type="checkbox"/> Dizzy/Light headed/Weak/Tired	<input type="checkbox"/> Insect Bite*
<input type="checkbox"/> Blister*	<input type="checkbox"/> Earache*	<input type="checkbox"/> Need for Feminine Hygiene Product
<input type="checkbox"/> Bloody nose	<input type="checkbox"/> Eye *	<input type="checkbox"/> Rash*
<input type="checkbox"/> Breathing Problem	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Bump/Swelling*	<input type="checkbox"/> Fever	<input type="checkbox"/> Stomach Pain / Cramps / Nausea
<input type="checkbox"/> Congestion/Cold	<input type="checkbox"/> Head Lice	<input type="checkbox"/> Splinter*
<input type="checkbox"/> Cough	<input type="checkbox"/> Injury*	<input type="checkbox"/> Tooth or Mouth Pain
		<input type="checkbox"/> Vomiting: witnessed / not witnessed (circle one)

OTHER REASON: \_\_\_\_\_

(\*) LOCATION(S) OF PAIN/INJURY/ILLNESS: \_\_\_\_\_

Symptoms started \_\_\_\_\_ Parents aware of symptoms Yes / No Oral intake of food/fluids Yes / No  
 Medicine at home prior to coming to school Yes / No

**ACTIONS TAKEN:** Temperature: \_\_\_\_\_ Oral / Temporal / Axillary

Rest in Health Room	Band Aid	Pad/Tampon	Pressure Applied	Eye Rinse
Cleansed & Dressed Wound		Heat/Cold Applied	Rinsed Mouth	Oral Food/Fluids
PRN Medication				

Parent Notified: Yes No Message Sent Home

Notes: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

## APPENDIX 5

2.124

## Treatment Record

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Time Arrived: \_\_\_\_\_ Time Left: \_\_\_\_\_ RTC / HOME / ER / OTHER

**REASON FOR VISIT / COMPLAINT:**

<input type="checkbox"/> Abrasion/minor cut*	<input type="checkbox"/> Dizzy/Light headed/Weak/Tired	<input type="checkbox"/> Insect Bite*
<input type="checkbox"/> Blister*	<input type="checkbox"/> Earache*	<input type="checkbox"/> Need for Feminine Hygiene Product
<input type="checkbox"/> Bloody nose	<input type="checkbox"/> Eye *	<input type="checkbox"/> Rash*
<input type="checkbox"/> Breathing Problem	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Bump/Swelling*	<input type="checkbox"/> Fever	<input type="checkbox"/> Stomach Pain / Cramps / Nausea
<input type="checkbox"/> Congestion/Cold	<input type="checkbox"/> Head Lice	<input type="checkbox"/> Splinter*
<input type="checkbox"/> Cough	<input type="checkbox"/> Injury*	<input type="checkbox"/> Tooth or Mouth Pain
		<input type="checkbox"/> Vomiting: witnessed / not witnessed (circle one)

OTHER REASON: \_\_\_\_\_

(\*) LOCATION(S) OF PAIN/INJURY/ILLNESS: \_\_\_\_\_

Symptoms started \_\_\_\_\_ Parents aware of symptoms Yes / No Oral intake of food/fluids Yes / No  
 Medicine at home prior to coming to school Yes / No

**ACTIONS TAKEN:** Temperature: \_\_\_\_\_ Oral / Temporal / Axillary

Rest in Health Room	Band Aid	Pad/Tampon	Pressure Applied	Eye Rinse
Cleansed & Dressed Wound		Heat/Cold Applied	Rinsed Mouth	Oral Food/Fluids
PRN Medication				

Parent Notified: Yes No Message Sent Home

Notes: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



**School Staff Medical History Form**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Sex: M\_\_\_\_ F\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Speciality: \_\_\_\_\_

Medications Taking &amp; Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical Conditions:

diabetes \_\_\_\_\_ heart problems \_\_\_\_\_ bleeding \_\_\_\_\_

eating \_\_\_\_\_ sleeping \_\_\_\_\_ bowel \_\_\_\_\_

bladder \_\_\_\_\_ dental \_\_\_\_\_ skin \_\_\_\_\_

blood pressure \_\_\_\_\_ high cholesterol \_\_\_\_\_ allergies \_\_\_\_\_

seizures \_\_\_\_\_ asthma \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other illnesses, injury, or health problems that might affect performance at school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of emergency, contact:

1. \_\_\_\_\_  
(Name) (relationship) (phone number)2. \_\_\_\_\_  
(Name) (relationship) (phone number)

\*Immunization dates to be completed on back.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed &amp; No changes: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed &amp; No changes: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed &amp; No changes: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed &amp; No changes: \_\_\_\_\_ Date: \_\_\_\_\_

**Immunization Record**  
**List dates (month-day-year)**

Type of vaccine	<u>1st</u>	<u>2nd</u>	<u>3rd</u>	<u>4th</u>	<u>5th</u>
<b>DTaP/DTP, DT, Td*</b> (Diphtheria, Tetanus, Pertussis)					
<b>TB Test</b> (type & result)					
<b>Hepatitis B</b>					

**\*The DT or Td is required every 10 years.**

# **Series 3.0**

## **Physical Examination of Students**

**Recommendation** **3.1**

**References**

**Appendix**



## **Physical Examination of Students (3.0)**

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### **Recommendation (3.1)**

A periodic, comprehensive physical exam promotes healthy children. There are no state requirements on physical exams for children enrolled in schools. Departments of Health follow various schedules. Contact the local health department to determine its recommendations.

The general practice in the Archdiocese of St. Louis is that students have a complete physical examination by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or a physician's assistant (PA), or nurse practitioner (NP), working under a collaborative practice agreement with a licensed physician upon entrance to Kindergarten, 3rd grade, 6th grade, and 9th grade. All new entrants at any grade level should have a physical examination if they have not had a physical in the past twelve months. The physical examination must be completed and signed by a licensed MD, DO, or PA/NP working under a collaborative practice agreement with a licensed MD or DO.

The completed forms should be in the school's office by the first day of school. The student may be excluded from school until the physical examination is completed and the form is returned.

See Appendix 1: ***Physical Examination Form*** for a suggested physical form.



## References

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***Bright Futures: Guidelines for Health Supervision  
of Infants, Children, and Adolescents***, National Center for Education in  
Maternal and Child Health

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary  
Education

***School Health: Policy and Practice***, American Academy of Pediatrics



# Appendix

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Appendix 1

***Physical Examination Form***

**3.1**



## PHYSICAL EXAMINATION FORM

In accordance with the **Archdiocese of Saint Louis Health Advisory Committee**, all children are expected to have a complete physical examination upon entrance to **Kindergarten, 3<sup>rd</sup> Grade, 6<sup>th</sup> Grade, 9<sup>th</sup> Grade, and all newly enrolled students** who have not had a physical examination within the past twelve (12) months. The physical examination must be completed and signed by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or a physician's assistant (PA), or nurse practitioner (NP), working under a collaborative practice agreement with a licensed physician.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have a physical form on file at school by the first day of school.

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_

Date of Examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_

### **General Appearance**

Nutrition _____	Nose _____	Abdomen _____	Skin _____	Mouth _____
Back _____	Lungs _____	Genitalia _____	Head _____	Throat _____
Extremities _____	Heart _____	Neck _____	Eyes _____	Neurologic Exam _____

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses

Can Student Carry a Full Program of School Work?	Yes	No	(circle one)
Should Physical Activity Be Restricted?	Yes	No	
Explain _____			

Hearing Test: Type of Test \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

Vision Test: Type of Test \_\_\_\_\_ R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

	<b><u>PLEASE ATTACH A COPY OF THE CURRENT IMMUNIZATION RECORD</u></b>
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Office Stamp



# **Series 4.0**

## **Administration of Medication**

<b>Requirements</b>	<b>4.1</b>
Medication Administration Error	4.11
<b>Administration of Prescription and Non-Prescription (Over the Counter) Medication</b>	<b>4.2</b>
<b>Self-Administered Medications</b>	<b>4.3</b>
<b>Administration of Medication in Special Circumstances</b>	<b>4.4</b>
Field Trips	4.41
Emergency Situations	4.42
<b>Emergency Stock Medication</b>	<b>4.5</b>
<b>References</b>	
<b>Appendix</b>	



## **Administration of Medication (4.0)**

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### **Requirements (4.1)**

Ideally, all medication should be given at home. However, some students are able to attend school because of the effectiveness of medication in the treatment of chronic illnesses or disabilities. If a student requires prescribed and/or over-the-counter medication during the regular school hours, the following must be in place:

1. The direct order/consent of a licensed physician, (MD or DO), Physician Assistant (PA), or Nurse Practitioner (NP) (Appendix 1: **Authorization for Medication Administration in School**), signed and properly filed with the school. (The current prescription label on the container may serve as a physician's order. Physician's orders may be faxed or mailed to the school.)
2. Written consent of the parent for school personnel to administer the medication (Appendix 1: **Authorization for Medication Administration in School**)
3. Appendix 6: **Asthma Action Plan**, if applicable
4. Appendix 7: **Food Allergy Action Plan**, if applicable
5. Appendix 8: **Seizure Action Plan**, if applicable
6. **Diabetes Action Plan**, if applicable
7. The medication in the original container
8. Required training of personnel on medication administration

All medication sent to the school -- except for life-saving medications, which should be kept in a safe, unlocked place -- must be secured in a locked cabinet under the supervision of administration. Students may not carry medication on their person, with the exception of metered-dose inhalers and other life-saving medications that have been properly registered with the school (see 4.3, **Self-Administered Medications**). Only trained staff members are allowed to administer medication. Proper documentation must be kept on every dose given.

*Only licensed doctor of medicine (MD), doctor of osteopathy (DO), or a physician's assistant (PA), or nurse practitioner (NP), working under a collaborative practice agreement with a medical doctor have prescriptive rights. A parent/guardian cannot prescribe a medication for the school staff to administer to their child, even non-prescription; nor may the parent authorize changes in the medication administration. Non-medical personnel cannot administer medication without required training by a registered nurse.*

*A record must be maintained on all medications given. Documentation must include the name of the medication, the student's name, date, time, dosage, and the initials/name of the person administering it. (Appendix 2: sample **Medication Administration Daily Log** forms)*

### **Medication Administration Error (4.11)**

A medication administration error is defined to include any of the following: wrong patient/child, wrong medication, wrong dose, wrong route, wrong time. With any medication administration error, the parent and the physician must be notified. If an error occurs, an incident report (Appendix 3: **Incident Report, Archdiocese of St. Louis**) must be completed, explaining comprehensively what happened; documenting all phone calls (time, persons called, and response of persons called); and actions taken by school personnel. The student's condition and effects of the medication error should be noted.

## **Administration of Prescription and Non-Prescription (Over-the-Counter) Medication (4.2)**

In conjunction with the appropriate signed consents, the following points should be noted regarding the administration of **any** type of medication in the school setting:

1. School personnel will not administer the first dose of any medication.
2. An emergency authorization form must be on file at the school listing the name of the student's physician and phone numbers.
3. Physician orders should detail:
  - a. the name of the student
  - b. the name of the medication
  - c. dosage
  - d. time interval the medication is to be given (if, "as needed," a plan must be provided.)
  - e. diagnosis or reason for medication
4. Prescription medication must be brought to school in a container appropriately labeled by the pharmacy. An adult should bring this medication to school. In the event that this is not possible a note from the parent/guardian should be sent to school that includes the amount of medication sent. Non-prescription medication must be in the original container. Ideally, the parent will have two containers, one for home and one for school.
5. A member of the staff must be designated to administer medication, ideally a health professional. The staff member must be trained on medication administration. They must contact a registered nurse if they have any questions regarding administration of a student's medication. Classes for non-medical personnel administering medication in the Catholic schools in the Archdiocese of St. Louis are offered through the SSM Health Cardinal Glennon Children's Hospital School Nurse Partnership Program.
6. A locked cabinet must be provided for the storage of medication. Life-saving medicine such as an epinephrine auto-injector, Glucagon, Diastat or some inhalers should not be locked up, but in a safe place.
7. A record must be maintained of all medications given. Documentation must include the name of the medication, the student's name, date, time, dosage, and the initials/name of the person administering it. Appendix 2: **Medication Administration Daily Log**.
8. Changes in the dose or timing of medication must originate from the physician. This note may be faxed or mailed to the school.
9. A new prescription is needed for each school year. Parents should pick up any unused medication at the end of the school year. If the medication is not picked up by the parent, medication should be disposed of properly.
10. Schools may choose to use the medications listed on the **Medication Formulary**, Appendix 4.
11. All controlled medication such as Ritalin, Adderall, etc. must be counted and recorded weekly

by two staff members. The medications also need to be double locked. Appendix 16:  
**Controlled Medication Weekly Count Sheet**

## **Self-Administered Medications (4.3)**

The following points should be noted regarding the use of self-administered medication in the school setting:

1. If a student must carry medication with him/her, the following forms must be completely filled out and on file with the school:
  - a. Appendix 5: ***Parental Consent for Student to Carry and Self Administer Medication Parent / Student Contract***
  - b. Appendix 1: ***Authorization for Medication Administration in School***
  - c. Appendix 6: ***Asthma Action Plan*** (if applicable)
  - d. Appendix 7: ***Food Allergy Action Plan*** (if applicable)
  - e. Appendix 8: ***Seizure Action Plan*** (if applicable)

The forms listed above are to be resubmitted at the beginning of each academic year.

2. Written orders from the physician should include:
  - a. Name of the student
  - b. Name of the medication
  - c. Dosage
  - d. Time interval the medication is to be given (If the medication is to be given as needed, a plan of when to give it is required.)
  - e. Duration of treatment
  - f. Diagnosis or reason for medication
  - g. Drug allergies of the student
3. The medication must be in a properly labeled container.
4. The school will not be responsible for the administration of the medication unless a second medication container is provided and stored at school.
5. The student must restrict the availability of the medication to other students. The school staff has the right to confiscate the medication if they question the student's use of it. The parent and/or physician should be notified if the medication is confiscated.

## **Administration of Medication in Special Circumstances (4.4)**

### **Field Trips (4.41)**

The dose of medication that the student would normally receive at school and the field trip medication administration record (Appendix 9: ***Field Trip Administration Record***) should be packaged and given to the school employee accompanying the student on the field trip. The school employee must be advised of the medication use and side effects. The school employee must keep the medication with him/her and administer it to the student, as confidentially as possible, at the appropriate time. The documentation form must be completed and returned to the school for inclusion in the student's record.

### **Emergency Situations (4.42)**

Emergency medications may be needed in certain circumstances. As with any medication administered at school, parental consent, physician order and the medication in the original container must be in place. Because circumstances requiring the administration of emergency medication are unpredictable, trained and designated personnel must be available.

## **Emergency Stock Medication (4.5)**

### **Policy**

**This policy is only for schools with employed registered nurses wanting to have emergency stock epinephrine and/or asthma related rescue medications.**

According to Missouri State Statute [Section 167.630, RSMo](#), schools are able to obtain and maintain an adequate supply of epinephrine pre-filled auto-injectors for emergency use by the employed school nurse licensed under chapter 335.

According to Missouri State Statute [Section 167.635.1, RSMo](#), schools are able to obtain and maintain a supply of asthma-related rescue medications for emergency use by the employed school nurse licensed under chapter 335.

The school nurse or another employee trained and supervised by the employed school nurse may administer these medications when they believe, based on training, that a student is having a life-threatening anaphylactic reaction or life-threatening asthma episode. **Staff members should consider a situation life-threatening any time a student is having difficulty breathing.** A prescription or written permission from a parent/guardian is not necessary to administer this medication in an emergency situation.

Epinephrine and asthma-related rescue medications will only be administered in accordance with written protocols provided by an authorized prescriber. The school will purchase an adequate number of prefilled epinephrine auto-injectors and asthma-related rescue medications based on the recommendation of the school nurse, who will be responsible for maintaining adequate supplies and replacing expired auto-injectors and medications.

An **Emergency Medication Consent Form** (Appendix 15) must be completed by the parent/guardian annually. The school nurse or designee will maintain a list of students who cannot, according to their parents/guardians, receive epinephrine or asthma-related rescue medications. A current copy of the list will be kept with the devices at all times.

### **Protocol**

***Protocol for the Emergency Management of Student with Unknown History of Anaphylaxis in the School Setting*** - Appendix 10

***Protocol for the Emergency Management of Student with Unknown History of Asthma or Respiratory Distress in the School Setting*** – Appendix 11

### **Training Guidelines for Staff on Emergency Stock Medication**

An employed, licensed, registered professional nurse is responsible for providing and the supervision of the training which shall include a training evaluation. Documentation of the training competency assessment should be provided demonstrating that the employee was adequately trained.

All staff members will be trained **at least yearly** on the causes and symptoms of and responses to allergic reactions and training should take place at the beginning of the school year. Training should include instruction, demonstration, and skill-based practice on the use of pre-filled epinephrine auto-injectors and the administration of asthma-related rescue medications using realistic models/trainers.

In accordance with law, qualified employees will be held harmless and immune from civil liability for administering epinephrine or asthma-related rescue medications in good faith and according to standard medical practices.

## **Resources for training**

AllergyHome provides a self-contained, web-based school staff training program that includes a voice-over PowerPoint module with post-test and certificate of completion.

<http://www.allergyhome.org/schools/management-of-food-allergies-in-school-what-school-staff-need-to-know/>

Asthma Basics is a free one hour interactive online learning module designed to help people learn more about asthma. This course is ideal for frontline healthcare professionals, such as school nurses or community health workers, as well as individuals with asthma, parents of children with asthma, co-workers, friends and family who want to learn more about asthma.

<http://www.lung.org/lung-disease/asthma/learning-more-about-asthma/asthma-basics.html>

## **Instructional Media**

[How to use the EpiPen](#)

[How to use the Auvi-Q](#)

[How to use the epinephrine auto-injector](#)

[How to Use Your Asthma Inhaler](#)

[How to Use a Metered Dose Inhaler with spacer](#)

[How to Use the Nebulizer Machine](#)

[How to Use a Peak Flow Meter](#)

## **How to obtain emergency stock medication**

Call or email School Partnership Program to obtain a prescription after all training has been completed.

Each school will be responsible for the cost of medication and/or equipment associated with emergency stock medication.

