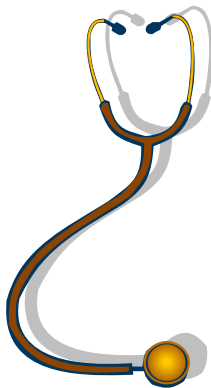


# **ZACHARY COMMUNITY SCHOOLS**

## **SCHOOL HEALTH HANDBOOK**





Dear Parent,

Please remove this page and return to your child's school, so that we may maintain a record of you having received the booklet.

Thank you,

ZCSB School Nurse Department

This is to certify that I have received a copy of the School Health Handbook.

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Student's Name/Grade

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Parent Signature

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Date

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# WELCOME

The Zachary Community Schools Nursing Department would like to welcome parents and children to our schools. Our nursing department consists of a staff of registered nurses who are available to students, faculty, and school staff. In preparation for your child entering our schools, we would like to introduce you to our Health and Wellness Promotion Plan so that you may take full advantage of all resources available to you through our school system. The purpose of this health handbook is to provide you with information and tools that you may need throughout the school year. If you need further assistance or have additional questions, please contact the school nurse department by calling the office at your child's school.

## MISSION STATEMENT

The mission of the Zachary Community Schools Nurse Department is to strengthen and support the education of our children by improving and promoting the optimal health of our children and, therefore, the optimal health of the community with the belief that optimal health can promote increased learning.

# HIPAA POLICY

## NOTICE OF USE OF PERSONAL HEALTH INFORMATION

This notice describes how medical information about your child may be used and disclosed and how you can get access to this information. Please review it carefully:

We understand that any information we collect about your child and their health is personal. Keeping your child's health information private is one of our most important responsibilities. We are committed to protecting their health information and following all laws about its use. You have the right to discuss your concerns with the system's Privacy Officer about how their health information is shared. The law says:

1. We must keep student's health information from others who do not need it.
2. You may ask us not to share certain health services information with others. However, occasionally certain situations prohibit us from complying with a request as such.

Your child may receive certain services from nurses, therapists, social workers, doctors, or other health-care related individuals. They may see, use, and share your child's health or medical information to determine any plan of treatment, diagnosis, or outcome of the said information as described in an Individualized Education Program (IEP) or other plan document. This use may cover such health services your child had before now or may have later.

We review such health services information and claims to make sure that you get quality services and that all laws regarding providing and paying for such health services are followed. We may also use the information to remind you about services or to inform you about treatment alternatives. In addition, we may also use the information to obtain payments for such services as a result of the Medicaid program. We must submit information that identifies you and your child, your child's diagnosis, and the type of services provided to your child for reimbursement by Medicaid.

We may share your health care information with teachers through health plans, with insurance companies and/or government programs in order for our school system to be reimbursed for such health care or medical services rendered during the school day.

As a general rule, you may request to see your child's health information. However, the request may not include psychotherapy notes or information being gathered for judicial proceedings. There may be legal reasons or safety concerns that would limit the amount of information that you may see. You may ask in writing to receive a copy of your child's health information. We may ask for payment for copying costs.

If you suspect some of your child's health information is wrong, you may ask in writing that we correct or amend it and you must provide the appropriate documentation, if applicable, from your child's physician in order to verify it.

You may request in the form of a signed 'Authorization of Release of Information' that any health information be sent to others who have received your child's health information previously from us. In addition, you may also request a comprehensive list of any recipients of such information. At any time, you may stop or limit the amount of information being shared by informing us in writing.

Note: A child 18-years old or older can give consent for his or her health information to be shared by signing an 'Authorization of Release of Information'.

In certain situations, we are mandated to abide by laws pertaining to sharing particular health information regarding your child, even if an 'Authorization of Release of Information' is not signed. We always report:

1. Contagious diseases, birth defects, and cancer;
2. Firearm injuries and other trauma events;
3. Reactions to problems with medicines or defective medical equipment;
4. To the police or other governmental agencies when required by law;
5. When a court orders us;
6. To the government to review how our programs are working;
7. To Worker's Compensation for work related injuries;

8. Date of birth and immunization information;
9. Abuse, neglect, and domestic violence, if related to child protection or vulnerable adults; or
10. To parents and other designated by law.

We may also share health care information for permitted research purposes and for matters concerning serious threats to public health or safety. Furthermore, if the health information falls within the FERPA definition of “education record”, it will not be considered private health information under HIPAA, and therefore, will not be regulated by HIPAA.

