

2019-2020

Student Health

Manual



Humphreys County Schools

Humphreys County Board of Education
2443 Highway 70 East
Waverly, Tennessee 37185

Richard C. Rawlings
Director of Schools

Sandra Wallace RN,BSN
School Nurse Supervisor

Welcome back to school! Hopefully this student health manual *will* answer some frequently asked questions from parents and guardians about their child's health care at school. This manual will also provide necessary health forms needed to ensure your child receives optimal care at school. Also each year there are a number of questions regarding board policies about issues such as medications, staph infection and lice. These policies are included in this manual and will be strictly enforced this year. Please read each policy carefully so you understand what we expect from you and your child and what you can expect from us. Enclosed is information about the following:

1. Staph Policy: Each year we have a problem with staph. It is very common and we deal with it the same way in each school. The problem with staph is that it can be anywhere. If there is an outbreak at school, we will notify parents on a need to know basis. This means we may contact parents with students in the same classroom of the infected child, but not the whole school. Parents will be notified at our discretion. Also, we will not tell the names of students with staph, so please don't call and ask! Remember the most important safeguard against staph: good hand washing!
2. Lice Policy: All schools follow the same policy. No nits or lice may be present. Please read the policy to understand the steps that must be taken if your child has lice. Also, please note the excused absences related to lice. If your child misses more than allotted days, the principal will refer them to the attendance review committee.
3. Medication Policy: This is our policy regarding medication. Please read carefully!
4. Allergy Cover Letter for Health Care Providers: If you indicate your child has a food allergy on the student health information form, you will need to take this cover letter along with the allergy form letter to the health care provider caring for your child's allergies.
5. Student Food Allergy Form for Health Care Providers: According to state law, students with food allergies must have an allergy action plan in place. The information listed on this form is what is required by the state. The HCP does not have to use this form; however, they will need to provide all the information listed.
6. Medication Consent Form: If your child has to take prescribed medication or over the counter (OTC) medication such as Tylenol, Ibuprofen, or Benadryl, at school, they must have this parental consent form on file in the nurse office prior to receiving any medication! This includes epinephrine pens. The only exception will be in the event of an emergency. Also, no over the phone permission unless it is an emergency! Please read the schools policy regarding medication being sent to school. Students may not bring any type of medication to school. A parent, guardian, or designated adult must check in medication with the school nurse or designated staff. Medication has to be counted and recorded by the school nurse or school. Please call me and we will try to help solve that problem. However, if you send medication to school by a student, they will not be able to take it and a parent, guardian, or other designated adult will have to come to the school to sign in the medication. This strict policy is for the safety of all students.
7. Student Health Forms: Each student needs to have this completed and sent back ASAP. Please list accurate contact numbers, *diagnosed* medical conditions *and prescribed medication* your child may take for that condition. (Your school nurse will work with all parents/guardians to set up a schedule for students who need to take medication at school.) Please fill out the allergy section completely. If you state your child has a food allergy, you will need to take the allergy cover letter and allergy form letter to your health care provider and have them complete it. According to state law, any student with a diagnosed food allergy must have an allergy action plan in place at school. This is a safety measure and we must have a health care provider statement prior to making a plan. A statement by a HCP must be issued each new school year. The allergy form is complete by your MD yearly, and the parent gives this along with prescribed medication to the school nurse

Sandy Wallace RN, BSN---School Nurse Supervisor

HUMPHREYS COUNTY BOARD OF EDUCATION

Staphylococcus aureus (staph infection) Policy

1. Students or school employees with open wounds or suspected staph infection will be asked to see their health care provider for treatment and will be required to submit a return to work/school certificate.
2. Confirmed cases of staph or MRSA will not be allowed back at school until there is no discharge from the infected site, the infected site has clearly "scabbed over" and a "return to work/school" certificate is submitted as proof the infection has cleared. (*If the student/employee receives a return to work/school certificate and there is still discharge from the affected area, they will NOT be permitted to return to school until all of the drainage has stopped.*) Students or employees will have to be checked by the school nurse or designated personnel, or the school nurse supervisor prior to returning to school/work.
3. Students and school employees will be asked to keep all sores, boils, cuts, or any skin lesion covered until it has healed. If the affected area has "scabbed over", the student or employee must keep it covered until it heals completely.
4. An confirmed or suspected cases of staph or MRSA must be reported to the school nurse supervisor immediately.