Resources to help with cost:

[EpiPens 4 Schools](#)

[Auvi-Q](#)

[School Nurse RESCUE Program](#)

## References

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**Asthma and Allergy Foundation of America** <http://www.aafa.org/>

**Asthma Standard Emergency Protocol** <http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/asthma-friendly-schools-initiative/>

**Centers for Disease Control and Prevention** <http://www.cdc.gov/>

**Epinephrine Policies, Protocols and Reporting** <https://www.nasn.org/nasn-resources/resources-by-topic/allergies-anaphylaxis> National Association of School Nurses (NASN)

**FARE Resources for Schools** - <https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/back-school-headquarters>

**Guidelines for Allergy Prevention and Response**  
[http://health.mo.gov/living/families/schoolhealth/pdf/mo\\_allergy\\_manual.pdf](http://health.mo.gov/living/families/schoolhealth/pdf/mo_allergy_manual.pdf)  
Missouri Department of Health and Senior Services

**Guidelines for the Administration of Medicine in School**, American Academy of Pediatrics, Committee on School Health, Policy Statement, Volume 112, Number 3, September 2003, pp 697-699

**Manual for School Health Programs**  
<https://health.mo.gov/living/families/schoolhealth/pdf/ManualForSchoolHealth.pdf>  
Missouri Department of Elementary and Secondary Education.

**Medication Administration in Missouri Schools: Guidelines for Training School Personnel**  
<https://health.mo.gov/living/families/schoolhealth/pdf/MedicationManual.pdf> Missouri Department of Elementary and Secondary Schools.

**Nursing Practice Act**, Missouri State Board of Nursing.

**Relevant Past Specific Decisions of the Missouri State Board of Nursing**

**School Health: Policy and Practice**, American Academy of Pediatrics

**St. Louis Children's Hospital Food Allergy Management & Education (FAME) Toolkit**  
<http://www.stlouischildrens.org/health-resources/advocacy-outreach/food-allergy-management-and-education>

**Statutes by State of Missouri Healing Arts Practice Act**

**Statutes by State of Missouri Public Health and Welfare Act**

# Appendix

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Appendix 1	<b><i>Authorization for Medication Administration in School</i></b>	4.1
Appendix 2	<b><i>Medication Administration Daily Log</i></b>	4.1
Appendix 3	<b><i>Incident Report, Archdiocese of St. Louis</i></b>	4.11
Appendix 4	<b><i>Medication Formulary</i></b>	4.2
Appendix 5	<b><i>Parental Consent for Student to Carry and Self Administer Medication</i></b> <b><i>Parent / Student Contract</i></b>	4.3
Appendix 6	<b><i>Asthma Action Plan</i></b>	4.3
Appendix 7	<b><i>Food Allergy Action Plan</i></b>	4.3
Appendix 8	<b><i>Seizure Actions Plan</i></b>	4.3
Appendix 9	<b><i>Field Trip Administration Record</i></b>	4.41
Appendix 10	<b><i>Emergency Management of Students with Unknown History of Anaphylaxis</i></b>	4.5
Appendix 11	<b><i>Emergency Management of Students with Unknown History of Asthma</i></b>	4.5
Appendix 12	<b><i>Predicted Peak Flow</i></b>	4.5
Appendix 13	<b><i>Peak Flow Expiratory</i></b>	4.5
Appendix 14	<b><i>Normal Breathing and Pulse Rates</i></b>	4.5
Appendix 15	<b><i>Emergency Medication Consent Form</i></b>	4.5
Appendix 16	<b><i>Controlled Medication Weekly Count</i></b>	4.2



**Authorization for Medication Administration in School**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN**Medication: Prescription ☐ Over the Counter ☐

<u>Name of Medication</u>	<u>Dosage</u>	<u>Route</u>	<u>Time(s) to Be Taken</u>
_____	_____	_____	_____

Diagnosis or reason for medication: \_\_\_\_\_

If given PRN, specify the **minimum** length of time between doses: \_\_\_\_\_

Possible medication side effects: \_\_\_\_\_

Restrictions or Special Instructions: \_\_\_\_\_

I request and authorize the above-named student be administered the above medication in accordance with the instructions indicated above from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed current school year).  
(date) (date)

\_\_\_\_\_  
Date\_\_\_\_\_  
Physician Name (please print)\_\_\_\_\_  
Telephone Number\_\_\_\_\_  
Physician's Signature**OFFICE  
STAMP:****TO BE COMPLETED BY THE PARENT / GUARDIAN**

- ☐ I give my permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication.
- ☐ I understand and acknowledge that any medication administered to my child during school will more than likely not be administered by a registered nurse or other medical professional. In consideration of the school administering medication to my child pursuant to this authorization, I hereby release and hold harmless the school, the Archdiocese of St. Louis, and their employees, agents or representative, from any liability that may arise from administering medication to my child.
- ☐ All medication supplied must be brought to school in its **original container** with instructions as noted above by the physician.

\_\_\_\_\_  
Date\_\_\_\_\_  
Parent/Guardian Name (Print)\_\_\_\_\_  
Parent/Guardian Signature**Please ask the pharmacist for an extra-labeled bottle for school. Thank you!**



## Medication Administration Daily Log

(To be completed for each medication)

School Year \_\_\_\_\_

Medication Expiration \_\_\_\_\_

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade/Home Room (or Teacher) \_\_\_\_\_

Name of School \_\_\_\_\_ Name of Dispensing Pharmacy \_\_\_\_\_ RX # \_\_\_\_\_

[illegible]

Directions: Initial with time of administration; a complete signature and initials of each person administering medication should be included below.

[illegible]

NOTE: Person administering medication should initial and sign below.

INITIAL	SIGNATURE	INITIAL	SIGNATURE	CODES
1.	_____	5.	_____	(A) Absent (O) No Show
2.	_____	6.	_____	(E) Early Dismissal (W) Dosage Withheld
3.	_____	7.	_____	(F) Field Trip (N) No Medication Available
	_____	8.	_____	(X) No School (i.e., holiday, weekend, snow day, etc)

Use reverse side for reporting significant information (e.g. observations of medication's effectiveness, adverse reactions, reason for omission, plan to prevent future "no shows")



This General Liability Incident Report form can be found online at  
<https://resources.archstl.org/article/263181/forms>

Send the completed form to Brandon Rothkopf, Office of Risk Management, by email at  
[brandontorhkopf@archstl.org](mailto:brandontorhkopf@archstl.org) or by fax to 314-792-7079.



1465 S. Grand Boulevard  
St. Louis, MO 63104-1095

School Partnership Nurse  
phone: 314-268-2752

Archdiocese of St. Louis  
Office of Catholic  
Education and Formation

### *Medication Formulary*

The following medications may be used as needed. **You will still need parental written consent for the following. All medication should be in original container or package.**

Always wash your hands and put on protective gloves before caring for the injured person and wash your hands after care is given. Apply without contamination of the container. Cover all open wounds.

**Antibiotic ointment** (polysporin, neosporin or generic therapeutic equivalent) – may be applied topically to a wound if there are no signs of infection. Use according to package label.

**Calamine lotion** – may be applied topically to a non-contagious rash as determined by a physician. Use according to package label.

**Hydrocortisone Cream 1%** - may be applied topically to an insect sting. Use according to package label.

**Sunscreen Lotion** – individual schools should decide if they want to supply sunscreen. Ideally, parents would apply it at home if indicated. If applying sunscreen, make sure you wash hands and put new gloves on before each student.

**Cough Drops** – non-medicated only. Remember they can be a choking hazard. **Need parental permission. Follow directions on package.**

**Lip Balm** – non medicated. Plain petroleum jelly works great. Make sure clean applicator is used each time.

Mark Eddy, MD  
Physician Consultant

July 23, 2024  
Date



ARCHDIOCESE OF ST. LOUIS

## Parental Consent for Student to Carry and Self Administer Medication Parent Authorization / Student Contract

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

My child may carry with him/her and self-administer his/her own medication. I understand that the school is not responsible for the benefits or consequences of the medication. The school bears no responsibility for assuring that the medication is taken. I also understand that if my child abuses the policy of carrying his/her medication, the medication will be confiscated and the privilege will be taken away.

**Name of medication:** \_\_\_\_\_

**Reason for taking medication:** \_\_\_\_\_

**My child has** \_\_\_\_\_ **allergies.**

### Student Contract

- ( ) I plan to keep the above named medication with me at school rather than in the school office.
- ( ) I agree to use this medication in a responsible manner, in accordance with my physician's orders.
- ( ) If this is an inhaler, I will notify the school office if I am having more difficulty than usual with my asthma.
- ( ) I will not share my medication with others.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Parent/Guardian Authorization

This contract is in effect for the current school year unless revoked by the physician or my student fails to meet the above safety contingencies.

- ( ) I have returned an Action Plan and/or Medication Administration Authorization form to the office/nurse.
- ( ) I agree to see that my child carries his/her medication as prescribed, that the container contains medication, and the date is current.
- ( ) I will review the status of my child's medication with my child on a regular basis.

If my child uses an inhaler or has an epinephrine auto-injector, I will provide a back-up spare to be kept in the school office. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent/ Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Prescribing Physician

In my opinion, this student shows capability to carry and self-administer the above medication.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

Office stamp





# My Asthma Action Plan For Home and School

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Severity Classification: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers (list): \_\_\_\_\_

Peak Flow Meter Personal Best: \_\_\_\_\_

## Green Zone: Doing Well

Symptoms: Breathing is good – No cough or wheeze – Can work and play – Sleeps well at night

Peak Flow Meter \_\_\_\_\_ (more than 80% of personal best)

Flu Vaccine—Date received: \_\_\_\_\_ Next flu vaccine due: \_\_\_\_\_ COVID19 vaccine—Date received: \_\_\_\_\_

Control Medicine(s) Medicine \_\_\_\_\_ How much to take \_\_\_\_\_ When and how often to take it \_\_\_\_\_ Take at ☐ Home ☐ School  
☐ Home ☐ School

Physical Activity ☐ Use Albuterol/Levalbuterol \_\_\_\_\_ puffs, 15 minutes before activity ☐ with all activity ☐ when you feel you need it

## Yellow Zone: Caution

Symptoms: Some problems breathing – Cough, wheeze, or tight chest – Problems working or playing – Wake at night

Peak Flow Meter \_\_\_\_\_ to \_\_\_\_\_ (between 50% and 79% of personal best)

Quick-relief Medicine(s) ☐ Albuterol/Levalbuterol \_\_\_\_\_ puffs, every 20 minutes for up to 4 hours as needed

Control Medicine(s) ☐ Continue Green Zone medicines  
☐ Add \_\_\_\_\_ ☐ Change to \_\_\_\_\_

You should feel better within 20-60 minutes of the quick-relief treatment. If you are getting worse or are in the Yellow Zone for more than 24 hours, THEN follow the instructions in the RED ZONE and call the doctor right away!

## Red Zone: Get Help Now!

Symptoms: Lots of problems breathing – Cannot work or play – Getting worse instead of better – Medicine is not helping

Peak Flow Meter \_\_\_\_\_ (less than 50% of personal best)

Take Quick-relief Medicine NOW! ☐ Albuterol/Levalbuterol \_\_\_\_\_ puffs, \_\_\_\_\_ (how frequently)

Call 911 immediately if the following danger signs are present:

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue
- Still in the red zone after 15 minutes

**School Staff:** Follow the Yellow and Red Zone instructions for the quick-relief medicines according to asthma symptoms.

The only control medicines to be administered in the school are those listed in the Green Zone with a check mark next to "Take at School".

☐ Both the Healthcare Provider and the Parent/Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

### Healthcare Provider

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Signature \_\_\_\_\_

### Parent/Guardian

☐ I give permission for the medicines listed in the action plan to be administered in school by the nurse or other school staff as appropriate.  
☐ I consent to communication between the prescribing health care provider or clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medicine.

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Signature \_\_\_\_\_

### School Nurse

☐ The student has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Name \_\_\_\_\_ Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Signature \_\_\_\_\_

Please send a signed copy back to the provider listed above.

1-800-LUNGUSA | Lung.org

## How to Use a Metered-Dose Inhaler with a Valved Holding Chamber (Spacer)

**Prime a brand-new inhaler:** Before using it for the first time, if you have not used it for more than 7 days, or if it has been dropped.



1. Shake inhaler 10 seconds.



2. Take the cap off the inhaler and valved holding chamber. Make sure the mouthpiece and valved holding chamber are clean and there is nothing inside the mouthpieces.



3. Put inhaler into the chamber/spacer.



4. Breathe out away from the device.



5. Put chamber mouthpiece in mouth.



6. Press inhaler once and breathe in deep and steadily.



7. Hold your breath for 10 seconds, then breathe out slowly.

If you need another puff of medicine, wait 1 minute and repeat steps 4-7.



8. Rinse with water and spit it out.

Proper inhalation technique is important when taking your asthma medicine(s) and monitoring your breathing. Make sure to bring all your medicines and devices to each visit with your primary care provider or pharmacist to check for correct use, or if you have trouble using them.

For more videos, handouts, tutorials and resources, visit [Lung.org](https://lung.org).

Scan the QR Code to access How-To Videos



You can also connect with a respiratory therapist for one-on-one, free support from the American Lung Association's Lung HelpLine at **1-800-LUNGUSA**.


**FARE.**

Food Allergy Research &amp; Education

# FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

 Weight: \_\_\_\_\_ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

☐ **Special Situation/ Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s)** \_\_\_\_\_.

**Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.**

## For **ANY** of the following **SEVERE SYMPTOMS**



### LUNG

Shortness of breath, wheezing, repetitive cough



### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



### THROAT

Tight or hoarse throat, trouble breathing or swallowing



### MOUTH

Significant swelling of the tongue or lips



### SKIN

Many hives over body, widespread redness



### GUT

Repetitive vomiting, severe diarrhea



### OTHER

Feeling something bad is about to happen, anxiety, confusion

### OR A COMBINATION

of symptoms from different body areas

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

## MILD SYMPTOMS



### NOSE

Itchy or runny nose, sneezing



### MOUTH

Itchy mouth



### SKIN

A few hives, mild itch



### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE

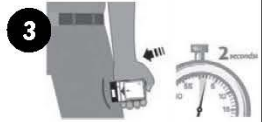

**FARE.**

Food Allergy Research &amp; Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

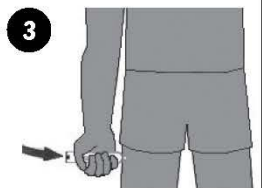
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



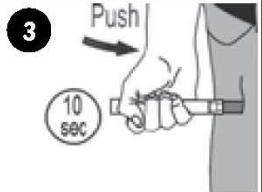
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



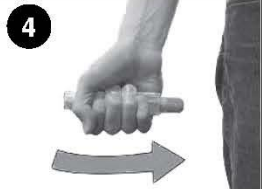
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALCLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

# SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

Seizure Type	How Long It Lasts	How Often	What Happens

### How to respond to a seizure (check all that apply)

- ☐ First aid – **Stay. Safe. Side.**
☐ Notify emergency contact at \_\_\_\_\_
- ☐ Give rescue therapy according to SAP
 ☐ Call 911 for transport to \_\_\_\_\_
- ☐ Notify emergency contact
 ☐ Other \_\_\_\_\_

### First Aid for any seizure

- ☐ **STAY** calm, keep calm, begin timing seizure
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

### When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked

### When rescue therapy may be needed:

#### When and What to do

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_

Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_

How to give \_\_\_\_\_

## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is person able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_

Emergency Department: \_\_\_\_\_

## Daily seizure medicine

Medicine Name	Total Daily Amount	Amount of Tab/Liquid	How Taken (time of each dose and how much)

## Other information

Triggers: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted \_\_\_\_\_

Diet Therapy: ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## Health care contacts

Epilepsy Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FIELD TRIP****Medication Administration Record**

Student's name: \_\_\_\_\_

Medication &amp; dosage: \_\_\_\_\_

Directions \_\_\_\_\_

Date &amp; time to be administered: \_\_\_\_\_

Special notes: \_\_\_\_\_

Name of person administering medication: \_\_\_\_\_

Actual time administered: \_\_\_\_\_

Signature of personnel who administered: \_\_\_\_\_

**FIELD TRIP****Medication Administration Record**

Student's name: \_\_\_\_\_

Medication &amp; dosage: \_\_\_\_\_

Directions \_\_\_\_\_

Date &amp; time to be administered: \_\_\_\_\_

Special notes: \_\_\_\_\_

Name of person administering medication: \_\_\_\_\_

Actual time administered: \_\_\_\_\_

Signature of personnel who administered: \_\_\_\_\_



**ST. LOUIS ARCHDIOCESE  
STANDING ORDER/PROTOCOL  
FOR THE EMERGENCY MANAGEMENT OF STUDENTS WITH UNKNOWN HISTORY OF  
ANAPHYLAXIS (Severe Allergic Reaction) IN THE SCHOOL SETTING**

**PURPOSE:**

Anaphylaxis is a very serious sudden, intense, rapidly progressing whole body allergic reaction that can be fatal. It can occur in a person who has a hypersensitivity to foods, insect stings, medications, or other allergens (identified or unidentified). The risk is higher in people with asthma. The purpose of this protocol is to provide designated trained staff with a recommended standard by which to respond to this **life-threatening event** in students with no known history of anaphylaxis.

**NOTE: For students with known history of anaphylaxis, follow the student's health care provider orders for when to administer epinephrine. In the absence of provider orders and/or medication present in the school, this standard protocol and the stock epinephrine auto-injector should be used.**

**SUSPECT ANAPHYLAXIS IF STUDENT PRESENTS WITH OR COMPLAINS OF:**

- A. Onset of symptoms that occur suddenly and progress rapidly;
- B. Possible exposure to an allergen (most often food, insect sting, or medication; or student's known allergen);
- C. Student meets **one** of the criteria below:

**Criteria 1:** Complaint of **one** or more **throat, lung, or heart** system signs and symptoms:

Body System	Signs and Symptoms
Throat	Swelling of the back of the mouth/throat or tongue; tightness of throat; feeling like the throat is closing; difficulty swallowing; hoarseness or change in quality of voice.
Lung	Coughing; wheezing; shortness of breath; difficulty breathing; noisy breathing; "air hunger" or gasping for air.
Heart	Dizzy/lightheaded; fainting; loss of consciousness or unresponsiveness. If able to obtain: weak or absent pulse; low blood pressure (may be accompanied by a rapid pulse.)

