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A handbook of school health services for parents and guardians of students in grades kindergarten through twelve

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A HANDBOOK OF SCHOOL HEALTH SERVICES
FOR PARENTS AND GUARDIANS OF STUDENTS
IN GRADES KINDERGARTEN THROUGH TWELVE

MASTER'S PROJECT

Submitted to the Department of Elementary Education,
University of Dayton, in Partial Fulfillment
of the Requirement for the Degree
Master of Science in Education

by

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University of Dayton
Dayton, Ohio
December, 1992

Approved by:

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Official Advisor

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DEDICATION

I would like to dedicate this handbook with much affection to my husband, Tom, and my children, Tara and Tommy, II for their love and caring support throughout my research and composition of this handbook.

ACKNOWLEDGEMENTS

I would like to thank Dr. Gordon S. Anderson for his wisdom, support, and guidance in making this handbook possible.

Many thanks to Sharon and Craig Turner who made it possible for me to complete this project on time.

CHAPTER I

INTRODUCTION

Comprehensive health education is fast becoming a basic need in education. The prevention of health problems has become a concern for people in every walk of life, and the schools need to take advantage of the opportunity to improve health education programs and to develop a rapport with parents, guardians, and students with much needed information.(Miller, 1988) In order for schools to improve health education programs, school nurses will play an important and vital role.

The writer believes that school nursing will continue to play a vital role in school health services. School nurses constitute the largest group of health care providers within the school systems, and school health services should continue to be provided by school nurses.(Burns, 1986) The author would like to share the following information as stated by Hamilton(1988):

School nursing celebrated its eighty-fifth birthday in 1987. Since its beginning in the schools of New York in 1902, school nursing has changed and developed by adapting to the social,

political, and economical conditions of the times. It is difficult to predict how school nursing will change in the next decade, but one thing is certain: change is inevitable.

Justification of the Problem

In support of the success of every child's education throughout the thirteen years of their lives in a school system, the physical health and mental well-being of the students should be considered.

Students of today come from a variety of family environments. Many children who go to school, do not have a balanced diet or carefully planned exercise program. Many times they, as well as the parents or guardians, have little knowledge of communicable diseases that are becoming even more prevalent in our society due to lack of proper immunizations and misinformation. The changing demographics of the family are impeding the transmission of health information that once was a part of family life.(Miller, 1988)

The author believes a healthy mind and body make for a healthy and better learner. In the University of California, Los Angeles' study of Arizona school children, it was discovered that there was a correlation

between visits to the school nurse with the standardized test scores. When the test scores were plotted against school nurse visits, it was revealed that the children who never saw the school nurse had the highest test scores. Those students who saw the school nurse most frequently had the lowest test scores.(Farguhar, 1990) Thus, the author agrees and supports the following statement from the article in the May, 1990, National Association of School Nurses' Newsletter: "it is conventional wisdom that healthy children learn better than sick children."

The writer agrees with Sadowski (1992) that in these times of higher accountability, school systems are forced with increased demands on health services provided as well as the need for public awareness of the essential roles that the school system plays in the lives of school-aged children. Though parents and guardians play the role of caretaker for their children, the school also has the obligation to support the parents and guardians in assuming the responsibility for their children's health and to assist parents or guardians in complying with the laws as required by the state as well as rules and regulations deemed necessary by the board of education and the administrator's guidelines to continue a healthy life and successful education.(Brookville Board of Education b, 1987)

More children with a variety of complex health care needs are entering the United States public school programs. According to special education laws as stated in section 504 of the 1973 Rehabilitation Act, children with medical care needs have the right to attend an appropriate educational program in the least restrictive environment.(Schwab, 1991)

Therefore, there is a need for school health services, and parents must be made aware of the services available. The school nurse's role is not only critical in planning, providing, and evaluating the effective programs for the student with special or complex medical needs, but is also a vital instrument in communicating and conveying to all parents and guardians the health care services that are and should be available. According to Rollins (1991), parents need information in order to participate in planning and making appropriate decisions for their child with special needs in education. The author agrees and believes parents should also be well informed of the school system's health care services offered and required. A handbook communicating the availability and requirements of the health care services and medical information could be the vehicle in providing such a service.(Sadowski, 1992)

Parents and guardians of the approximately twelve percent of the

forty-five million children attending school that are handicapped (Burns, 1988) , and requiring special health management such as medication therapy, catheterizations, and other medical procedures, are in need of information of health care services available in the school systems.