If you have any questions about this notice of privacy rights or feel that such rights have been violated, you may contact:

Zachary Community School Board Office  
(225) 658-4969 telephone  
3755 Church Street, Zachary, LA 70791

You can also complain to the federal government Secretary of Health and Human Services (HHS) or to the HHS Office of Civil Rights. Your health care services will not be affected by any complaint made to the Zachary Community School Board, Secretary of Health and Human Services, or Office of Civil Rights.

You may ask for additional copies of our HIPAA policy at any time. The following link provides additional information regarding HIPAA and FERPA relevant to student health records.

<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>

# MEDICATION POLICY

1. As a general principle, medication shall not be given at school unless it is certified in writing by the attending physician that such medication cannot be administered before or after school hours.
2. Possible exceptions to the general principle:
  - A. Medication for behavior modification (e.g. Ritalin)
  - B. Insect sting and/ or food allergy-- Must have a note from the physician with specific instructions.
  - C. Anticonvulsant medications (e.g., Dilantin, Phenobarbital)
  - D. Medication for asthmatic conditions
  - E. Extenuating circumstances--These will be assessed on an individual basis, e.g. field trips, chronic disorders, i.e. migraine headaches, arthritis, Sickle Cell Anemia, etc.
3. Antibiotics and other short term medications, including non-prescription medication, shall not be given at school.
4. Children shall not be allowed to have medications in their possession on the school grounds. Possession of prescription and/or non-prescription medication without evidence of a physician's order is an offense that is subject to disciplinary action that may result in suspension or expulsion. Teachers and principals have the right to take the medication from the child and contact the parents for appropriate information. Exception: see Self Administration of Medication
5. Prior to the administering of medications during school hours, the following will be required:
  - A. Medication shall not be administered to any student without an order from a physician or dentist licensed in the states of Louisiana, Texas, Arkansas, and Mississippi and written parental consent.
  - B. Medication must be brought to the school by the parent or guardian in the container that meets acceptable pharmaceutical standards.

- C. Both the consent letter from the parent or guardian and the medication container shall contain clear instructions identifying the student's name, prescription numbers if any, date, frequency, name of the medication, dosage, route, and physician's or dentist's name.
  - D. No more than a month's supply of the medication shall be kept at school; the empty bottle will be sent home with the student.
  - E. The initial dose of a medication shall be administered by the student's parent/guardian outside the school jurisdiction with sufficient time for observation for adverse reactions (overnight, preferably, unless otherwise deemed safe and documented by the prescribing physician). *\*This guideline applies to any and all medication being given, including medication administered at home only, as well, to ensure your child's safety while at school.*
  - F. If a student is to receive a fraction of a tablet, for example: 1/2 tablet, the parent is responsible for scoring (breaking) the tablets. Fractional doses are not exact; therefore, unlicensed personnel are not allowed to break tablets.
  - G. At the beginning of each school year and anytime there is a change in medication a new form from the physician must accompany the new prescription.
  - H. All medication must be recorded daily on the Medication Log. The Parental Consent and the Physician's Order Form will be kept with the Medication Log and a copy of each form will be placed in the cumulative folder.
  - I. Because of potential danger, medication must be kept under lock and key in a secure, central location.
  - J. The principal shall designate at least two employees to administer medications in each school. Designated employees must receive the required training for medication administration in the schools.
6. A registered nurse and/or licensed medical physician employed by the ZCSB shall review the physician's or dentist's order and the Parent/Guardian Consent for Medication Administration. The nurse shall assess the health status of the specific child in his specific educational setting. The nurse shall determine that, according to the legal standards of the respective licensed health professional when performing such procedure, the administration of medication can be

safely performed by and delegated to someone who has received documented training with documented competence other than a licensed health professional

7. Self Administration of Medication

Self administration of medication by a student may be permitted under the following conditions:

- A. The completed Parental Consent and Physician's Order Form have been brought to the school.
- B. The school nurse has evaluated the situation and deemed it to be safe and appropriate; has documented this on the student's cumulative health record; and has developed a plan for general supervision. The plan may include observation of the procedure, student health counseling and health instruction regarding the principles of self-care.
- C. The principal and appropriate staff are informed in writing that the student is self administering prescribed medication.
- D. The medication is handled in a safe, appropriate manner.

8. The School Board and its employees are not responsible for any unintentional mistakes or oversight in keeping or giving the student's medication.

This policy is in compliance with and follows the guidelines set forth by Act No. 87 of 1993 and the Joint Policy of LSBN (Louisiana State Board of Nursing) and SBESE (State Board of Elementary and Secondary Education).