**Criteria 2:** Complaint of **skin** signs and symptoms with symptoms in **another body system** (i.e. hives with nausea and vomiting; generalized itching and feeling of impending doom):

Body System	Signs and Symptoms
Skin	Hives; generalized itching, tingling and/or swelling of face or extremities
<b>AND EITHER</b>	
Gastrointestinal	Nausea; abdominal pain or cramps; vomiting; diarrhea
<b>OR</b>	
Mental	Uneasiness; agitation; panic; feeling of impending doom

**FOR A PERSON DETERMINED TO BE OR PERCEIVED TO BE IN ANAPHYLAXIS**  
**ADMINISTER EPINEPHRINE IMMEDIATELY\***

\* NOTE--There are no absolute contraindications to the use of epinephrine in a life-threatening situation.  
 If in doubt, administer epinephrine.

1. Select appropriate epinephrine auto-injector based on dosage below:

Weight+	Grade (if weight is unknown)	Age (if weight is unknown)	Epinephrine Dosage	Epinephrine Device Formulation
Less than 55 lbs (25 kg)	Pre-Kindergarten through 2nd grade	Less than 8 years of age	0.15 mg	Junior dose 0.15 mg
Greater than or equal to 55 lbs (25 kg)	3rd grade through 12th grade	8 years of age and older	0.3 mg	Adult dose 0.3 mg

+ NOTE--If body weight is known, then dosing by weight is preferred. If weight is not known or not immediately available without delay, dosing by age or grade is appropriate. Do not delay administering epinephrine to obtain weight.

2. Administer epinephrine auto-injector intramuscularly into the outer thigh.

**NOTE: For students having anaphylaxis (severe allergic reaction) who also have asthma, always administer epinephrine first then albuterol.**

3. **Call 911**(or direct someone to call 911). Specify that an anaphylactic reaction (severe allergic reaction) has occurred and that **paramedics are needed**.

4. Administer CPR if indicated and trained to do so. If not trained, call for a CPR trained staff member.

5. Record time epinephrine was given.

6. Observe student for continued or worsening signs of anaphylaxis.

7. **If symptoms of anaphylaxis continue without improvement, worsen, resolve or lessen and then return and EMS has not arrived, then repeat the same epinephrine dose, if available, 5 minutes or more after the initial dose.**

8. Stay with student until EMS arrives.

9. Place student in a side lying recovery position or reclining position with legs elevated (if comfortable breathing) until EMS arrives.


10. Give nothing by mouth.

11. If possible, monitor and record heart rate, respirations, blood pressure.

12. Anyone receiving epinephrine **must** be transported by EMS to emergency department.

**PROCEDURES FOR FOLLOW-UP**

1. Notify parents/legal guardians.
2. Document incident including suspected allergen.
3. Document time of epinephrine administration and dose.
4. Document event on the Incident Report form.

  
 Physician Signature

Mark Eddy, MD  
 Physician Consultant  
 July 23, 2024

**ST. LOUIS ARCHDIOCESE  
STANDING ORDER/PROTOCOL  
FOR THE EMERGENCY MANAGEMENT OF STUDENTS WITH UNKNOWN  
HISTORY OF ASTHMA OR RESPIRATORY DISTRESS IN THE SCHOOL SETTING**

**POSSIBLE OBSERVATIONS/SYMPTOMS**

(May include one or more of the following.)

- Coughing, wheezing, noisy breathing, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Self reporting/complaints of discomfort when breathing
- Breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails

**IF SEVERE:**

(Breathlessness, inability to speak more than short phrases, use of accessory muscles, blue lips or drowsiness)

1. **Immediately administer inhaled quick-relief medication**
  - a. **Albuterol 2 puffs with spacer**
  - b. Up to two treatments 20 minutes apart of 2–6 puffs by MDI
2. Call 911
3. Contact parent/guardian

**IF NOT SEVERE:**

1. Check and record:
  - a. Peak flow meter reading, if available. (Appendix 12: ***Predicted Peak Flow Values***)  
**CALL 911 if peak flow is less than 50% of predicted best.**
  - b. Respirations and pulse (Appendix 14: ***Normal Breathing and Pulse Rates***. Report to MD or EMS)
2. Administer inhaled quick-relief medication
3. Up to two treatments 20 minutes apart of 2–6 puffs by MDI.
4. Restrict physical activity and allow student to rest. Encourage student to breathe slowly and relax.
5. Place the student in an area where he/she can be closely observed. Never send a student to the health room alone.
6. Contact parent/guardian.
7. Reassess student after 10 minutes. Check for ease of breathing, peak flow, pulse, and respirations.
8. If student is improving, keep the student in the health room under supervision until breathing returns to normal
9. If student is not improving call 911.
10. With parental permission, provide report of health room encounter to student's physician.
11. Obtain a personal asthma action plan for this student from the student's family or physician.



Physician Signature

Mark Eddy, MD  
Physician Consultant  
July 23, 2024

**Predicted Peak Flow Values**  
**(For ages 17 or less)**  
**(Cook/Hamann/Murray J. Pediatrics)**

Height		PFR
cm	inches	
92	36	90
94	37	96
96	38	104
98	38.5	112
100	39	121
102	40	130
104	41	140
106	41.5	149
108	42.5	158
110	43.5	168
112	44	177
114	45	186
116	45.5	195
118	46.5	205
120	47	214

Height		PFR
cm	inches	
122	48	223
124	49	233
126	49.5	242
128	50	251
130	51	260
132	52	270
134	53	279
136	53.5	288
138	54.5	298
140	55	307
142	56	316
144	56.5	326
146	57.5	335
148	58	344
150	59	354

Height		PFR
cm	inches	
152	60	363
154	60.5	372
156	61.5	381
158	62	391
160	63	400
162	64	409
164	64.5	409
166	65.5	428
168	66	437
170	67	447
172	68	456
174	68.5	465
176	69	474
178	70	484
180	71	493

## PEAK EXPIRATORY FLOW PREDICTION CHART

### Good Response

(PEF  $\geq$  80% and no wheezing or dyspnea)

Reassess after 3-4 hours.

Observe for 20-30 minutes, if symptoms resolve, return to class; if not, repeat peak flow measurement; and contact parent/guardian.

### Incomplete Response

(PEF 50-79% or present wheezing or dyspnea)

Repeat inhaled quick-relief medication

Reassess after 10 minutes

Call parent/guardian immediately if response remains incomplete.

### Poor Response

(PEF <50% or marked wheezing and dyspnea)

Repeat inhaled quick-relief medication

**Call 911**

Contact parent/guardian



**Normal Breathing and Pulse Rates by Age (from EPR-2)**

<i>Age</i>	<i>Breathing Rate</i>	<i>Pulse Rate</i>
< 2 months	<60/minute	<160/minute
2-12 months	<50/minute	<120/minute
1-5 years	<40/minute	<110/minute
6-8 years	<30/minute	<110/minute
9-15 years	<30/minute	<100/minute
16-18 years	<20/minute	<90/minute



(School Letterhead)

Emergency Medication Consent Form

According to Missouri State Statute Section 167.630, RSMo and 167.0635.1, RSMo schools are able to obtain and maintain an adequate supply of epinephrine pre-filled auto-injector and asthma-related rescue medications for emergency use by the employed school nurse licensed under chapter 335.

The school nurse or another employee trained and supervised by the employed school nurse may administer these medications when they believe, based on training, that a student is having a life-threatening anaphylactic reaction or life-threatening asthma episode.

The St. Louis Archdiocese has adopted a policy on Emergency Stock Medications.

**We have decided to stock Emergency Epinephrine and/or Albuterol for those students with no known history of anaphylaxis or asthma.**

*(If your child has a known/documented anaphylaxis allergy and/or asthma, rescue medication needs to be provided by the family, along with an action plan to the school.)*

CONSENT

Parental approval to use standing physician ordered medications allows for efficient treatment of students emergency health issue.

\_\_\_\_\_YES    \_\_\_\_\_NO    I give my permission for the nurse or trained designee to administer appropriate standing physician ordered emergency medications for my child(ren):

_____	_____	
Print Name	DOB	
_____		
_____	_____	
Print Name	DOB	
_____		
_____	_____	
Print Name	DOB	
_____		
_____	_____	
Print Name	DOB	
_____		
_____	_____	_____
Parent/Guardian Name (print)	Parent/Guardian Signature	Date



Controlled Medication Weekly Count Sheet

Year	Week 1		Week 2		Week 3		Week 4		Week 5	
August	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
September	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
October	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
November	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
December	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
January	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
February	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
March	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
April	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/
May	Date									
	Count									
	Initials	/	/	/	/	/	/	/	/	/

Student \_\_\_\_\_

DOB \_\_\_\_\_

Medication \_\_\_\_\_

Dose \_\_\_\_\_

Initials	Signature

End of Year	Date sent home:		
	Count #		
	Initials		



# **Series 5.0**

## **Health Screening**

<b>General Steps to Planning a Health Screening</b>	<b>5.1</b>
<b>Screening Guidelines</b>	<b>5.2</b>
Screening for Visual Acuity (Distance)	5.21
Screening for Visual Acuity (Near)	5.22
Screening for Stereoscopic Vision (Random Dot E)	5.225
Screening for Hearing with Puretone Audiometer Sweep Test	5.23
Screening for Height and Weight	5.24
Screening for Blood Pressure	5.25

### **References**

### **Appendix**



## **Health Screening (5.0)**

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To promote optimal learning, screening services should be provided that identify health-related barriers to education. A plan for health screenings in the school must be based on an assessment of needs, personnel, and access to equipment, time, and facilities. The frequency and type of screening will be determined at the local school level.

### **General Steps to Planning a Health Screening (5.1)**

1. Gain administrative and staff support.
2. Determine what screenings will be done based on time, personnel, facilities, and equipment.
3. Coordinate date for screening with school calendar. It is recommended that screening be performed as early in the school year as possible in order to provide early intervention and maximum benefit from referrals. It is also recommended that screenings be completed prior to first parent-teacher conference, so that results can be given to parents and the teacher is aware of students who have identified limitations.
4. Decide on location and equipment needed for screening.
5. Enlist volunteers to help with screening (parents, volunteer nurses, nursing students). Demonstrate and explain use of equipment.
6. Develop a master schedule for the student flow through the screening site. Consider field trips, naps, recess, lunch, special classes, etc. It is recommended to begin with the younger grades early in the day. (Appendix 1: ***Health Screening Schedule***).
7. Send a notice to the parents explaining the screenings that will be offered and the date. Explain to parents that they must notify the school if they do not want their child to participate. (Appendix 2: ***Parent Note on Health Screening***).
8. Send a notice to the teachers explaining the plan for the screenings and a master schedule. (Appendix 3: ***Screening Letter to Teachers***)
9. Develop a form to record the screening results for each student. A copy can be sent to the parents. (Appendix 4: ***Catholic School Health Screening Results Form***).
10. It is recommended to provide an educational component before the screening. Students can learn the value of the screening and implications of the outcome.
11. A re-screening date and personnel should be identified. Referral letters should be developed. A follow-up plan should be coordinated with school administration.
12. Documentation on student's cumulative health record should include screening results, re-screen results, notification of parents, notification of teachers, follow-up, or refusal from parent for student to participate.

## **Vision Screening Program schedule:**

An estimated 80% of learning occurs through visual senses.

<b>Grade</b>	<b>Screening</b>	<b>Type of Screening</b>
All new students	Recommended	Age appropriate
Kindergarten	Recommended	Distance and near acuity, Random Dot E
1 <sup>st</sup>	Recommended	Distance and near acuity, Random Dot E
2 <sup>nd</sup>	Recommended	Distance and near acuity, Random Dot E
3 <sup>rd</sup>	Recommended	Distance and near acuity, Random Dot E
Every other year After 3 <sup>rd</sup> grade	Recommended as time permits	Distance acuity (Near acuity optional)

## **Hearing Screening Program schedule:**

- Students in Pre-K, K, 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Grades and all new students
- Any student referred by the teacher, parent or self
- Special education evaluation requests
- Students in 7<sup>th</sup> Grade – for educational purposes regarding noise exposure

- **Screening Guidelines (5.2)**

**Screening for Visual Acuity (Distance) (5.21)**

**Description:** Visual acuity is checked at 10 or 20 feet depending on the chart with symbols or letters presented in a linear fashion.

**Ages/Grades:** Snellen Letter Chart -- 3rd grade or older  
Picture Chart -- preschool - 2nd grade

**Equipment:** Snellen Letter Chart  
Picture chart  
Occluders (optional - student may use their hand)  
Tape Measure  
Tape  
Contact Paper Feet Prints (optional)

**Facilities:** Room at least 5 feet longer than the test distance, well lighted, without glare. No distracting windows or patterns on the walls.

**Procedure:**

1. Measure off distance (10 or 20 feet) and place tape on the floor. Apply contact paper feet prints with heels on the tape mark. The chart should be placed on the wall where the student's eyes are level with the 20/30 line.
2. The student may either stand or sit during the exam. The student's heels or back should be in line with the tape.
3. If the child wears glasses, screen with glasses on. If the student's glasses are at home or reports their glasses are broken or lost, screen without glasses and record a note on screening sheet for follow-up.
4. Uncover one line at a time. Preschool children may be confused by the entire line and need to have each letter isolated. It should be recorded that the test was done with the isolated letter.
5. Instruct the child to keep both eyes open but cover one eye and read the selected letter or line of letters with the uncovered eye. Start at line 20/50 and move down to the 20/30 line. If the student is unable to read the 20/50 line move upward.
6. The child must identify or match greater than 60% of the letters/symbols on the chart, or not miss one more than 50% of the letters/symbols on a line.
7. Repeat the procedure for the other eye. Be sure the student keeps both eyes open and places no pressure on the eye when occluding the vision of the other eye.
8. If the student is squinting or struggling with the test, make a note on the screening sheet.

**Pass:**      **Recommended standards of vision are at least:**

20/40 for PreK through Kindergarten  
20/30 for Grades 1-12

**OR** No more than one line difference between both eyes even if the scores are within normal limits.

**Fail:**      **If score is:**

20/50 or worse for PreK through Kindergarten  
20/40 or worse for Grades 1-12

**OR** If there is a two or more line difference between both eyes

**Rescreening:**    Rescreening should be done on another day within two weeks, if possible. If scores have not improved, referral should be made to the family physician or eye specialist. If they do not have their glasses at the rescreen date, parents should be notified. (Appendix 5, 6, and 7: ***Referral letters.***)

**Other Conditions that Warrant Medical Attention or Rescheduling of Screening:**

1. Any crossing or drifting of the eyes
2. Any white or discolored pupils
3. Any red or inflamed lids or eyes
4. Crusted or swollen lids, watery eyes or discharge, or recurring styes
5. Reported double vision
6. Turning or tilting of head to one side or covering one eye to look at objects
7. Eyelid droop
8. Constant movement of eyes
9. Sensitivity to light
10. Allergies

## **Screening for Visual Acuity (Near) (5.22)**

**Description:** Visual acuity is checked at 13-16 inches depending on the chart used, with symbols or letters presented in a linear fashion.

**Ages/Grades:** 3 yrs. or older

**Equipment:** Near Point Eye Chart (Snellen, HOTV, Sloan letterchart, Lighthouse)  
Occluder (optional - student may use their hand)  
Table  
Chairs

**Facilities:** Room well lighted, without glare.

### **Procedure:**

1. Have student sit at table and hold eye chart 13-16 inches away.
2. If the student wears glasses for reading, screen with glasses on.
3. Begin testing with one eye. Start with the 20/50 vision. If student is suspected of having low vision, start with largest symbol on the chart. To receive credit for a line, the student must read correctly most of the symbols. It is not necessary to read beyond the 20/20 line.
4. The number recorded as the visual acuity on the screening record is the smallest line on which the student correctly read more than half the symbols.
5. Next the other eye is screened. The same screening and recording format is followed.

### **Pass: Recommended standards of vision are at least:**

20/40 or better in each eye for PreK through Kindergarten  
20/30 or better in each eye for Grades 1-12

**Fail:** If the student's acuity is 20/50 or worse in one or both eyes for PreK-Kindergarten  
If the student's acuity is 20/40 or worse in one or both eyes for Grades 1-12

**Re-screening:** Re-screening should be done on another day within two weeks, if possible. If scores have not improved, referral should be made to the family physician or eye specialist. If they do not have their glasses at the rescreen date, a letter should be sent home. (Appendix 5, 6, and 7: ***Referral letters***)

## **Screening for Stereoscopic Vision (Random Dot E) (5.225)**

**Description:** Screening stereoscopic vision determines how well the two eyes work together. Stereo vision gives you depth perception, seeing 3-D.

**Ages/Grades:** Pre-K through 3<sup>rd</sup> grade

**Equipment:** Random Dot E (RDE) Stereotest Kit  
Antibacterial wipes  
Tape

**Facilities:** Bright room lighting

### **Procedure:**

1. Measure off distance of 40 inches and place tape on the floor.
2. Show the child the raised "E" figure card on the demonstration card. Tell the child that the "E" figure is "popping off the card" and ask the child to point to it. This will allow you to be sure the child can identify an "E" figure.
3. Place polarized glasses on the child. Do not remove prescription glasses if the child wears them. At a distance of 40 inches from the child, hold the Stereo "E" card and blank card at the child's eye level. Tell the child to point or identify the card with the "E".
4. Mix the blank card and the Stereo "E" card behind your back and present the cards to the child. Have the child identify the card and Stereo "E".
5. Repeat this process five times.

**Pass:** Child must identify the Stereo "E" card at least four out of five presentations.

**Rescreen:** Child is unable to identify the Stereo "E" card at least four out of five presentations.

6. Clean polarized glasses daily with soap and water only.

**Re-screening:** Re-screening should be done on another day within two weeks, if possible. If child is still unable to identify the Stereo "E" card at least four out of five presentations, referral should be made to the family physician or eye specialist.

## **Screening for Hearing with Puretone Audiometer Sweep Test (5.23)**

**Description:** Hearing is screened using an audiometer at 20dB with frequencies at 1,000 Hz, 2,000Hz, 4,000Hz.

**Ages/Grades:** PreK or older

**Equipment:** Audiometer  
Table for audiometer and space for writing  
Chairs (2/audiometer)  
Electrical adapter and extension cord

**Facilities:** Quiet room. Consider all noise: plumbing, heating/cooling systems, traffic, office machines, appliances, fluorescent light “buzz”, talking in adjoining rooms, music, etc.