LICE AND SCABIES EXCLUSION POLICIES

1. Any student found to be infested with lice (including evidence of nits) or scabies shall be excluded immediately and treatment shall be advised.
2. Before the student can be readmitted to class, the following criteria for head lice must be met:
 - A. Evidence must be submitted to school personnel that the student has been treated for head lice.
 - B. No evidence of lice or nits shall be found.
 - C. Satisfactory examination by school officials (teacher, principal, nurse, or secretary) will be necessary for entrance into class.
3. In addition to the above mentioned procedures, for any subsequent incidents of head lice for that student during the school year, at the principals' discretion, the student may be requested to provide a statement from a health care provider. (Physician's office or health department) stating that the student is lice and nit free. If for any reason the health care provider's statement is questioned, school officials reserve the right to exclude the student if evidence of lice or nits is found at school.
4. A student will be allowed a maximum of two (2) excused absences per incident for treatment of head lice, for a total of four (4) excused absences per school year. Any days in excess of two per incident or four per school year will turned over to the attendance supervisor as unexcused absences.

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MEDICATION POLICY

Prescribed Medication:

1. Prescribed medication must be provided in its original container from the pharmacy. It must be labeled and the label must include: physician, dosage, amount and drug type. (A normal label from the pharmacy.)
2. Medication must be brought to the school by an adult.
3. Medication may not be sent to school by a student.
4. Medication brought in by a student will be kept in the office/nurses office until an adult picks it up. Medication will not be send home on the bus!
5. Medication brought in by a student will not be dispensed to the student until an adult checks it in at the office or with the nurse. There will be no exceptions!
6. A consent form must be completed before any medication is given. Medication left at school must be picked up by and adult at the end of the school year. Any medication not picked up will be disposed of. It will not be kept until till the next year.

Over the Counter (OTC) Medication:

1. OTC medication must be provided in its original container by an adult.
2. Medications may not be brought to the school by the student.
3. The school system will not provide OTC medications, unless it is an emergency.
4. The students name must be written on the outside of the bottle in permanent ink.
5. A consent form must be signed before any type of medication is dispensed.
6. Only siblings (with signed consent form) may use the same OTC medication.
*Space is limited in the office and signed clinic. If you wish to provide Tylenol, Ibuprofen, or Benadryl for your child to have if needed, please bring in the smaller containers and you will be notified by the school nurse if medication is running low.

Humphreys County Board of Education
2443 Highway 70 East
Waverly, Tennessee 37185

Richard C. Rawlings
Director of Schools

Sandra Wallace RN, BSN
School Nurse Supervisor

To: Healthcare Providers

From: Sandra Wallace, RN, BSN

Re: Food Allergy

A state law was passed in Tennessee during 2006 that impacts how each school system responds to students with food allergies. Based on guidelines from the Tennessee Department of Education and Tennessee Department of Health, each school system is required to develop an Emergency Allergy Response Plan that promotes the safety of these children.

Under this plan the school must develop an individualized health care plan (IHCP) for the student that includes an allergy action plan (AAP). The nurse will also coordinate the training of key school personnel annually in developing strategies to prevent student exposure to allergen, recognition of signs and symptoms of reaction, and use of emergency Epinephrine injector pens, and call 911.

The law states that the school system is to receive a written statement on a student with food allergies that is signed by their healthcare provider, and includes but not limited to the following:

- a) Supports a diagnosis of anaphylaxis.
- b) Identifies any food or substances to which the student is allergic.
- c) Describes, if appropriate, any prior history of anaphylaxis.
- d) List any medication prescribed for the child for the treatment of anaphylaxis.
- e) Details emergency treatment procedures in the event of a reaction.
- f) Lists the signs and symptoms of a reaction.
- g) Assess the student's readiness for self-administration of prescription medication.
- h) Provides a list of substitute meals that may be offered by school food service personnel.

The parent of the following child has listed you as their health care provider and we are requesting information listed above. For your convenience, a standard form has been included that includes all of the information required by law if you wish to use it. It has options that cover students with food allergies who have not experienced anaphylaxis and who have not been prescribed an epinephrine pen. This form was created to make it easier for Health Care Provider as we understand how busy you already are. Please forward the completed form to the address below ASAP or give to the parent or guardian to return to the school nurse.

Please contact me at (931) 296-2568 if you are aware of any additional student in our school system, questions, or concerns. Our goal is to ensure the safety of each child.