## IMMUNIZATION POLICY

Current immunization records are required for all students entering school for the first time, including Pre-K, in compliance with the immunization schedule established by the legislature in La.R.S. 17:170 unless compliance is waived pursuant to the statute. School personnel will cooperate with public health personnel in completing and coordinating all immunization data, waivers and exclusions, including the state mandated school immunization report to the Department of Health and Hospitals.

### Immunization Requirements

Under State Law (Act no. 771) all students are required to have proof of immunization at time of registration or school entry. Please refer to the following link for current immunization requirements:

<https://linksweb.o-ph.dhh.louisiana.gov/linksweb/main.jsp>

ZACHARY COMMUNITY SCHOOLS  
SCHOOL NURSE DEPARTMENT  
IMMUNIZATION EXEMPTION FORM

Exemption Statement

Under Louisiana Revised Statutes 17:170 Sec. E, allows for an immunization exemption for philosophical and/or personal reasons. If this applies to your child, please complete the form below and submit it to your child's school nurse.

Statement of Exemption:

Under Louisiana Revised Statutes 17:170 Sec. E, I hereby claim exemption from the immunization requirement(s) for philosophical and/or personal reasons.

Statement of dissent for philosophical and/or personal reasons:

I understand that in the event of an outbreak of a vaccine preventable disease at the location of the educational institution or facility the student attends, the administrators or nurse, upon the recommendation of the office of public health, may exclude the student from attendance until the incubation period has expired or I present evidence of immunization.

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Parent's Signature/ Date

# ILLNESS POLICY

Reasons for **exclusion** from school:  
ZCSB nurses will follow Centers for Disease Control  
and American Academy of Pediatrics guidelines

<b>1. Vomiting</b>	Student must be free from vomiting for 24 hours before returning to school
<b>2. Diarrhea</b>	Three or more watery, loose stools associated with/without fever or rash, any sign of dehydration. Student should be free of diarrhea for 24 hours before returning to school
<b>3. Purulent Nasal Discharge</b>	Green or yellow nasal discharge for more than three days with or without fever
<b>4. Persistent Cough</b>	Cough lasting more than 2-3 days and if associated with fever or rapid, difficult breathing
<b>5. Rashes</b>	Rashes with or without fever will be assessed by nurse; <b>BLUISH-PURPLE</b> rashes are considered an <b>EMERGENCY!</b>
<b>6. Pink Eye (Conjunctivitis)</b>	ANY redness and swelling of lower eyelids or whites of eyes with purulent or watery discharge, crust on inner corners of eyes, especially upon waking from sleep <b>NOTE:</b> Red, itchy, watery eyes are usually due to allergy and it is not usually considered as contagious conjunctivitis.

<p><b>7. Fever</b></p>	<p>Students with oral temperature above 100° F should remain out of school until they are fever free for at least 24 hours <b><u>without the use of fever reducing medications.</u></b>  <b>If your child is sent home with fever he/she must stay home the following day.</b></p>
<p><b>8. Pediculosis (Head Lice)</b></p>	<p>Head lice will be assessed by nurse and/or trained staff member and it will be handled on a case by case basis. The school nurse will decide what measures need to be taken on individual basis. School exclusion may be deemed necessary.</p>
<p><b>9. Ringworm</b></p>	<p>Contagious skin infection caused by a fungus that appears flat and is usually ring shaped. Can be spread from touching, and contact with contaminated surfaces.</p> <p>Student will be sent home with a note at the end on the school day. Affected area will be covered with band-aid if possible.</p> <p>Ringworm must be covered during school hours and should be treated with an antifungal. Student may be referred to physician for treatment depending on severity.</p>

<p><b>10. Scabies</b></p>	<p>Scabies is a highly contagious skin disease caused by a mite too small to see with a naked eye. The most common symptom is a rash that itches intensely at night. Scabies is usually spread from person to person by close physical contact. Student will be sent home with information sheet and may not return without being treated by a physician. Prescription medication is required to treat this condition.</p>
<p><b>11. Staph/Strep Skin Infections (Boils, Any red, swollen lesions with or without drainage, and Impetigo)</b></p>	<p>Highly contagious skin infections that can spread to various parts of the body and other susceptible people. Students will be sent home and may not return without being treated by a physician. Must be taking prescribed medication for 24 hours before returning to school.</p>
<p><b>12. Diagnosed Strep Throat, Mononucleosis, Chicken Pox, and any contagious illness</b></p>	<p>Student should remain home as advised by physician and until fever free for 24 hours without use of fever reducing medication.</p>

\*PLEASE NOTE, the above guidelines are to be followed in the event of illness. In addition, a student’s absence from school or school related activities due to illness is outlined in ZCSB Students Rights and Responsibilities Handbook and Discipline Policy which further explains what constitutes an excused or unexcused absence.