### **Procedure:**

1. Warm up the audiometer (plug in and turn on) about 10 minutes before beginning to screen. Nurse or volunteer can perform original sweep test.
2. Set all connections, dials, and switches on the audiometer in the correct positions.
3. Screen yourself before performing any tests, to be sure the audiometer is working properly.
4. Consider each student individually; some precocious children three years old can be screened audiometrically, but some students ten years old cannot.
5. Seat the student in a chair facing away from the examiner so the student cannot watch the audiometer or the examiner’s movements or expressions. (Shy and other difficult to screen children may be screened facing the examiner with their eyes closed.)
6. Give the test instructions before putting the earphones on the student.
7. Tell the student that he/she will hear some tones or “beeps.” He/She should respond even if they are very soft or tiny. He/She should respond by one of the following methods:
  - a. Raising hand
  - b. Saying “yes”
  - c. Nodding head
  - d. Holding block, chip, or bead close to ear and dropping it into a container when the sound is heard (useful for young children).
8. Place the earphones:
  - a. Make sure hair is not under the earphone and that earrings, headbands, and glasses are removed.
  - b. Adjust earphones so they fit snugly over the outer ears.
  - c. The RED earphone should be placed on the RIGHT ear.
  - d. If the child is reluctant to put on earphones, put them on yourself first and tell the child they are similar to a stereo headset.

9. Set level dial to 20 dB (decibels). Most school environments need 20dB for screening.
10. Set control so that the stimulus tone only comes on when the examiner depresses the switch.
11. Begin testing at 1,000 Hz.
12. Present the stimulus twice as a short tone for at least three (3) seconds. Be careful not to present the stimulus in such a rhythm that the student has clues as to when to respond.
13. Test the following frequencies:
  - a. 1,000 Hz
  - b. 2,000 Hz
  - d. 4,000 Hz (early warning of noise induced hearing loss)
14. Test the RIGHT ear for all frequencies above, and repeat process for the LEFT ear. The student does not have to respond by raising the right hand when the right ear is being tested, and vice-versa. Tell the student when you are changing the ear being tested.

**Pass:** Student heard all tones presented.

**Rescreen:** Student fails to hear one or more frequencies in one or both ears.

15. Clean headphones between classes.

**Re-screening:** Re-screen any student that fails to hear one or more frequencies in one or both ears. Rescreen in 14-21 days.

**Re-Screening Procedure (Sweep Test):**

1. Prepare testing room and equipment as for previous test
2. Set hearing level dial at 20 dB.
3. Test the following frequencies: 1000, 2000, 4000 Hz. Present each frequency twice. If the person fails to respond one of the two times, it may be repeated to assure that it was not lack of attention that caused the lack of response.
4. Refer any person who misses one or more frequencies in one or both ears.

Appendix 7: ***Hearing Referral Letter***

## **Screening for Height and Weight (5.24)**

**Description:** Height & weight is obtained by weighing the students and measuring their height.

**Ages/Grades:** Preschool and older

**Equipment:** Balanced floor scale  
Stadiometer

**Facilities:** Private area

### **Procedure:**

1. Explain the procedure to the student.
2. Obtain height by having student stand with back to stadiometer or tape measure. For accurate height, student should remove shoes. Student should stand tall with head level. Lower measuring arm to top of head.
3. Record results.
4. Obtain weight by having student stand on scale. For accurate weight, student should remove shoes.
5. Record results.
6. Calculate BMI.

Height and weight should be compared to the norms for the student's age.

**Referral:** Students whose weight for age is above 95th percentile or below 5<sup>th</sup> percentile should be referred to their physician. If the number of students above the 95th percentile is significant in the school, healthy nutritional education for parents and families is encouraged. Referrals should also be sent to parents if unusual weight gain or loss occurs.

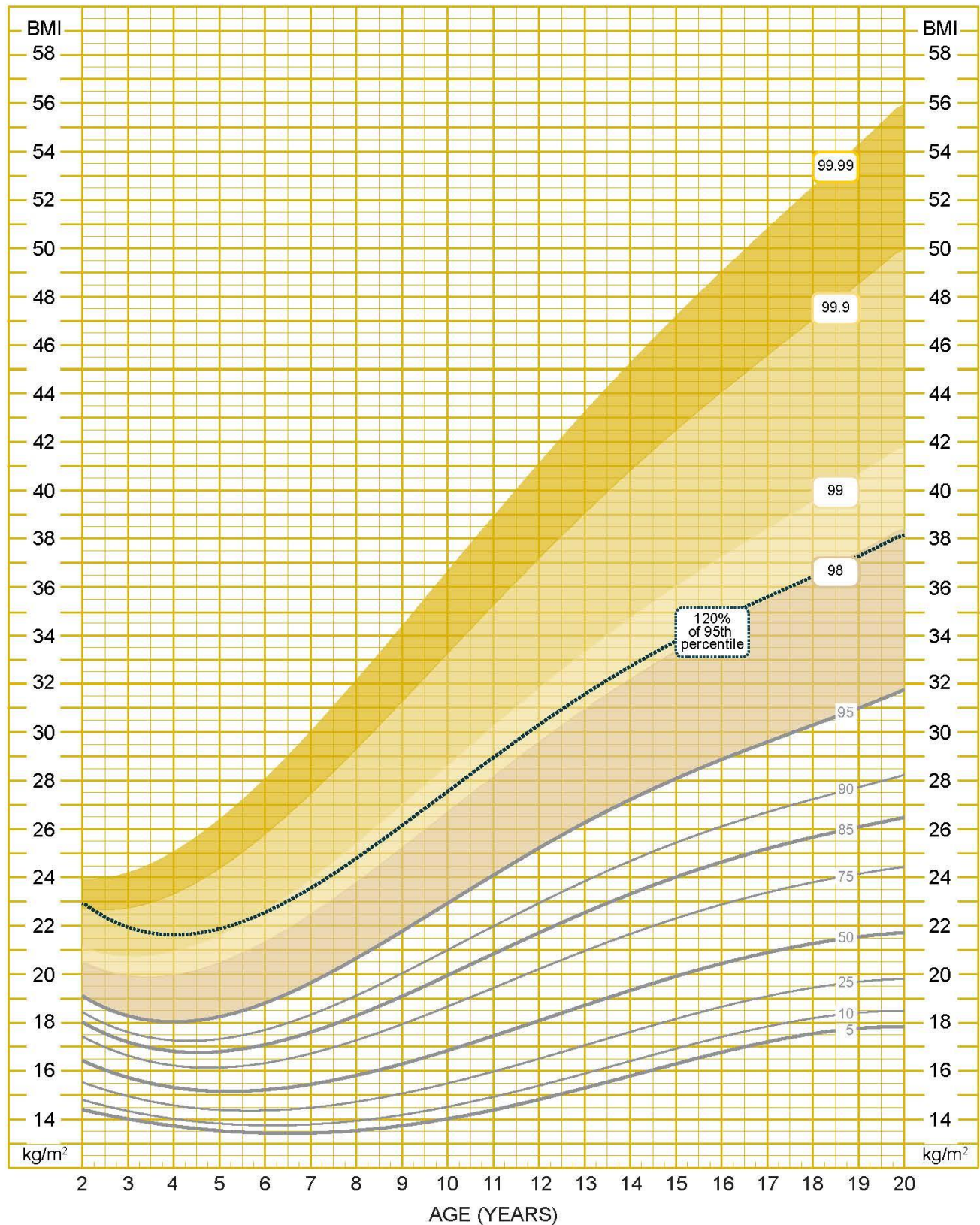
# CDC GROWTH CHARTS: UNITED STATES

## Girls: Ages 2–20 years

Body mass index-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



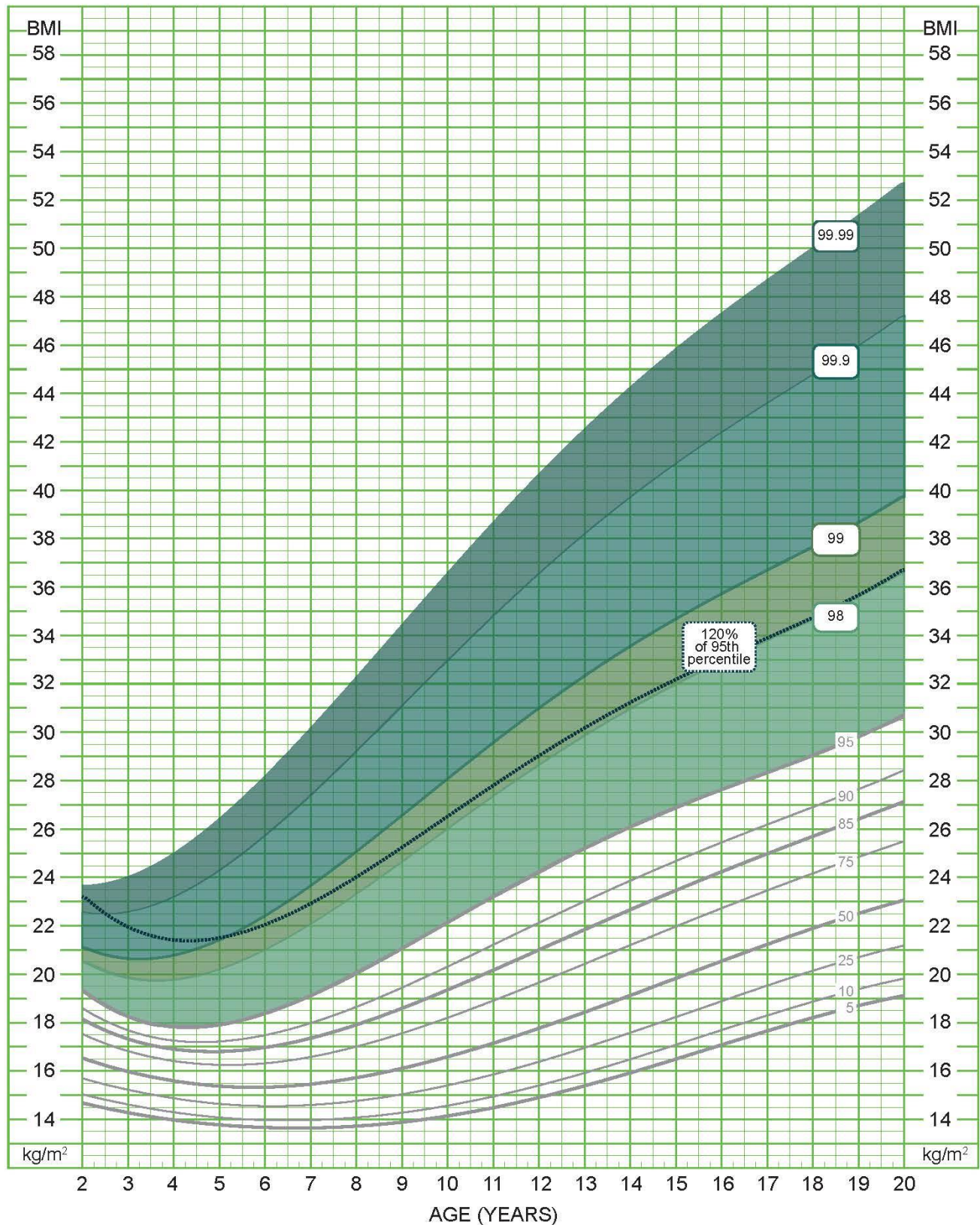
# CDC GROWTH CHARTS: UNITED STATES

## Boys: Ages 2–20 years

Body mass index-for-age percentiles

NAME \_\_\_\_\_

RECORD # \_\_\_\_\_



December 15, 2022

Data source: National Health Examination Survey and National Health and Nutrition Examination Survey.

Developed by: National Center for Health Statistics in collaboration with National Center for Chronic Disease Prevention and Health Promotion, 2022.

CS330934



## **Screening for Blood Pressure (5.25)**

**Description:** Blood pressure is checked on students with portable sphygmomanometer.

**Ages/Grades:** 5<sup>th</sup> grade and older

**Equipment:** Stethoscope  
Sphygmomanometer

**Facilities:** Quiet area.

### **Procedure:**

1. Check to make sure equipment is working properly and is calibrated.
2. Explain procedure to student.
3. Select proper size of blood pressure cuff. Cuff should be no smaller than 1/2 the length of the upper arm and no larger than 2/3 the length of the upper arm. Arm should be free of sleeves.
4. If pressure reading is high, re-check blood pressure on the other arm. Record as such. (See Appendix 9: ***Blood Pressure Referral Criteria*** for normal levels)

**Re-screen:** All high blood pressures should be re-checked on two separate occasions, for three readings total. Utilize the blood pressure screening, referral and follow-up chart. Age specific percentiles are also included. (Appendix 10: ***Blood Pressure Referral Letter***)

## References

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***Hearing Screening Guidelines for School Nurses***, National Association of School Nurses

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary Education

***Vision Screening Guidelines for School Nurses***, National Association of School Nurses

***Guidelines for Vision Screening in Missouri Schools***, DHSS, April 2021

<https://health.mo.gov/living/families/schoolhealth/pdf/GuidelinesVisionScreening.pdf>

***Guidelines for Hearing Screening***, DHSS,

<https://health.mo.gov/living/families/schoolhealth/pdf/HearingScreeningGuidelines.pdf>



# Appendix

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Appendix 1	
<b><i>Health Screening Schedule</i></b>	5.1
Appendix 2	
<b><i>Parent Note on Health Screening</i></b>	5.1
Appendix 3	
<b><i>Screening Letter to Teachers</i></b>	5.1
Appendix 4	
<b><i>Catholic School Health Screening Results Form</i></b>	5.1
Appendix 5	
<b><i>Vision Referral Letter</i></b>	5.21 5.22 5.23
Appendix 6	
<b><i>Letter for Forgotten, Lost or Broken Glasses</i></b>	5.21 5.22 5.23
Appendix 7	
<b><i>Hearing Referral Letter</i></b>	5.24
Appendix 8	
<b><i>BMI Referral Letter</i></b>	5.25
Appendix 9	
<b><i>Blood Pressure Referral Criteria</i></b>	5.26
Appendix 10	
<b><i>Blood Pressure Referral Letter</i></b>	5.26



**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

[illegible]



## Parent Note on Health Screening

# **School Health**

# **Screenings**

## **DATE**

### **School**

Vision, Hearing, Blood Pressure,  
Height, & Weight will be screened.

BMI will be calculated.

Results will be given to parents.

If you do not wish for your child to participate, please  
contact the school.



## Screening Letter to Teachers

### *School Letterhead*

Dear Teacher,

We will be providing a health screening in your school on \_\_\_\_\_. The screening area will be in room(s) \_\_\_\_\_ and \_\_\_\_\_. Your class is scheduled for a 30-60 minute block of time, depending on the size of your class and age of your students. Please accompany your class and stay with them for the screening process. Have any student who wears glasses bring the glasses with them. All results will be sent home to the parents. Any student needing a re-screen will be tested within 4 weeks. A referral letter will be sent home regarding any abnormalities. Please let me know if you have any questions. I appreciate your support and patience.

Sincerely,

*School Nurse / Volunteer*



Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ inches      Weight: \_\_\_\_\_ pounds      BMI: \_\_\_\_\_      Blood Pressure: \_\_\_\_\_

<b>Vision Screening:</b>  Glasses/Contacts <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Forgot/Broken	<b>Vision Rescreen:</b> Date: _____  Glasses/Contacts <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Forgot/Broken
<b>Random Dot E:</b> Pass              Rescreen	<b>Random Dot E:</b> Pass              Refer
<b>Far (Distance):</b> Right Eye      20/_____ Left Eye        20/_____  Pass              Rescreen	<b>Far (Distance):</b> Right Eye      20/_____ Left Eye        20/_____ Pass              Refer
<b>Vision (Near):</b> Right Eye      20/_____ Left Eye        20/_____  Pass              Rescreen	<b>Vision (Near):</b> Right Eye      20/_____ Left Eye        20/_____ Pass              Refer
<b>Hearing Screening:</b>  <b>Pure Tones:</b> Right Ear                      Pass              Rescreen Left Ear                        Pass              Rescreen	<b>Hearing Rescreen:</b> Date: _____  <b>Pure Tones:</b> Right Ear                      Pass              Refer Left Ear                        Pass              Refer



## Vision Referral Letter

### *School Letterhead*

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent /Guardian,

Your child's vision was screened at school on \_\_\_\_\_ with / without their glasses. A vision rescreen was performed on \_\_\_\_\_ with / without their glasses. The results of the screening revealed the need for a complete eye examination.

**The area of concern is indicated below.**

\_\_\_\_\_ **Distance Vision**

Your child was unable to see letters smaller than 20/40 with one or both eyes. This may indicate your child may have difficulty seeing things far away and might not be seeing the board at school as clearly as other classmates.

\_\_\_\_\_ **Near Vision**

Your child was unable to see letters smaller than 20/40 with one or both eyes. This may mean that your child may have difficulty seeing close up and might not be seeing reading material as clearly as other classmates.

\_\_\_\_\_ **Random Dot E**

This screening indicates how well your child's eye muscles work together through depth perception. Our eye muscles are responsible for focusing on objects and play a key role in reading and writing.

**Vision accounts for 80% of all learning in a child's first 12 years. Please call your child's doctor and inform him of these findings and that a complete professional eye examination is recommended. It is important to us to know what is found on the examination, so we would appreciate you letting the school know those results. If you have any questions about these screenings, please call me at the school number.**

Sincerely,

---

School Nurse/Volunteer



## Letter for Forgotten, Lost or Broken Glasses

### *School Letterhead*

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent /Guardian,

Your child's vision was screened at school on \_\_\_\_\_. He / she did not have their glasses / contacts with them. A vision rescreen was performed on \_\_\_\_\_ again without their glasses / contacts.

**The area of concern is indicated below.**

\_\_\_\_\_ **Distance Vision**

Your child was unable to see letters smaller than 20/40 with one or both eyes. This may indicate your child may have difficulty seeing things far away and might not be seeing the board at school as clearly as other classmates.

\_\_\_\_\_ **Near Vision**

Your child was unable to see letters smaller than 20/40 with one or both eyes. This may mean that your child may have difficulty seeing close up and might not be seeing reading material as clearly as other classmates.

\_\_\_\_\_ **Random Dot E**

This screening indicates how well your child's eye muscles work together through depth perception. Our eye muscles are responsible for focusing on objects and play a key role in reading and writing.