Sincerely,

Sandy Wallace RN, BSN
School Nurse Supervisor
Humphreys County Board of Education
2443 Highway 70 E.
Waverly, TN 37185

Student Food Allergy Form
(To be complete by the Healthcare Provider)

Student Name: _____ **DOB:** _____ **School** _____

Address: _____
City State Zip Code

Healthcare Provider: _____ **Phone#:** _____

HCP Address: _____
City State Zip Code

(Please fill in the blank or check: A, B, C, D, E, F, G, or H)

- A. _____ The above student is allergic to the following foods or substances:
- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
- B. _____ I certify this student has a diagnosis of anaphylaxis and has had the following symptoms with an anaphylactic reaction: _____.
- C. _____ This student has not had an anaphylactic reaction at this time; however, with food allergies anaphylaxis is possible.
- D. _____ This student has been prescribed the following medication for the treatment of anaphylaxis: _____.
- E. _____ I certify this student is ready and capable to self-administer the above-prescribed medication for anaphylaxis.
- F. _____ This student has not been prescribe medication for anaphylaxis at this time.
- G. _____ Emergency treatment for the above student is as follows: _____.
- H. _____ Below is a list of substitute meals/foods the above student may be offered: _____.

Healthcare Provider Signature: _____ **Date:** _____

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Richard C. Rawlings
Director of Schools
School Nurse Supervisor

Sandra Wallace RN, BSN

**Humphreys County Board of Education
Medication Information Sheet**

Prescribed Medication:

Prescribed medication must be provided in its original container from the pharmacy. It must be labeled and the label must include; physician, dosage, amount, and drug type. (A normal label from the pharmacy.) Medication must be brought to the school by an adult. Medication may not be sent to school by a student. Medication brought in by a student will kept in the office/nurses office until an adult picks it up.

Medication will not be sent home on the bus! Medication brought in by a student will not be dispensed to the student until an adult checks it in at the office or with the nurse. There will be no exceptions! A consent form must be completed before any medication is given. Medication left at school must be picked up by an adult at the end of the school year. Any medication not picked up will be disposed of. It will not be kept until the next year.

Over the Counter (OTC) Medication:

OTC medication must be provided in its original container by an adult. Medication of any kind may not be brought to the school by the student. The school system will not provided OTC medications, unless it is an emergency. The students name must be written on the outside of the bottle in permanent ink. A consent form must be signed before any type of medication is dispensed. Only siblings (with signed consent forms) may use the same OTC medication. Space is limited in the office and clinic. If you wish to provide Tylenol, ibuprofen, or Benadryl for your child to have if needed, please bring in the smaller containers and you will be notified by the school nurse if medication is running low.

Humphreys County School System
Medication Consent Form

| |
|--------------|
| School Year: |
| Grade: |
| School: |
| Teacher: |

Student: _____ DOB: _____

Parents/Guardian _____

Address: _____ City: _____ State: _____

Physician: _____ Phone: _____

Pharmacy: _____ Phone: _____

(Please list any prescribed medication your child has permission to take)

Prescribed Medication

| Medication Name | Dose | Time | Start Date | Stop Date | Parents Initial |
|-----------------|------|------|------------|-----------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**Remember, we do not supply OTC medications unless it is an emergency situation.

Over The Counter Medications (OTC)

| Medication Name | D | o | s | e | Parents Initial |
|-----------------|---|---|---|---|-----------------|
| Tylenol | | | | | |
| Ibuprofen | | | | | |
| Benadryl | | | | | |
| Other: | | | | | |

In the event my child needs to take OTC medication, please do the following:

Contact me before any medication is given:

Medication may be given without contacting me:

***Please add any specific instructions you may have related to your child's medications:

Parent/Guardian Signature: _____ Date: _____

Humphreys County School System
Student Health Information

Student's Name: _____ School Year: _____

Address: _____ City: _____ State/Zip: _____

Physicians Name: _____ Phone Number: _____

School: _____ Grade: _____ Teacher: _____

Emergency Contact Information

****Please list accurate phones numbers in case your child experiences an emergency at school****

Parents/Guardian: _____

Home#: _____ Work# _____ Cell# _____

Mom

Mom

Guardian

Home#: _____ Work# _____ Cell# _____

Dad

Dad

Guardian

Emergency Contact#1: _____

Relationship

Phone

Emergency Contact#2: _____

Relationship

Phone

Please list diagnosed medical problems and prescribed medication your child may take or check none.

DIAGNOSED MEDICAL PROBLEMS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

NONE

PRESCRIBED DAILY MEDICATIONS

| | Name | Dose | Time |
|----|-------|------|------|
| 1. | _____ | | |
| 2. | _____ | | |
| 3. | _____ | | |
| 4. | _____ | | |
| 5. | _____ | | |

NONE

****ALLERGIES****

Is your child allergic to latex? no yes

Any medication allergies? no yes Please list: _____

Any food allergies? no yes Please list: _____

****Per state law, if your child is allergic to any food, it must be documented by your Healthcare Provider for the school system to make an emergency plan. Please provide you HCP with the HCP cover letter and Student Food Allergy Form.**

Empty box for additional information or notes.