## IS IT A COLD OR THE FLU?

<b>SYMPTOMS</b>	<b>COLD</b>	<b>FLU</b>
Fever	Rare	Characteristic High (102°-104°F). Sudden onset lasts 3-4 days.
Headache	Rare	Prominent
General aches and pains	Slight	Usual: Often severe
Fatigue and weakness	Quite mild	Extreme: 2-3 weeks
Prostration	Never	Early and prominent
Runny, stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore throat	Common	Sometimes
Chest discomfort, cough	Mild to moderate; hacking cough	Common: can become severe



## IS IT ALLERGIES OR A COLD?

<b>ALLERGY</b>	<b>COLD</b>
Nasal discharge remains watery.	Nasal discharge gradually thickens and crusts.
More sneezing.	Less sneezing.
Little or no cough.	Cough starts dry and becomes loose. Worse with exertion.
Comes and goes during season.	Duration 1-3 weeks.
Eyes usually red.	Eyes usually not red.
Fewer lymph nodes in neck.	More neck nodes.

# SCHOOL HEALTH PROGRAM PLAN

The health of school age children is the responsibility of the parent, school administrator, teacher, and school nurse. There should also be close cooperation with physicians, dentists, and other health care services within the community.

## I. Phases of the School Health Program

### A. Health Guidance

1. Student Health assessment
2. Follow-up treatment and referral
3. Modification of the school health program to meeting individual needs

### B. Health Instruction

1. Student instruction on good health standards
2. Student instruction on communicable disease

### C. Health Protection

1. Communicable disease control program
2. Plan of care for injuries and illnesses
3. Maintenance of a healthy school environment

## II. Role of the School Nurse

- A. Serve as a health consultant and liaison between the home and school
- B. Assist parents in making referrals for recommended health or social evaluation when needed
- C. Collaborate with teachers regarding students identified health problems
- D. Maintain confidentiality of student records, sharing only on a “need to know” basis
- E. Collaborate with SASSY, special education, speech, and 504 coordinators for evaluations and support services

### III. Role of the Teacher

- A. Maintain a healthy classroom environment
- B. Incorporate health education in the general instruction plan
- C. Notify school nurse of students with possible vision/hearing deficits or other health concerns
- D. Render minor first aid
- E. Follow student health care plan (when applicable)

### IV. Role of the Parent

- A. Provide all necessary documentation of student's health status, including, but not limited to, immunization records
- B. Provide supplies necessary for specific medical/healthcare needs if needed for the child during the school day
- C. Adhere to illness and medication administration policies
- D. Follow recommended treatment prescribed by physician, dentist, or other health care provider

### V. Health Services

- A. Students will be treated for minor illness and/or injury.
- B. Vision/Hearing screenings will routinely be performed for Pre-K, K, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grades and when requested by parent or teacher. A referral form will be sent home for those students requiring further evaluation outside of school.
- C. Scoliosis screenings may routinely be performed for 5<sup>th</sup> grade girls and boys. Referrals will be made as needed for follow-up exam with the student's physician.

VI. Health Instruction

A. Health instruction by nursing department may include:

1. Story of Menstruation (parental consent required) – Girls 5<sup>th</sup>
2. Growth towards Maturity (parental consent required) – Boys 5<sup>th</sup>

## HEALTH CARE PLANS

### Emergency Health Care Plan

The emergency health care plan is a student specific plan of action for emergency situations involving a “known” chronic illness. This plan will be completed by the school nurse in conjunction with the parent/guardian and the student’s physician. Copies of the plan shall be dispersed to school personnel who may encounter emergency situations, i.e., office staff, primary teacher, physical education teacher, guidance teacher, trained unlicensed personnel, and standard first aid employees, etc.

A copy of the emergency care plan shall also be placed in the student’s cumulative folder, and in the school nurse’s records.

**\*\*\*Every effort should be made to notify the school nurse if your child has a chronic illness requiring an emergency care plan.\*\*\***

### Non-Emergency Health Care Plan

Non-emergency health care plans (ADHD, Cerebral Palsy, etc.) will be completed when all updated medical documentation is received from parent AND physician each school year.