**Vision accounts for 80% of all learning in a child's first 12 years. It is very important for your child to have their glasses / contacts at school each day to function adequately in the classroom. If your child's glasses are lost or broken, please call your child's eye doctor. If you have any questions about these screenings, please call me at the school number.**

Sincerely,

\_\_\_\_\_  
School Nurse/Volunteer



## Hearing Referral Letter

*School Letterhead*

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent /Guardian,

As a part of the school health program, students are routinely screened for possible hearing problems in order to identify any barrier to learning that might be corrected. Your child's hearing was screened at school on \_\_\_\_\_ and rescreened on \_\_\_\_\_. The results of the screening revealed that your child is having difficulty hearing some tones.

We feel it is important to your child's school success to have a professional hearing evaluation. Please call your child's doctor and inform them of our results. It is important to us to know what is found on the professional examination, so we would appreciate you letting the school know the results of the exam.

If you have any questions about this screening, please call me at the school number.

Sincerely,

\_\_\_\_\_  
School Nurse/Volunteer



## BMI Referral Letter

Dear Parent/Guardian:

As part of your school's screening program, your child was measured and weighed on \_\_\_\_\_. A **BODY MASS INDEX (BMI)** was calculated to assess the overall growth and nutritional status of \_\_\_\_\_. The measurements were: \_\_\_\_\_ inches, \_\_\_\_\_ pounds, resulting in a BODY MASS INDEX of \_\_\_\_\_, meaning your child is overweight / underweight. The normal BODY MASS INDEX for your child's height and weight is between \_\_\_\_\_ and \_\_\_\_\_.

A child who is overweight or underweight means he/she can be at risk for certain health problems. A child who is overweight has an increased risk of developing serious chronic health conditions, including Diabetes, Heart Disease, High Blood Pressure, Stroke and certain Cancers. A child who is underweight has an increased risk of developing Heart Disease, loss of bone mass and Anemia. An underweight child may also have an underlying eating disorder.

Many factors, including sports participation or family history can influence height and weight in children and adolescents. The BODY MASS INDEX is only a screening tool, but it does provide an indication that the child should have further evaluation.

Your child's health care provider is the best person to evaluate whether or not his/her growth is within a healthy range. **Please contact your child's health care provider and share these results.** The health care provider may suggest changes in eating or physical activity – or they may have other recommendations.

If you have any questions, please call me at the school number.

Sincerely,

\_\_\_\_\_  
School Nurse/Volunteer

Source for Normal Body Mass Index:  
Centers for Disease Control and Prevention (CDC),  
US Department of Health and Human Services  
[www.cdc.gov.growthcharts](http://www.cdc.gov.growthcharts)



## Blood Pressure Tables for Children and Adolescents

from the

Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in  
Children and Adolescents\*

<b><u>Blood Pressure Referral Criteria</u></b> <b>50th Percentile of Height / 90th Percentile BP</b>			
<b>Grade</b>	<b>Age in Years</b>	<b>Female</b>	<b>Male</b>
Kg	5	107/67	106/65
1st	6	108/69	107/68
2nd	7	109/70	109/70
3rd	8	110/72	110/71
4th	9	111/73	110/73
5th	10	112/73	112/74
6th	11	114/74	114/75
7th	12	118/75	117/75
8th	13	120/80	120/80
9th	14	120/80	120/80
10th	15	120/80	120/80
11th	16	120/80	120/80
12th	17	120/80	120/80

Updated on 9/2017 by AAP

[Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents | Pediatrics](#)  
[| American Academy of Pediatrics \(aap.org\)](#)



**Blood Pressure Referral Letter**

*School Letterhead*

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent /Guardian,

Blood pressure is checked as a part of preventive health services provided by The School Health Program. It is recommended that you contact your child's doctor because his / her blood pressure was elevated on three different occasions. The readings were as follows:

<u>Date</u>	<u>Reading</u>

If you have any questions, please call me at the school number.

Sincerely,

\_\_\_\_\_  
School Nurse/Volunteer



# **Series 6.0**

## **Communicable Diseases**

<b>Immunization</b>	<b>6.1</b>
<b>Health Practice and Disease Control</b>	<b>6.2</b>
Procedures on HIV/AIDS	6.21
<b>Guidelines Specific Communicable Diseases</b>	<b>6.3</b>
Guidelines for Sending Ill Students Home	6.31
Reportable Disease	6.32
Immunization Status Report	6.33
<b>Emergency Response Team</b>	<b>6.4</b>
<b>References</b>	
<b>Appendix</b>	



## **Communicable Diseases (6.0)**

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Schools share the responsibility for communicable disease prevention and control with parents and community health officials. Schools also share in the responsibility for educating parents and children about the value of immunization, good health practices, and communicable disease control.

### **Immunizations (6.1)**

According to Missouri state statute 167.181, prior to entrance into school students are required to be immunized according to the rules and regulations promulgated by the Missouri Department of Health. Also students are required to be immunized in accordance with rules and regulations of the local Department of Health in whose jurisdiction the school lies.

It is unlawful for any child to attend school unless properly immunized prior to the first day of school as required under the rules and regulations of the Department of Health and can provide satisfactory evidence of such immunization unless the parent or guardian has signed and placed on file a statement of medical or religious exemption with the school administrator.

#### **Guidelines for Applying Policy**

1. The Department of Health, after consultation with the Department of Elementary and Secondary Education, shall promulgate rules and regulations governing the immunizations to be required of children attending public, private, parochial, or parish schools. The immunizations required and the manner and frequency of their administration shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization program. (Missouri state statute 167.181)
2. Medical Exemption. A student shall be exempted from immunization requirements, upon signed certification by a licensed doctor of medicine, (MD), doctor of osteopathy (DO), or his/her designee indicating that either immunization would seriously endanger the student's health or life or the student has documentation of disease or laboratory evidence of immunity to the disease. The Medical Immunization Exemption form can be obtained from the [Missouri Department of Health and Senior Services](#) by the parents/guardian. It must be completed, signed by the doctor and placed on file with the school immunization health record or child care facility.
3. Religious Exemption. A child shall be exempted from the immunization requirements if one parent or guardian objects. The Religious Immunization Exemption card must be obtained from [Missouri Department of Health and Senior Services](#) by the parent/guardian. It must be completed, signed and filed with the school.
4. Each school principal is responsible for submitting the *Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children*, CD-31 form from the Missouri Division of Health and Senior Services. This form is due every October 15 for grades K-12. *Child Care/Preschool School*

*Immunization Status Report*, IMMP.32 form is due every January 15 for child care/preschools.

## **Health Practices and Disease Control (6.2)**

Catholic schools of the Archdiocese of Saint Louis will follow the recommended policies and procedures on communicable diseases established by the Missouri Department of Health.

### **Rationale**

The prospect of a school-age child or faculty member attending school with an infectious disease raises concern among school administrators, pastors, teachers, and parents.

Catholic schools are institutions providing an environment where the life and teachings of Christ can be experienced and modeled by those in attendance. It is especially true, therefore, that in Catholic schools compassion for the sick be evident as well as concern for their physiological and physical well-being.

In addition, the school has an obligation to the common as well as the individual welfare of its pupils and personnel. The general guidelines, which follow, take into account both of these factors. Each Catholic school will develop local policy and procedures based on these guidelines.

### **Guidelines for Applying Policy**

1. Since the risk of transmission of these diseases in the school setting is quite low, the child should be permitted to attend school in the least restrictive environment. The decision should be made by the child's physician, public health personnel, and the child's parent/guardian, pastor and school personnel involved in the child's care. The child's physician may also recommend exclusion of the child when infectious diseases are present in the building that put the child at risk.
2. Although the organisms have been isolated from blood, semen, saliva, and tears, transmission has only been documented through blood and semen. The child could attend school, in a regular classroom setting, using universal precautions with body fluids or blood.
3. All classrooms should be equipped with the appropriate materials necessary to safeguard the health of children and teachers. Appropriate procedures should be developed and communicated to all school personnel.
4. Food Served in Classrooms - In order to prevent the spread of Hepatitis A it is recommended that the following precautions be taken in all schools:
  - a. Food at parties and other functions in schools should be limited to commercially prepared, individually packaged treats.
  - b. Food prepared at home should not be brought into the classroom for sharing.
  - c. Distribution and handling of food should be limited to teachers and staff.

In addition, when serving food in classrooms consideration must be given to students with food allergies.

Of course, good hygiene is the simplest and most effective way to prevent the spread of germs. Students and staff should practice careful hand washing, especially after using the bathroom and before eating and handling food.

## **Procedure on HIV/AIDS (6.21)**

Based on the leadership of the Bishops of the four Catholic dioceses in the state of Missouri and the guidelines from the Center for Disease Control, the following procedures clarify for all members of educational institutions how the gospel values of compassion and justice as well as good current medical practice are to guide a response to the HIV/AIDS epidemic in the following areas: education, health practices, enrollment and admission to Catholic schools and parish schools of religion, public awareness, and the procedures to be applied to an employee who has HIV/AIDS or is HIV infected.

### **1. Education**

- a. **Students:** HIV/AIDS education should be implemented in every parish and school program. The most appropriate place for HIV/AIDS education is in the context of an Archdiocesan-approved human sexuality program. The preferred time to begin HIV/AIDS education is grade 6, continued through grade 12. Curriculum materials for HIV/AIDS education are available through the National Catholic Education Association. Preview materials are available through the Archdiocesan Religious Education Department.
- b. **School Personnel:** HIV/AIDS education should be provided for school personnel by the local school/parish administration. This education should include: factual information on HIV/AIDS, moral and Gospel values, infectious disease control and specialized skills to fulfill their role. Information can be obtained through the Archdiocesan Catholic AIDS Outreach Office. Audiovisual materials are also available through the Archdiocesan Media Center.
- c. **Parents and Board of Education:** The local school administration should arrange educational programs for parents and members of boards of education to help them in their responsibility to educate their children. In addition, this education should be designed to prevent unreasonable fears and to promote a Christian response to persons with HIV infection or AIDS and to bring about social responsibility. Consultation for planning such a meeting is available through the Archdiocesan Catholic AIDS Outreach Office.

### **2. Enrollment and admission to Catholic Schools**

HIV/AIDS is not spread by casual, everyday contact. Therefore, barring special circumstances, students who are infected with HIV/AIDS will be admitted to elementary and secondary school programs. Usually, these students are entitled to all rights and services accorded to other students. Decisions about any changes in the education program of a student who is infected with HIV/AIDS shall be made on a case-by-case basis. Each situation shall be analyzed and responded to as required by its particular facts. Any decision will take into account Christian concern and compassion, community health and well-being, and individual privacy and needs.

The United States Bishop's statement, "The Many Faces of AIDS: A Gospel Response" states:

*Infection with AIDS in and of itself should not be a reason to exclude students from any Catholic elementary or secondary school, religion program or institution of higher learning. However, alternate educational and catechetical arrangements may be made for infected students whose behavior has been shown to be a danger to others. (pp. 25-26)*

3. Evaluating students who are infected with HIV/AIDS

HIV infection is not transmitted casually; therefore, it is not in itself a reason to remove a student from the school. If the principal is notified that a student is infected with HIV, the principal shall determine whether the student infected with HIV has a secondary infection, such as tuberculosis, that constitutes a recognized risk of transmission in the school setting. This is a medical question, and the principal/PSR coordinator shall answer it by consulting, with the consent of the parent/guardian, with the infected student's physician, a qualified public health official who is responsible for such determinations, and the infected student's parents or guardians. The principal shall also determine if the student's behavior could be a danger to others. This group shall also discuss ways that the school may help anticipate and meet the needs of the student infected with HIV.

If the student's behavior poses no danger and there is no secondary infection that constitutes a medically recognized risk of transmission in the school setting, the principal shall not alter the educational program of the infected student. However, the principal shall periodically review the circumstances of the case to see if the situation has changed sufficiently to warrant a re-examination of the decision.

If a student's behavior poses a danger to others or there is a secondary infection that constitutes a medically recognized risk of transmission in the school setting, the principal shall consult with the physician, public health official and the infected student's parents or guardians. Additional persons may be consulted, if this is essential for gaining additional information, but the parents or guardians of the infected student must approve of the notification of any additional persons who would know the identity of the infected person. When the principal makes a decision about the specific case, appeal of the decision may be made by the parent/guardian of the infected student to the pastor in the parish-school setting or the superintendent of education in the secondary school setting.

**Utmost confidentiality shall be observed throughout this process.**

4. AIDS-infected School Personnel

School personnel with AIDS should be offered the same benefits and rights as other school employees who are sick or infirm. School administrators should consider flexibility in work schedules for persons with HIV/AIDS and help them maintain a positive work spirit. These same principles call upon the HIV/AIDS infected person to inform his/her administrators when his/her condition would be harmful to the educational institution, students, and staff.

5. Informing persons of the identity of a student with HIV/AIDS

The people who need to know the identity of a student who is infected with HIV/AIDS are those who will, with the infected student's parents or guardians, determine the fitness of the student to attend school in the case a student has a secondary infection that constitutes a medically recognized risk of transmission in the school setting. They are the principal/PSR coordinator, pastor, school nurse, personal physician of the infected student and a public health official.

The decision-makers listed above and the infected student's parents or guardians will determine whether additional persons need to know that an infected student attends the school. These additional persons will not know the name of the infected student without the written consent of the infected student's parents or guardians. Additional persons may be notified if the decision-makers feel that this is essential to protect the common and/or individual health and welfare. Depending on circumstances the teacher may be included.

6. Keeping records

All persons shall treat all information as **highly confidential**. No information shall be divulged, directly or indirectly, to any other individuals or groups. All medical information, written documentation notes, telephone conversations, proceedings, and meetings shall be kept by the principal in a locked file. The infected student's parents or guardians shall be advised that this file, containing only information relevant to the HIV/AIDS infection, is being kept separately from the student's other records. Access to this file will be granted only to those persons who have written consent of the infected student's parents or guardians. To further protect confidentiality, names will not be used in documents except where it is essential.

7. Position of the Archdiocese

It is the position of the Archdiocese that any person, whether employed by the Archdiocese or not, who breaches confidentiality in any way regarding the disclosure of the name of a student who is HIV infected shall be liable as an individual for this breach and individually responsible for any penalties that may be levied. The school will not provide any defense or liability coverage for any acts that are done in contravention to these confidentiality laws mandated by the State of Missouri.

8. Infection control

The school will follow the universal precaution guidelines established by the United States Centers for Disease Control for prevention of the spread of HIV.

These are:

- a. use of personal protective equipment (gloves, gowns, mask, and goggles)
- b. careful and frequent hand washing by staff and children
- c. soiled clothing from all children should be placed in a sealed plastic bag to be sent home and washed with detergent, bleach, hot water, as that will kill HIV
- d. use of disposable gloves is appropriate for the cleaning of a bleeding injury; and any bodily fluid or blood contact should be followed by immediate washing with soap and water
- e. washing off areas where blood, urine, feces, etc. have spilled should be done with 1/4 cup of bleach in one gallon of water or appropriate chemical cleaner (Pg. 40 Communicable Disease)
- f. when changing wet or soiled clothing, staff should pay particular attention to hand washing--if soiled clothing contains blood, staff should wear disposable gloves
- g. cover all open wounds
- h. disposable diapers and disposable gloves should be placed in a plastic bag to be disposed of in a covered container
- i. housekeeping personnel need to be instructed to provide for careful disposal of bloodied materials.

## **Guidelines for Specific Communicable Diseases (6.3)**

When there is reasonable cause to believe that a student enrolled in your school has a communicable disease, the parents/guardians of the student should be notified, the student may be excluded from school, and examination by their physician may be advised. (Appendices 2 through 6: ***sample letters and information regarding Head Lice.***)

Students with infectious diseases, and their families, have a right to privacy and confidentiality. Only staff members who have a reason to know the identity and condition of such students should be informed.

The school should utilize the guidelines from the booklet, ***Prevention and Control of Communicable Diseases -- A Guide for School Administrators, Nurses, Teachers and Day Care Operators*** (Appendix 1), published by the Missouri Department of Health, which is included in this section.

### **General guidelines for sending an ill child home (6.31)**

1. Fever ( $>100.4$ ) or 1-2 degrees above child's normal temperature and/or ill-appearing.
2. Rash with Fever.
3. Rash of unclear cause that has not been evaluated by a physician.
4. Difficulty Breathing (Especially Asthmatic not relieved with medication).
5. Sore throat with fever or difficulty swallowing.
6. Eye drainage (clear or yellow) with itching and history of crusting on lashes at waking. When purulent (pus) drainage and/or fever or eye pain is present.
7. Vomiting at school or stomach cramping with history of vomiting in prior 24 hours.
8. Diarrhea and/or abdominal cramping.
9. Mouth sores with inability to control saliva.
10. Chicken Pox or other communicable diseases (see Appendix 1: ***Prevention and Control of Communicable Diseases*** for specific disease guidelines for school attendance restrictions).

**Children must be free of fever without the use of fever-reducing medication for 24 hours before returning to school.**

### **Reportable Diseases (6.32)**

Any case of a disease designated "reportable" by state rule needs to be reported immediately to the local health authority. This is most likely done by the physician confirming the diagnosis. Appropriate outbreak control measures should be implemented after consultation with local health authorities and medical care providers, in accordance with state laws and rules governing disease control.

Schools should follow the guidelines of the Missouri Department of Health published in ***Prevention and Control of Communicable Diseases, A Guide for School Administrators, Nurses, Teachers and Child Care Providers*** (Appendix 1). A current list of reportable diseases can be found at:

<https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/index.php>

### **Immunization Status Report (6.33)**

Catholic day care centers, nursery or pre-schools will follow the following Missouri statute regarding immunization information of students enrolled in (public or private) Day Care Centers, Nursery, or Pre-Schools.

1. Prepare an Immunization Status Report by January 15<sup>th</sup> of each year to be kept on file at the school. The form may be found at:

<http://health.mo.gov/living/wellness/immunizations/daycarerequirements.php>

2. Send a letter (see Attachment C) to every parent or guardian of children enrolled in day care, nursery school or pre-school stating:

**In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending (enter facility name) may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information, please contact (enter name of contact) and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.**

3. If you receive a request from a parent or guardian for this information, you must notify them whether there are any children enrolled who have filed an immunization exemption with your school and have therefore not been immunized. You should not disclose the names or grades of such children, nor are you required to identify the number of such children.

### **Emergency Response Team (6.4)**

Annually each school should identify individuals to serve on an Emergency Response Team to limit the exposure of staff to bloodborne pathogens. This team will have responsibility of responding to all emergency and first aid incidents involving blood and body fluids. This list could include health nurses and volunteers, administrators, school secretaries, select teachers and members of the maintenance staff. The members of this team should register for the Bloodborne Pathogens Class offered through SSM Health Cardinal Glennon Children's Hospital School Partnership Program and be offered the option of a Hepatitis B vaccination.

For more information on the Emergency Response Team and the other elements contained in the Exposure Control Plan consult Appendix 6: ***Exposure Control Plan for Bloodborne Pathogens***.

## **References**

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***Red Book: Report of the Committee on Infectious Diseases***, American Academy of Pediatrics

***Center for Disease Control (CDC)***

***Communicable Disease in the School Setting  
and Day Care Facilities***, St. Louis County Department of Health

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary Education

***Mosby's Medical and Nursing Dictionary***, The C.V. Mosby Company

***Occupational Exposure to Bloodborne Pathogens / Implementing  
OSHA Standards in School Settings***, The National Association of School Nurses

***Prevention and Control of Communicable Diseases***, Missouri Department of Health

***School Health: Policy and Practice***, American Academy of Pediatrics



# Appendix

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## Appendix 1

***Prevention and Control of Communicable Diseases:  
A Guide for School Administrators, Nurses, Teachers,  
Child Care Providers, and Parents or Guardians (July 2011)*** 6.3

## Appendix 2

***Head Lice (Pediculosis Capitis) Screening*** 6.3

## Appendix 3

***Sample Letter, Signs of Head Lice (Pediculosis Capitis) Identified*** 6.3

## Appendix 4

***Sample Letter, Treatment for Head Lice (Pediculosis Capitis)*** 6.3

## Appendix 5

***Sample Letter, Identified Case of Head Lice (Pediculosis Capitis)*** 6.3

## Appendix 6

***Tips to Prevent and Control the Spread of Head Lice (Pediculosis Capitis)*** 6.3

## Appendix 7

***Exposure Control Plan for Bloodborne Pathogens*** 6.4

**Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers, Child Care Providers, and Parents or Guardians (July 2011)**

[http://health.mo.gov/living/families/schoolhealth/pdf/Communicable\\_Disease.pdf](http://health.mo.gov/living/families/schoolhealth/pdf/Communicable_Disease.pdf)

## Head Lice (Pediculosis Capitis) Screening

### Equipment needed:

1. A good source of light such as a gooseneck lamp or direct sunlight
2. Tongue blades or wooden applicator sticks
3. Waste basket
4. Class list
5. Disposable gloves
6. Tape or baggie to save nits or bugs found to show parents

### To Inspect:

1. Wearing disposable gloves, part the hair in small sections using tongue blades or wooden applicator sticks. It is advisable to start at the crown and proceed down the back of head. Lice usually settle at the back of the neck and behind the ears.
2. If the child has a ponytail or braids, loosen hair and inspect all hair carefully. All hair accessories should be removed.
3. Examiner should directly inspect:
  - hair and scalp
  - behind the ears
  - nape of neck
  - eye lashes and eye brows
4. Inspect for presence of:
  - **Lice:** found anywhere on hair strand  
size of sesame seed  
tan to grayish-white in color  
six legs  
lice crawl; they cannot jump, fly, or hop
  - **Nits or Eggs:** Many nits are more than ¼ inch from the scalp. Such nits are usually not viable and very unlikely to hatch to become crawling lice, or may in fact be empty shells, also known as casings. Nits are cemented to hair shafts and are very unlikely to be transferred successfully to other people. Misdiagnosis of nits is very common during screenings conducted by nontrained personnel.
  - **Scratch marks:** Scratch marks may or may not occur, depending on individual's reaction to bites. They may occur after lice have been present 3 weeks or more. Although rare, secondary bacterial or fungal infection may develop due to scratching when untreated.
  - **Odor:** Crusts, pediculi, nits, and dirt may cause hair to mat and have a disagreeable odor.
  - **Swollen lymph glands:** If a severe lice infestation is present, swollen lymph glands may occur in neck and under arm pits.

## **5. Points to Remember:**

- Be aware of examiner's verbal comments in front of child. This may be a very embarrassing event for the child and therefore should be treated with sensitivity.
- Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice. Remind students and parents that lice are not associated with poor hygiene, low income, or ethnicity.
- Good technique should be used at all times. Gloves and/or wooden applicators should be discarded after inspection of each child.
- Nymphs (newly hatched lice) and adult lice both can be seen with the naked eye, although difficult. Use the tape and/or baggie to better view your findings. If nits and/or lice are found, save and show parent/guardian so they know what to look for.
- Dandruff, hairspray droplets, and scabs are often mistaken for nits. These can be brushed off easily from a hair shaft; a nit can only be removed by pulling it with your fingernail.
- Every 8-10 days new eggs hatch. Over the next 8-10 days they mature to lay more eggs.

## **6. Control Measures:**

- It is helpful to have several members of the school staff trained in screening of lice infestations.
- When a case is found, children in that classroom do not need to be examined but any siblings or close contact should be examined.
- Parent/guardian of the infested children should be notified and a letter should be sent home explaining treatment (Appendices 3 & 4). Whenever possible, the school should show the parent/guardian the lice or nits in the student's hair so they know what to look for and remove.
- When more than one student in a class is identified to have lice, it is helpful to send a letter to all parents of that class (Appendix 5).
- Children should be properly treated before readmission to school.

## **Sample Letter, Signs of Head Lice (Pediculosis Capitis) Identified**

*School Letterhead*

To: Parent  
Subject: Signs of Head Lice (Pediculosis Capitis) have been identified on your child  
Date:

Signs of head lice have been identified on your child. To prevent further spread, this condition must be treated immediately. Please follow the treatment on the following page or consult your physician. Your child must stay home until adequately treated.

### **School's Responsibility:**

- To educate parents and students on how head lice are spread and how to treat them.
- To allow students to isolate their coats and hats by whatever method the teacher has found effective.
- To exclude students known to have head lice until treatment is completed.

### **Parent's Responsibility:**

- To educate their children about how head lice are spread and what precautions to take.
- To check child's head often and inform school of any problem.
- To supervise combing and comb child's hair every day.
- To treat an infestation and remove all nits.

### **Student's Responsibility:**

- To comb hair from the scalp daily for at least 3 weeks.
- To be aware of symptoms and have adult inspect head.
- To not lend or borrow combs, hats, or coats.
- To not put their head directly next to others.

### **What are head lice?**

These tiny parasitic insects live on human hair. They hatch small eggs called nits. The nits (grayish-white, oval-shaped) are attached firmly with a cement-like substance on a shaft of hair close to the scalp, usually at the nape of the neck and behind the ears.

### **How does someone get head lice?**

Lice cannot hop, jump, or fly but are transmitted by direct contact. Besides direct head-to-head contact, lice can (but are less likely to) be transmitted by inanimate objects such as coats, hats, scarves, hair brushes, combs, towels, bedding, carpets, upholstered furniture and car seats.

### **What signs should I look for?**

Persistent itching of the head and back of the neck can indicate head lice. Most important, look for nits attached to individual hairs. Sometimes small white specks in the hair such as dandruff or droplets of hairspray can be confused with nits. Nits are very difficult to remove from the hair shaft.

### **Your Cooperation Is Essential In Preventing The Spread Of This Problem.**

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.



## Sample Letter, Treatment for Head Lice (Pediculosis Capitis)

### *School Letterhead*

**Treatment:** Requires using an Over-the-counter (OTC) or prescription medication.

- Before applying treatment, it may be helpful to remove clothing that can become wet or stained during treatment.
- Apply lice medication according to the instructions contained in the box or printed on the label. If the person being treated has very long hair (longer than shoulder length), it may be necessary to use a second bottle. Pay special attention to instructions on the label or in the box regarding how long the medication should be left on the hair and how it should be washed out.
- Family members of a student with head lice should be encouraged to inspect themselves to see if lice are present. All individuals found with lice should be treated simultaneously.

**WARNING: Do not use a combination shampoo/conditioner, or conditioner before using lice medicine. Do not re-wash the hair for 1–2 days after the lice medicine is removed.**

- Combing with a nit comb – A nit comb can sometimes be effective in removing viable nits and lice. Comb daily until no live lice are discovered for 2 weeks. Continue to check for 2 – 3 weeks after you think all lice are gone.
- If a few live lice are still found 8–12 hours after treatment, but are moving more slowly than before, do not retreat. The medicine may take longer to kill all the lice. Comb dead and any remaining live lice out of the hair using a fine-toothed nit comb.
- If, after 8–12 hours of treatment, no dead lice are found and lice seem as active as before, the medicine may not be working. Do not retreat until speaking with your health care provider; a different treatment may be necessary. If your health care provider recommends a different treatment, carefully follow the treatment instructions contained in the box or printed on the label.
- Retreatment is meant to kill any surviving hatched lice before they produce new eggs. For some drugs, retreatment is recommended routinely about a week after the first treatment (7–9 days, depending on the drug) and for others only if crawling lice are seen during this period.

**Supplemental Measures:** Head lice do not survive long if they fall off a person and cannot feed. You don't need to spend a lot of time or money on housecleaning activities. Follow these steps to help avoid re-infestation by lice that have recently fallen off the hair or crawled onto clothing or furniture.

- Machine wash and dry clothing, bed linens, and other items that the infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned or sealed in a plastic bag and stored for 2 weeks.
- Soak combs and brushes in hot water (at least 130°F) for 10 minutes.
- Vacuum the floor and furniture, particularly where the infested person sat or lay. However, the risk of getting infested by a louse that has fallen onto a rug or carpet or furniture is very small. Head lice survive less than 1–2 days if they fall off a person and cannot feed; nits cannot hatch and usually die within a week if they are not kept at the same temperature as that found close to the human scalp. Spending much time and money on housecleaning activities is not necessary to avoid re-infestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- **Do not use fumigant sprays;** they can be toxic if inhaled or absorbed through the skin.

**Instruct children not to share combs, hats, scarves, coats, etc. with other students.**



## **Sample Letter, Identified Case of Head Lice (Pediculosis Capitis)**

*School Letterhead*

To: Parent  
Subject: Identified Case of Head Lice (Pediculosis Capitis)  
Date:

There has been an identified case of head lice in your child's classroom. Head lice can spread rapidly through groups of children in close contact. The responsibility for controlling head lice is a responsibility to be shared by the school, the parent, and the student.

### **School's Responsibility:**

- To educate parents and students on how head lice are spread and how to treat them.
- To allow students to isolate their coats and hats by whatever method the teacher has found effective.
- To exclude students known to have head lice until treatment is completed.

### **Parent's Responsibility:**

- To educate their children about how head lice are spread and what precautions to take.
- To check child's head often and inform school of any problem.
- To supervise combing and comb child's hair every day.
- To treat an infestation and remove all nits.

### **Student's Responsibility:**

- To comb hair from the scalp daily for at least 3 weeks.
- To be aware of symptoms and have adult inspect head.
- To not lend or borrow combs, headphones, hats, or coats.
- To not touch other children's hair.
- To not put their head directly next to others.

### **What are head lice?**

These tiny parasitic insects live on human hair. They hatch small eggs called nits. The nits (grayish-white, oval-shaped) are attached firmly with a cement-like-substance on a shaft of hair close to the scalp, usually at the nape of the neck and behind the ears.

### **How does someone get head lice?**

Lice cannot hop, jump, or fly but are transmitted by direct contact. Besides direct head-to-head contact, lice can (but are less likely to) be transmitted by inanimate objects such as coats, hats, scarves, hair brushes, combs, towels, bedding, carpets, upholstered furniture and car seats.

### **What signs should I look for?**

Persistent itching of the head and back of the neck can indicate head lice. Most important, look for nits attached to individual hairs. Sometimes small white specks in the hair such as dandruff or droplets of hairspray can be confused with nits. Nits are very difficult to remove from the hair shaft.

### **Your Cooperation Is Essential In Preventing The Spread Of This Problem.**

Head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice.



**Tips to Prevent and Control the Spread of Head Lice (Pediculosis Capitis)**

- Avoid head-to-head (hair-to-hair) contact during play and other activities at home, school, and elsewhere (sports activities, playground, slumber parties, camp).
- Do not share clothing such as hats, scarves, coats, sports uniforms, hair ribbons, or barrettes.
- Do not share combs, brushes, or towels. Disinfest combs and brushes used by an infested person by soaking them in hot water (at least 130°F) for 10 minutes.
- Do not lie on beds, couches, pillows, carpets, or stuffed animals that have recently been in contact with an infested person.
- Machine wash and dry clothing, bed linens, and other items that an infested person wore or used during the 2 days before treatment using the hot water (130°F) laundry cycle and the high heat drying cycle. Clothing and items that are not washable can be dry-cleaned OR sealed in a plastic bag and stored for 2 weeks.
- Vacuum the floor, furniture, and car seats particularly where the infested person sat or lay. However, spending much time and money on housecleaning activities is not necessary to avoid re-infestation by lice or nits that may have fallen off the head or crawled onto furniture or clothing.
- Do not use fumigant sprays or fogs; they are not necessary to control head lice and can be toxic if inhaled or absorbed through the skin.



## **Exposure Control Plan for Bloodborne Pathogens**

### **I. PURPOSE**

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other infectious body fluids. This exposure control plan is designed to identify those persons at risk of occupational exposure so that appropriate training, personal protective equipment, Hepatitis B vaccine and exposure management can be provided. This will decrease the risk of bloodborne disease to the identified individuals. This Plan is developed in accordance with the OSHA Bloodborne Pathogen Standard, 29 C.F.R. § 1910.1030.

### **II. RESPONSIBILITY**

School administrators shall be responsible for implementing this Plan, ensuring their employees comply with the provisions of this Plan, and that a copy of this Plan is accessible to employees. In addition, administrators shall be responsible for reviewing and updating this Plan at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The administrator is responsible for providing all necessary supplies such as personal protective equipment, soap, bleach, Hepatitis B vaccinations information, etc.

### **III. EXPOSURE DETERMINATION**

Occupational exposure is defined as “reasonably anticipated” skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) (blood and body fluids and other potentially infectious biological fluids and tissues are: breast milk, semen, vaginal secretions, amniotic fluid, pleural (chest cavity), pericardial (heart sac), peritoneal (abdominal cavity), cerebral spinal fluid (brain and spinal cord), saliva and vomitus are infectious only if there is frank blood present, stool secretions. Transmission occurs through exposure of mucous membranes, non-intact skin, needles and sharps with infected body fluids) from performance of an employee’s duties. In order to limit the number of employees with occupational exposure, the school has created an Emergency Response Plan which designates those employees who are exclusively responsible for providing first aid and clean-up services in situations involving the presence of blood and body fluids. We have identified and listed in Attachment A of this Exposure Control Plan those jobs, tasks and procedures in which occupational exposure may occur. Employees holding those jobs will receive the training, protective equipment and vaccinations set out in this plan.

We will continue to review our exposure determinations on an annual basis and make additions to and deletions from the Attachment A list as appropriate.

#### **IV. TRAINING AND EDUCATION OF EMPLOYEES HAVING OCCUPATIONAL EXPOSURE**

- A. All employees identified on Attachment A as having occupational exposure must participate in a training program which will be provided by the School Partnership Nurse at no cost to affected employees during normal working hours.
- B. The training will be provided as follows:
  - 1. At the time of initial assignment to tasks where occupational exposure may take place; and
  - 2. At least annually thereafter.
- C. Annual training for all employees shall be provided within one year of their previous training.
- D. Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- E. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

#### **V. HEPATITIS B VACCINE**

The Hepatitis B vaccination shall be made available, at no cost, to all employees who fall within a job classification listed on Attachment A, unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. The vaccination must be made available after the required training, but within ten (10) working days of initial assignment.

In addition, any employee who provides first aid in a situation involving the presence of Blood and Bodily Fluids or OPIM must have the vaccine made available to them as soon as possible, but in no event later than 24 hours after the exposure incident.

If any eligible employee declines the Hepatitis B vaccination, but at a later date decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination must sign the waiver attached to this policy as Attachment B.

## **VI. METHODS TO BE FOLLOWED TO ENSURE COMPLIANCE WITH THIS EXPOSURE CONTROL PLAN**

Universal precautions, hand washing, and other engineering and work practice controls must be implemented to eliminate or minimize exposure of school employees. Where occupational exposure remains after instituting these controls, personal protective equipment will be used. Employees found not in compliance are subject to disciplinary action.

### **A. Standard Universal Precautions**

It is the expectation of the school that all employees treat all blood and body fluids as infectious material.

### **B. Handwashing**

Readily accessible hand washing facilities with soap, warm water and paper towels are located in each school building in restrooms and designated health service clinic areas.

### **C. Engineering and Work Practice Controls**

Engineering controls are the use of available technology and devices to isolate or remove worker hazards. Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to Blood or Bodily Fluids or OPIM. We have adopted the following engineering and work practice controls.

1. Sharps (such as needles, syringes, lancets, etc.) which may be contaminated with human Blood and Bodily Fluids or OPIM in the course of school activities (health care procedures, chemistry and biology laboratories, vocational education - health occupation class) must be contained in puncture-resistant, leak-proof containers labeled or color coded and sealed prior to disposal.
2. The storage, transport and shipping of any Blood and Bodily Fluids or OPIM must be packaged, contained and accomplished in a manner that prevents leakage during collection, handling, processing, storage, transport or shipping.
3. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are not permitted in work areas where there is a reasonable risk of occupational exposure. Designated areas would include the school health service unit and/or other areas where first aid and other health care procedures take place.
4. Food and drink may not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where Blood and Bodily Fluids or OPIM are present.

5. Blood and Bodily Fluids exposures are to be minimized by performing all health care procedures in a way that minimizes or avoids splashing, spraying and/or spattering.
6. Mouth pipeting/suctioning of blood or other potentially infectious materials is prohibited.
7. There are hand-washing facilities readily accessible to all affected employees. Hands and other affected skin areas shall be washed with soap and water after removing gloves or other personal protective equipment and as soon as possible after contact with body fluids or OPIM.
8. All personal protective equipment (PPE) should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

#### **D. Personal Protective Equipment Rules**

Our Exposure Control Plan requires the use of personal protective equipment (PPE) whenever there is a potential for exposure to Blood and Bodily Fluids or OPIM. PPE is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials. PPE includes, but is not limited to, gloves, masks, gowns, eye protection, resuscitation bags, pocket masks and/or disposable, one-way ventilation devices.

Those items of PPE that are appropriate for the work done here shall be readily accessible, and will be made available at no cost to employees. The school administration shall be responsible for ensuring that PPE is purchased in quantities sufficient to supply anticipated needs, and that the staff is utilizing the equipment supplied.

Persons required to wear PPE will be individually advised by their supervisor. Any employee who has not been advised by his/her supervisor that any such item of PPE is required - but who desires to wear it while at work- may obtain the desired PPE by requesting it from their immediate supervisor. In addition, employees must notify their supervisor if they believe additional PPE is required to safely perform a particular task.

The following PPE rules apply:

1. PPE will be considered "appropriate" only if it does not permit Blood and Bodily Fluids or other potentially infectious material to pass through, to, or reach the employees work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use, and for the duration of time that the protective equipment will be used.

2. Appropriate PPE in the appropriate sizes will be readily accessible at the worksite or will be issued to the employee who is to use it.
4. The school will clean, launder, and dispose of all required PPE and shall repair or replace it as needed in order to maintain its effectiveness - at no cost to any employee.
5. If a garment(s) is penetrated by Blood, Bodily Fluids or OPIM, the garment(s) shall be removed immediately or as soon as feasible.
6. All PPE shall be removed prior to leaving the work area.
7. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing decontamination or disposal.
8. Gloves:
  - a. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, body fluids or OPIM. The use of gloves is particularly important in the following circumstances:
    1. If the worker has cuts, abraded skin, chapped hands, dermatitis, or similar conditions, and whenever it can be reasonably anticipated that the employee may have hand contact with Blood, Bodily Fluid, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces;
    2. When examining abraded or non-intact skin or individuals with active bleeding;
    3. During all cleaning and decontaminating procedures where body fluids and/or blood are present;
  - b. Gloves must be of appropriate material, usually latex free or intact vinyl, of appropriate quality for the procedures performed, and of appropriate size for the person who is to wear them.
  - c. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives will be made readily accessible to those employees who are allergic to the gloves normally provided.
  - d. Disposable (single-use) gloves, such as surgical or examination gloves, shall be replaced as soon as practical when contaminated, or soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use.

- e. Utility gloves may be decontaminated for re-use if the integrity of the utility gloves is not comprised. However, the utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- 9. Masks in combination with eye protection devices, such as goggles or glasses, shall be worn whenever splashes, spray, spattered, or droplets of Blood, Bodily Fluids or OPIM may be generated, and eye, nose or mouth contamination can be reasonably anticipated.
- 10. Appropriate protective clothing such as, but not limited to, gowns, aprons or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- 11. Equipment which becomes contaminated with Blood, Bodily Fluids or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment can be demonstrated as not feasible.
  - a. If decontamination is not feasible, a readily observable label shall be attached to the equipment stating which portions remain contaminated;
  - b. Affected employees, the servicing representative and/or the manufacturer, as appropriate, prior to handling, servicing or shipping shall be informed that the equipment has not been decontaminated so that appropriate precautions will be taken.

## **E. Housekeeping**

All work areas must be maintained in a clean and sanitary condition at all times. Specific attention must be paid to health services areas (i.e. school nurse stations) and all restrooms. These areas should be cleaned with an EPA approved cleaner/disinfectant daily and as necessary.

To the extent Blood, Bodily Fluids or OPIM is regularly present at a particular location within the school, the school must develop a written schedule for cleaning that area, and a written method for decontaminating that area.

All equipment and working services shall be cleaned and decontaminated after contact with Blood, Bodily Fluids or OPIM. Janitorial workers must wear appropriate PPE including general-purpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontaminating procedures. Initial clean-up of blood or OPIM shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 6.0 – 6.25% percent sodium hypochlorite (household bleach) diluted 1/4 cup and one gallon of water.

1. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant in accordance with the following timeline:
  - a. After completion of the first aid care;
  - b. Immediately, or as soon as feasible, when services are overtly contaminated, or after any spill of Blood, Bodily Fluids or OPIM; or
  - c. At the end of the work shift if the surface may have become contaminated since the last cleaning.
2. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with Blood, Bodily Fluids or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
3. Broken glassware, whether contaminated or not, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as brush and dust pan, tongs, or forceps.
4. Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

## **F. Laundry**

All laundry shall be considered as if contaminated with Blood, Bodily Fluids or OPIM and shall be handled as little as possible. Universal precautions and PPE (i.e. gloves) must be utilized in the handling of all laundry. It shall be bagged in color coded orange bags at the location where it was used.

If contaminated laundry is wet and presents a reasonably likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

If soiled laundry is to be washed on site, hot water, with detergent and disinfectant solution must be used. The laundry must be dried in a dryer on the "hot" setting.

Student's personal clothing items being replaced because they are soiled with urine, feces, vomit, etc., will be handled with universal precautions, individually bagged and sent home with the student for home care. Soiled items that are visibly contaminated with Blood, Bodily Fluids or OPIM or items that are soiled as a result of an incident that may have contaminated the item with Blood, Bodily Fluids or OPIM will be handled with precautions and sealed in an orange colored, heavy duty plastic bag before being sent with the student for home care.

If a school ships contaminated laundry offsite to a second facility which does not utilize universal precautions in the handling of all laundry, the contaminated laundry must be placed in bags or containers which are labeled or color coded in accordance with the Communication of Hazards section of this Plan.

## **G. Waste Disposal**

1. Minimally blood contaminated items used for first aid and care of lacerations, nose bleeds, etc., may be contained in a plastic-lined trash container, and disposed of in unmarked bags without special attention. Items such as gauze, bandages, band-aids, cotton balls and sanitary napkins are not required to have special hazard labels. Special attention is required to decontaminate (disinfect) the supplies used to control bleeding wounds, emergency births or other human body fluid spills when such items are saturated to the point where liquid can be squeezed from the dressing in a considerable amount. These items must be soaked in a disinfectant solution to decontaminate them. They may then be doubled bagged and included with normal waste disposal or handled and disposed of hazardous waste.
2. Regulated Waste
  - a. Regulated waste means liquid or semi-liquid Blood, Bodily Fluids or OPIM; contaminated items that would release Blood, Bodily Fluids or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried Blood, Bodily Fluids or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing Blood, Bodily Fluids or OPIM.
  - b. Contaminated sharps shall be discarded immediately, or as soon as possible in containers that are:
    - (1) Closeable;
    - (2) Puncture resistant;
    - (3) Labeled or color-coded in accordance with this Plan; and
    - (4) Leak proof on the sides and bottom.
  - c. Containers for contaminated sharps shall be:
    - (1) Easily accessible to personnel and located as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found;
    - (2) Maintained upright throughout use; and
    - (3) Replaced routinely and not be allowed to overfill.
  - d. When moving containers of contaminated sharps/regulated waste from the area of use, the container shall be:
    - (1) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping;

(2) Placed in a secondary container if leakage is possible. The secondary container shall be:

- (a) Closeable;
- (b) Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and
- (c) Labeled or color coded in accordance with this Plan.

e. Other regulated waste containment.

(1) Regulated waste shall be placed in containers which are:

- (a) Closeable;
- (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- (c) Labeled or color coded in accordance with this Plan; and
- (d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

(2) If outside contamination of the regulated waste container occurs, it should be placed in a second container. The second container shall be:

- (a) Closeable;
- (b) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- (c) Labeled or color coded in accordance with this Plan; and
- (d) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

f. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed.

g. Shearing or breaking of contaminated needles is prohibited.

h. All infectious waste shall be placed in closable, leak proof containers or bags that are color-coded, labeled and tagged.

i. Double-bagging prior to handling, storing, and/or transporting infectious waste is necessary if the outside of a bag is contaminated with Blood, Bodily Fluids or other potentially infectious materials.

j. Disposal of all infectious waste shall be in accordance with applicable federal, state, and local regulations.

## **IX. COMMUNICATION OF HAZARDS**

- A. Warning labels or tags shall be used to identify the presence of an actual or potential biological hazard. They shall be affixed to containers of regulated waste, refrigerators and freezers containing Blood, Bodily Fluids or OPIM; and other containers used to store, transport or ship Blood, Bodily Fluids or OPIM, except as provided otherwise in this part of our Exposure Control Plan.
- B. The labels shall contain the word "BIOHAZARD" and the biological hazard symbol.
- C. The labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- D. Regulated waste that has been decontaminated need not be labeled or color-coded.
- E. The word and message must be understandable to all employees who may be exposed to the identified hazard.
- F. Labels/tags shall be an integral part of the container or affixed as close as feasible to the container by string, wire, or adhesive or other method that prevents their loss or unintentional removal.
- G. Red bags or red containers may be substituted for labels.
- H. All employees shall be informed of the meaning of the various labels, tags, and the color-coding system.

## **X. VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP**

- A. An "exposure incident" is defined as a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with Blood, Bodily Fluids or OPIM that results from the performance of an employee's duties.
- B. Following an exposure incident, the School/Parish shall ensure that the procedures designated in this policy are followed. The reporting procedures identified in this policy require that all first aid incidents involving exposure are reported to the administration **before the end of the work shift** during which the incident occurs.
  - 1. The first aid incident report must include the names of all first aid providers and a description of the circumstances of the accident, including date and time, as well as a determination of whether an "exposure incident," has occurred.
  - 2. All first aid providers who render assistance in any situation involving the presence of Blood, Bodily Fluids or other potentially infectious materials, regardless of whether or not a specific exposure incident occurs, must have the Hepatitis B vaccine made available to them as soon as possible, but in no event later than 24 hours after the exposure incident. If an exposure incident as defined in the standard has taken place, other post exposure follow-up procedures must be initiated immediately.

- C. Immediately following a report of an exposure incident a confidential medical evaluation and follow-up shall be made including at least the following elements:
1. Documentation of the routes of exposure, and the circumstances under which the exposure incident occurred.
  2. Identification and documentation of the source individual unless it can be established that identification is infeasible or prohibited by state or local law.
    - a. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, it must be established that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
    - b. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
    - c. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  3. Collection and testing of blood for HBV and HIV status:
    - a. The exposed employee's blood shall be collected and tested as soon as feasible after consent is obtained.
    - b. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
  4. When medically indicated, there shall be post-exposure prophylaxis as recommended by the US Public Health Service.
  5. Evaluation of reported illnesses.
  6. Counseling.
- D. The health care professional evaluating the employee after an exposure incident will be provided with the following information:
1. A copy of The OSHA Bloodborne Pathogens Standard Regulation;
  2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the routes of exposure and circumstances under which exposure occurred;
  4. Results of the source individual's blood testing, if available; and
  5. All medical records relevant to the appropriate treatment of the employee including vaccination status which it is our responsibility to maintain.
- E. A copy of the evaluating health care professional's written opinion shall be obtained within 15 days of the completion of the evaluation.
1. The health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
  2. The health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
    - a. That the employee has been informed of the results of the evaluation; and
    - b. That the employee has been told about any medical conditions resulting from exposure to Blood, Bodily Fluids or other potentially infectious materials which require further evaluation or treatment.
- F. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- G. Medical records shall be maintained in accordance with the requirements of the Record Keeping section of this Plan.

## **XI. RECORD KEEPING**

### **A. Medical Records**

1. The Parish shall establish and maintain a file for each employee with occupational exposure that shall include the following:
  - a. The name and social security number of the employee;
  - b. A copy of the employee's Hepatitis B vaccination status including the dates of the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
  - c. A copy of all results of examinations, medical testing, and post-exposure follow-up procedures;
  - d. The employer's copy of the health care professional's written opinion obtained following a post-exposure examination; and

- e. A copy of the information provided to the health care professional.
- 2. The Parish shall insure that all employee medical records are:
  - a. Confidential;
  - b. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
- 3. Medical records will be kept for each employee with occupational exposure for the duration of employment plus 30 years.

**B. Training records will be maintained for a minimum of three (3) years from the date on which the training occurred and will include the following:**

- 1. Dates of training sessions;
- 2. Contents or summary of training program, including the trainers name and qualifications;
- 3 Job titles and names of all persons attending the training session.

**C. Record Availability**

- 1. Employee medical records required by this Plan shall be provided upon request for examination and copying to the subject employee, or to anyone having written consent of the subject employee.
- 2. Employee training records required by this Plan shall be provided upon request for examination and copying to employees.

**D. Sharps Injury Log**

- 1. A sharps (i.e. needles) injury log for the recording of percutaneous injuries from contaminated sharps must be maintained to serve as a tool for identifying high risk areas and evaluating devices. The information in the log must be recorded and maintained so as to protect the confidentiality of the injured employee. The log must contain, at a minimum:
  - a. an explanation of how the incident occurred.
  - b. the type and brand of device involved in the incident; and
  - c. the department or work area where the exposure incident occurred.



## **ATTACHMENT A**

The school has undertaken an analysis of its workplace in order to identify the tasks, procedures, and job classifications where occupational exposure to Blood and Bodily Fluids occurs. The determination of whether or not there is “occupational exposure” has been made without regard to the use of personal protective clothing and equipment.

- (A) Job classifications in which all employees have occupational exposure:
  - (i) Members of Emergency Response Team as attached in EMERGENCY RESPONSE PLAN; and/or
  - (ii) School Health Nurses/Volunteers;
- (B) Job classifications in which only some employees have occupational exposure:
  - (i) Members of Emergency Response Team as attached in EMERGENCY RESPONSE PLAN;
  - (ii) Special Education Teachers and Assistants.
  - (iii) First Aid/CPR Responder
- (C) Specific tasks and procedures, or groups of closely related tasks and procedures, which are associated with occupational exposure and that are performed by employees in job classifications listed in accordance with the provisions of (B) above:
  - (i) Clean and dispose of Bloody or Bodily Fluids contaminated wastes.



## **ATTACHMENT B**

### **HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that due to my occupational exposure to Blood, Bodily Fluids or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to Blood, Bodily Fluids or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

**I DESIRE TO FOREGO VACCINATION**

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[Employee Signature]



## **ATTACHMENT C**

### **IMMUNIZATION STATUS REPORT SAMPLE LETTER TO PARENTS**

TO: PARENT OR GUARDIAN OF (Insert daycare or pre-school facility name)

FROM: (Insert school or contact person name)

DATE: XXXXXXXXXX

**In accordance with Section 210.003.7, RSMo., the parent or guardian of a child enrolled in or attending (enter facility name) may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information, please contact (enter name of contact) and the information will be provided to you. Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.**



# **Series 7.0**

## **First Aid and Emergency Guidelines**

<b>Guidelines</b>	<b>7.1</b>
Emergency Information/Authorization Form	7.11
Injury and Emergency Training	7.12
First Aid Supplies	7.13
Emergency Injury or Sudden Illness Guidelines	7.14
Concussion Signs and Symptoms Checklist	
Automatic External Defibrillators (AED)	7.15
Documentation	7.16
<b>Significant Medical Conditions</b>	<b>7.2</b>
Allergies	7.21
<b>References</b>	
<b>Appendix</b>	



## **First Aid & Emergency (7.0)**

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### **Guidelines (7.1)**

The school has the responsibility for the emergency handling of injuries and sudden illness occurring at school, on school property, and during school sponsored events. This includes provision of first aid and parental notification. The school is not responsible for subsequent treatment or medical expense.

#### **Emergency Information/Authorization Forms (7.11)**

All students and staff should have a completed emergency authorization/information form on file. These forms should be updated yearly and be available when on field trips.

(See Appendix 1: ***Emergency Information/Authorization Form***, in Series 2.0, ***Health Documents***, in this manual)

#### **Injury and Emergency Training (7.12)**

All school personnel should know how to access Emergency Medical Services (911), and understand the emergency telephone procedure (Appendix 1: ***Emergency Telephone Procedures***).

It is recommended that members of the Emergency Response Team be trained in First Aid and Cardiopulmonary Resuscitation (CPR). All personnel should be aware of the staff member trained in First Aid and CPR. It is also recommended that all staff and playground/lunchroom volunteers be trained in basic first aid and choking.

It is recommended that a first aid for choking instructional poster be posted in each lunchroom. These are available from the American Heart Association.

School personnel should be aware of the signs and symptoms of a concussion (Appendix 3: ***Concussion Signs and Symptoms Checklist***).

### **First Aid Supplies (7.13)**

It is recommended that each school have basic first aid supplies available. The recommended supplies are as follows:

1. Band-Aids (1" X 3" and 2" X 4 1/2") – latex-free
2. Gauze Pads ( 2 X 2 and 4 X 4 ) – regular and non-stick
3. Sanitary Napkins
4. Gauze Rolls 2"
5. Adhesive Tape 1" – latex free
6. Antiseptic Soap
7. Ice Packs
8. Tweezers
9. Blunt-End Scissors
10. Cotton Balls
11. Disposable Gloves – latex-free
12. Thermometer and Covers
13. Small Flash Light and Extra Batteries
14. Antiseptic Hand Wash (70% alcohol)
15. Emergency Phone Numbers

It is also recommended that first aid supplies be available on field trips and to playground staff trained in first aid. Teachers should have non-latex gloves in their classroom. **All open wounds should be covered.**

### **Emergency Injury or Sudden Illness Guidelines (7.14)**

1. The injured or ill student should not be left alone. Send word to the office that the Emergency Medical Service should be notified (Appendix 2: ***When to Call 911***) and the emergency telephone procedure followed (Appendix 1: ***Emergency Telephone Procedures***). In the event of a questionable head injury, refer to Appendix 3: ***Concussion Signs and Symptoms Checklist***.
2. Notify the administrator in charge and a member of the school's Emergency Response Team.
3. Contact the parent. If unable to contact the parent, the person identified on the emergency information/authorization form should be contacted.
4. Administer supportive first aid to the student within the staff member's abilities. The right to give treatment goes no further than treatment that is necessary to protect life and to comfort individual(s) until additional treatment can be secured by EMS or the parent/guardian.
5. For the student's safety, school personnel will not transport a seriously injured child.
6. If a parent or family member is unable to arrive at the school before the ambulance is ready to leave with the student, a responsible adult should accompany the student to the hospital.

7. A copy of the student's emergency information/authorization form and information about the incident should be sent with the student.
8. An incident form (see Appendix 3: ***Incident Report, Archdiocese of St. Louis*** in Series 4.0, ***Administration of Medication***, in this manual) should be completed as soon as possible. Information to be included is follows: timing and sequence of events, condition of the student (physical and mental status), any care rendered, and all phone calls made.
9. The incident form should be sent to the parish Risk Management Coordinator and copies retained in the school office.
10. It is recommended that an evaluation of the situation be conducted for planning purposes.

### **Automatic External Defibrillators (AED) (7.15)**

On September 14, 2004 the Food and Drug Administration ("FDA") approved the over the counter sale of automatic external defibrillators ("AEDs") designed specifically for lay users. The AED administers an external electric shock through the chest wall to the heart with the use of conductive adhesive pads. Built-in computers analyze the person's heart rhythm and interpret the rhythms that require defibrillation shocks. Voice and visual prompts guide the user through the process. Most, if not all AEDs on the market come with a training video which instructs users that they should obtain training in cardiopulmonary resuscitation (CPR) in case that is needed instead of a shock. The instructions remind users that in the event of a possible cardiac arrest, they should also call 911 immediately.

Now that AEDs are available without a prescription, parishes and schools of the Archdiocese may consider purchasing an AED. Additionally, some parishioners or others in the community have offered to donate AEDs to certain parishes and/or schools. The decision of whether to purchase or accept a donated AED rests with the parish and/or school. However, if a parish or school does decide to buy an AED or accepts a donated AED, then the parish or school must understand and accept the legal risks and financial responsibility associated with these devices. Additionally, the entity must notify the Office of Risk Management of the Archdiocese (314-792-7203) of the purchase or acceptance of the donation within one week of the purchase/acceptance.

In complying with Missouri law, under Section 190.092 of the Missouri Revised Statutes, an entity which acquires an AED shall ensure the following:

1. that expected users of AEDs receive training by the American Red Cross or American Heart Association in cardiopulmonary resuscitation and the use of AEDs, or an equivalent nationally recognized course in defibrillator use and cardiopulmonary resuscitation;

2. that the AED is maintained and tested by a responsible person according to the manufacturer's operational guidelines;
3. that any person who renders emergency care by using an AED activates the local or community EMS system as soon as possible;
4. that the emergency communications district or the ambulance dispatcher center of the primary provider of emergency medical services where the AED is to be located is notified.
5. that a physician reviews and approves the clinical protocol for the use of the AED, reviews and advises regarding the training and skill maintenance of the intended users of the AED and assures proper review of all situations when the AED is used to render emergency care; and

If an Archdiocesan entity purchases or accepts a donated AED, then the Archdiocesan entity must maintain complete records demonstrating how each of these five elements have been met and will continue to be met on an ongoing basis. These records must be made part of the entity's permanent records. With respect to item number five (5) of the previously mentioned requirements, the physician who reviews and approves the clinical protocol, reviews and advises regarding skills and maintenance, etc. must be a physician selected and approved by the Archdiocesan entity. This physician must be responsible for all elements of requirement number five (5).

Assuming that all five requirements have been met, the entity responsible for the site where the AED is located and the physician who reviews and approves the clinical protocol should not be held liable for civil damages resulting from the use of the AED. On the other hand, if all five requirements have not been met, then the entity and the physician could be subject to legal liability. Additionally, any person who has been trained to use the AED, and who uses the AED in good faith in an emergency situation, would not be held liable for civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions of this person.

If you have any questions regarding policies for the operation of AEDs, please contact Alan Schmitt, ARM Vice President - Loss Prevention / Arthur J. Gallagher & Co. / 12444 Powerscourt Drive / St. Louis, MO 63131 / 314-965-4346 x255.

### **Documentation (7.16)**

Documentation of first aid assistance provided to students by school personnel should be recorded on the treatment log. (see Appendix 4, ***Treatment Log***, in Series 2.0, ***Health Documents*** in this manual)

An incident report should be generated when a school related injury requires medical attention (See Appendix 3: ***Incident Report, Archdiocese of St. Louis*** in Series 4, ***Administration of Medication***, of this manual). Incident reports should be completed by the school staff person who provided the care and maintained on file at the school. A copy should be sent to the school/parish Risk Management Coordinator. If school personnel feel that further action by the parent or guardian might be necessary or possible, the school/parish Risk Management Coordinator should be notified and a copy of the form sent to Gallagher Bassett.

### **Significant Medical Conditions (7.2)**

A student enrolled in a Catholic school who has a significant or potentially life threatening medical condition may require special consideration. Schools should take steps to obtain the information necessary to understand the condition, its manifestations in the school setting, and any specific adjustments or plans for an emergency response which may be necessary in order to provide the student with a healthy and safe environment.

The school should obtain information about the condition from the student's physician. Current medical privacy laws require that parents authorize the release of information from the physician or other health professional. Once received, the principal should review the information in light of the school setting, determine what adjustments the school may need to make, and assess the school's capacity to provide those adjustments. If the school is able to provide the student with the necessary adjustments, it should then use this information to establish a plan of action plan, provide appropriate school personnel with information and training, if necessary, implement the plan consistently, and monitor implementation throughout the school year.

Specific guidance on obtaining and responding to information about a student's medical condition is based on the principles established for addressing students with special needs. (Appendix 4: ***Obtaining and Responding to Information on Student's Medical Condition***)

### **Allergies (7.21)**

School officials should establish procedures to identify students with allergies that could have potentially serious reactions, and take steps to reduce the potential for contact with that allergen.

Food allergies are becoming more common. While many may be only a mild irritant, in rare cases, they can produce life-threatening reactions. School officials should:

1. identify those students with potentially serious reactions to food or similar products commonly found in schools;
2. obtain from the allergist a diagnosis of the allergy, a full description of the severity of the reactions and the condition in which they may occur;
3. take appropriate steps to reduce the possibility that the student will come into contact with the allergen, and be prepared to respond appropriately should a reaction occur.

Since students with serious allergies, just like those with other disabilities, are afforded certain legal protections, school officials should consult with the Office of Catholic Education and Formation before making decisions that might affect a student's enrollment. (See 5204, Students with Special Needs in the ***Administrative Manual***)

## References

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***Community First Aid & Safety***, American Red Cross

***Dental Health Guide for School Nurses***, Missouri Department of Health

***Manual for School Health Programs***, Missouri Department of Elementary and Secondary Education

***Recommended Procedures For Emergency Care of Illness and Injuries***,  
Missouri Department of Health and Department of Elementary and Secondary Education

***School Health: Policy and Practice***, American Academy of Pediatrics

***Center for Disease Control***, website



## Appendix

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Appendix 1	
<b><i>Emergency Telephone Procedure</i></b>	7.12
	7.14
Appendix 2	
<b><i>When to Call 911</i></b>	7.14
Appendix 3	
<b><i>Concussion Signs and Symptoms Checklist</i></b>	7.12
	7.14
Appendix 4	
<b><i>Obtaining and Responding to Information on Student's Medical Condition</i></b>	7.2



***Emergency Telephone Procedure*****EMERGENCY TELEPHONE PROCEDURE**

**1) Dial 911/designated ambulance service/Emergency Medical Services (EMS) and say:**

**I am a** \_\_\_\_\_  
(nurse, teacher, secretary, administrator)

**at** \_\_\_\_\_  
(name of school and address)

**We have an emergency** \_\_\_\_\_  
(state what is wrong with the child)

**Please come to** \_\_\_\_\_  
(specify what entrance to use)

**2) Don't hang up until you are told to do so by 911 dispatcher.**

**3) Notify school official in charge:** \_\_\_\_\_  
(name) (phone)

**Back-up personnel:** \_\_\_\_\_  
(name) (phone)

**Back-up personnel:** \_\_\_\_\_  
(name) (phone)

**Say:**

**We have an emergency with:** \_\_\_\_\_  
(name of student)

**Student is located at:** \_\_\_\_\_

**I have called the ambulance/EMS.**

**Please meet them at** \_\_\_\_\_  
(designated entrance)

**Please notify parents and/or physician.**

**4) An adult should be designated to accompany the child in the ambulance**

**5) Check emergency authorization form for hospital preference**

**6) Send appropriate information with student (height, weight, diagnosis, known allergies, medications, etc.)**



## When to Call 911

As a general rule, you should phone 911 and ask for help whenever:

- Someone is seriously ill or injured
- You are not sure what to do in an emergency

Examples of a person seriously ill or injured:

- Does not respond to voice or touch
- Has a problem breathing or is breathing in a strange way
- Has persistent chest pain or pressure
- Has a severe injury or possible broken bone(s)
- Has an injury to the head, neck, or back
- Has seizures (with no history of seizure), severe headache, or slurred speech
- Suddenly cannot move a body part
- Has received an electric shock
- Is vomiting blood
- Has pressure or pain in abdomen that does not go away
- Has swallowed or been exposed to poison (call Poison Center first at 1-800-222-1222)

If a person tries to commit suicide or is assaulted, phone 911 regardless of the person's condition.



CONCUSSION  
SIGNS AND SYMPTOMS

# Checklist



Student's Name: \_\_\_\_\_ Student's Grade: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

Where and How Injury Occurred: (Be sure to include cause and force of the hit or blow to the head.) \_\_\_\_\_

Description of Injury: (Be sure to include information about any loss of consciousness and for how long, memory loss, or seizures following the injury, or previous concussions, if any. See the section on Danger Signs on the back of this form.) \_\_\_\_\_

### DIRECTIONS:

Use this checklist to monitor students who come to your office with a head injury. Students should be monitored for a minimum of 30 minutes. Check for signs or symptoms when the student first arrives at your office, 15 minutes later, and at the end of 30 minutes.

Students who experience one or more of the signs or symptoms of concussion after a bump, blow, or jolt to the head should be referred to a healthcare professional with experience in evaluating for concussion. For those instances when a parent is coming to take the student to a healthcare professional, observe the student for any new or worsening symptoms right before the student leaves. Send a copy of this checklist with the student for the healthcare professional to review.

To download this checklist in Spanish, please visit [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP). Para obtener una copia electrónica de esta lista de síntomas en español, por favor visite [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP).

	0 MINUTES	15 MINUTES	30 MINUTES	<input type="checkbox"/> MINUTES JUST PRIOR TO LEAVING
<b>OBSERVED SIGNS</b>				
Appears dazed or stunned				
Is confused about events				
Repeats questions				
Answers questions slowly				
Can't recall events <i>prior</i> to the hit, bump, or fall				
Can't recall events <i>after</i> the hit, bump, or fall				
Loses consciousness (even briefly)				
Shows behavior or personality changes				
Forgets class schedule or assignments				
<b>PHYSICAL SYMPTOMS</b>				
Headache or "pressure" in head				
Nausea or vomiting				
Balance problems or dizziness				
Fatigue or feeling tired				
Blurry or double vision				
Sensitivity to light				
Sensitivity to noise				
Numbness or tingling				
Does not "feel right"				
<b>COGNITIVE SYMPTOMS</b>				
Difficulty thinking clearly				
Difficulty concentrating				
Difficulty remembering				
Feeling more slowed down than usual				
Feeling sluggish, hazy, foggy, or groggy				
<b>EMOTIONAL SYMPTOMS</b>				
Irritable				
Sad				
More emotional than usual				
Nervous				

→ More

### Danger signs:

Be alert for symptoms that worsen over time. The student should be seen in an emergency department right away if she or he has one or more of these danger signs:

- ☐ One pupil (the black part in the middle of the eye) larger than the other
- ☐ Drowsiness or cannot be awakened
- ☐ A headache that gets worse and does not go away
- ☐ Weakness, numbness, or decreased coordination
- ☐ Repeated vomiting or nausea
- ☐ Slurred speech
- ☐ Convulsions or seizures
- ☐ Difficulty recognizing people or places
- ☐ Increasing confusion, restlessness, or agitation
- ☐ Unusual behavior
- ☐ Loss of consciousness (even a brief loss of consciousness should be taken seriously)

### Additional information about this checklist:

This checklist is also useful if a student appears to have sustained a head injury outside of school or on a previous school day. In such cases, be sure to ask the student about possible sleep symptoms. Drowsiness, sleeping more or less than usual, or difficulty falling asleep may indicate a concussion.

To maintain confidentiality and ensure privacy, this checklist is intended for use only by appropriate school professionals, healthcare professionals, and the student's parent(s) or guardian(s).

### Resolution of injury:

- ☐ Student returned to class
- ☐ Student sent home
- ☐ Student referred to healthcare professional with experience in evaluating for concussion

SIGNATURE OF SCHOOL PROFESSIONAL COMPLETING THIS FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMMENTS:

*Revised August 2019*

To learn more,  
go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



## Obtaining and Responding to Information on Student's Medical Condition

These guidelines are intended to assist Principals with obtaining and acting on medical information for students with severe, debilitating, or potentially life-threatening conditions such as severe allergic reactions, diabetes, asthma, or those affecting functioning of heart, lungs, other organs, or muscles.

### GATHER THE INFORMATION

For a student with a significant medical condition which may require adjustments and/or emergency response in the **school setting**, the Principal needs current, accurate and complete information about the condition. The purpose for this information is to determine what **adjustments** may be necessary to provide the student with a safe school environment and, if necessary, an appropriate emergency response.

The information must be provided in **writing** by the **Physician** who has **diagnosed** or is **treating** the student for the condition, and sent by the Physician directly to the Principal. Principals should **not** rely on verbal or anecdotal information, nor be expected to act on information provided in that manner.

Medical information is protected by the *Health Insurance Portability and Accountability Act* (HIPAA). **Parents** (or legal guardians) are responsible for authorizing a Physician to disclose medical information about a student's condition. Parents should be given a copy of the **directions** provided with this guidance to inform them of these information requirements.

**The PARENTS should sign an authorization** furnished by the Physician which will allow:

- the PHYSICIAN to provide written information to the Principal;
- the PHYSICIAN to respond to requests for additional information from the Principal;
- the PRINCIPAL to request additional information or clarification from the Physician, if needed;
- the PRINCIPAL to provide information to the Physician, if requested.

**The PHYSICIAN should provide a written statement** which includes the following information:

- a **diagnosis** of the disease, physical disability, or medical condition;
- a description of the **severity** of the disease, physical disability, or medical condition;
- a description of medications, medical treatment, medical devices, or other interventions the student is receiving or using that pertain to the **school setting**;
- an explanation of the adjustments **necessary** for maintaining the student's health and safety on a daily basis in the school setting, distinguished from those which are recommended, but not required;
- a description of what **school personnel** can expect to observe when the condition is under control;

- a description of manifestations **school personnel** would observe if the student were experiencing an abnormal or critical condition;
- a description of the **response** school personnel should be prepared to initiate if the student requires medical attention or other emergency procedure.

#### ***REVIEW THE INFORMATION AND COMMUNICATE WITH PARENTS***

**The PRINCIPAL should thoroughly review** the information, and request any clarifications from the Physician necessary to understand the student's condition and the appropriate school response to it.

**The PRINCIPAL should determine**, in consultation with others (i.e. pastor, school nurse, Office of Catholic Education and Formation), if the school is able to **fully** and **consistently implement** adjustments necessary and required for the student's health and safety. The Principal should also identify adjustments which the school will make its best effort to implement. Finally, adjustments which the school **cannot** implement should be identified. If the reason a particular adjustment cannot be implemented could prevent the student from attending the school, this should be discussed with the Office of Catholic Education and Formation prior to meeting with the parents.

**The PRINCIPAL should meet** with the parents to discuss the Physician's information. The Principal and parents should come to an understanding about how the information will be used to provide a safe school environment and/or appropriate emergency response for the student. In this conference, the Principal should communicate to the parents:

- a plan of action which describes what adjustments will be implemented **fully** and **consistently**;
- the roles of parents, Principal, teachers, school nurse, etc. in **implementing** the plan of action and **communicating** information regarding the student's condition;
- the adjustments the school will attempt to implement to the **best of its ability** and resources;
- the adjustments, if any, which the school **cannot implement**;
- that this information will be provided to **other school personnel** who interact with the student, such as classroom teachers, school nurse, school secretary, and substitute teachers.

**The PRINCIPAL should write a letter** following the parent conference which summarizes what was discussed, specifying what the school will and will not do to provide the student with a safe environment and/or appropriate emergency response, and the other points identified above.

**Note:** While the school should develop a plan of action which is communicated to parents and school personnel, this should **not** be a formal written and signed agreement between the school and parents. To do so could create contractual obligations for the school which it may not be able to fulfill.

### ***IMPLEMENTING THE PLAN OF ACTION***

**The PRINCIPAL should develop** procedures necessary to implement the agreed upon adjustments. These should be provided in **writing** to the teacher(s) and other school personnel who supervise or interact with the student. Be sure to inform **substitute teachers** of the condition and procedures.

**The PRINCIPAL may share** medical information with these individuals, to the extent it is appropriate and **necessary** for them to provide a safe environment and implement an emergency response.

**The PRINCIPAL should determine** if designated school personnel need **specialized training** in order to provide the adjustments or emergency response and schedule it as soon as possible.

**The PRINCIPAL should request** that parents inform the Principal of **changes** in the student's condition or treatment which could affect the school setting, and have the Physician provide that information in writing. The Principal should then determine if school setting adjustments or emergency procedures require modification, and if the school remains able to fully implement the plan of action.

**The PRINCIPAL should monitor** the school adjustments to insure they are being implemented **fully** and **consistently**. The Principal should periodically remind the student's classroom teachers and other key personnel of their **responsibilities** for implementing the adjustments.

**The PRINCIPAL should secure** the medical information received from the Physician in a location that is **not accessible** to school personnel or others who do not interact with the student.



## **Series 8.0**

### **Child Abuse**

<b>Policy</b>	<b>8.1</b>
<b>Procedures</b>	<b>8.2</b>



## **Child Abuse (8.0)**

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### **Policy (8.1)**

The Archdiocese of St. Louis is committed to the prevention of child abuse and to assisting those who are affected by incidents of child abuse. The Archdiocese is also committed to complying with legal requirements for reporting child abuse. For purposes of this policy, child abuse means physical injury, sexual abuse, or emotional abuse inflicted on a child, other than by accidental means, by those responsible for the child's care, custody and control or from persons who are agents or employees of the Archdiocese of St. Louis. All employees, volunteers, religious and priests working in the schools, parishes and agencies of the Archdiocese of St. Louis are expected to support this Policy and to comply with the Procedures developed to implement the Policy.

### **Procedures (8.2)**

The above policy and all procedures relating to child abuse can be found at <https://www.preventandprotectstl.org/content.htm?page=policies.htm>. The policy outlines procedures relating to the hiring and evaluation of employees, recruitment and acceptance of volunteers, and screening of third party employees, as well as guidance regarding educating all within the school community about the issue of child abuse. A listing of resources on child abuse is provided in the policy. Information regarding the reporting of suspected abuse can also be found there.

More information relating to child abuse can be obtained through the  
Office of Child and Youth Protection.