Problem Statement

The purpose of this project was to develop a handbook of health care services for parents and guardians of students in grades kindergarten through twelve.

CHAPTER II

REVIEW OF THE LITERATURE

Role of the School Nurse Defined

The role of the school nurse varies with each day in the educational system. The role of the school nurse is that of an advocate and a resource for children's physical health and mental well-being.(Sadowski, 1992)

The nurse can be the advocate for the abused child one day, a caretaker that administers and soothes the ill child the next day, and an educator in growth and development on another day. Each school day brings another role for the school nurse to play. But, one thing is definite and consistent; the school nurse is in the school system to ensure each child receives the health care services needed for that student to be a healthy learner, thus, a better learner.

Another role of the school nurse is that of an administrator of medications, short or long term therapy, and medical procedures such as catheterizations, intermittent positive pressure breathing treatments, tracheostomy care, and other ordered medical treatments and procedures that require scheduled delivery doses or care, that should not be

interrupted due to the child's presence at school.

The nurse's role also extends to the staff's medical needs as well as the student's. The nurse performs routine procedures, arranges for emergency medical treatment, and seeks answers for medical questions and concerns that the school system may have.

As an educator, the school nurse can be a resource for information in teaching students the consequences of their lifestyles, giving of information for prevention of diseases, or in maintenance of their own health. The nurse can attain health updates that can be presented to students and staff on a variety of health issues.

As in any profession, there is a need for documentation of complaints, procedures, and results. The school nurse is the recorder of health related issues and concerns. The nurse records on each student's health record their immunization updates, and requirements for the school year. Heights and weights, vision screenings, hearing screenings, and scoliosis screenings are also recorded as required by the state. State records and reports are updated, completed, and sent to the appropriate agencies by the school nurse.

Another role of the school nurse is that of a liaison between the

school system and children's services agencies. This is needed in meeting requirements and laws set forth in certain states.

Reasons for the Need for Health Care Services

There are reasons for the need for health care services in the school system. In an article by Schwab(1991) and Wong(1992) it is indicated that there is an increase in the number of students with complex medical problems entering the school systems with the need for continuous medical and health care services throughout the day.

Health care services in the school system are needed to ensure students with unexpected illnesses and injuries to be attended with proper and efficient care with precision and confidence daily.(Sadowski, 1992)

Because the lack of insurance coverage translates to the lack of health care according to an article in Community Nurse Forum (1988), health care services are needed in the school systems. Many children would not seek much needed medical services if they had not been seen and referred by the school nurse.

Parents and guardians must be made aware of the reporting procedure of child abuse and/or neglect. According to section 2151.421 of the Ohio Revised Code, school teachers and school employees are required to report suspected cases of child abuse and/or neglect.(Baldwin,1991)

School employees do not need to prove child abuse and/or neglect, only to suspect, when reporting to the local public children's services agencies.(Human Services, 1989) School employees follow a child abuse and/or neglect reporting procedure when reporting to the proper authorities.(Human Services, 1989)

CHAPTER III

PROCEDURE

Review of Journal Articles

After a review of a variety of journal articles relating to school health care services, school nursing, health education, and health of students and staff, the information supported and influenced the development of the health care service handbook for parents and guardians of children in grades kindergarten through twelve.

Examination of Other Sources

Upon examining other sources, such as a school health handbook, student handbooks, board of education manuals, and guidelines, the design of those handbooks was a contributing factor towards the design and development of the school health care services for parents and guardians of students in grades kindergarten through twelve.

Interviews

After interviewing at least one school nurse from a similar

community setting, the school nurse was an influence in establishing guidelines for health care services for students in the development of a handbook for parents and guardians of students in grades kindergarten through twelve.

CHAPTER IV

HANDBOOK

**HANDBOOK OF SCHOOL HEALTH SERVICES
FOR PARENTS AND GUARDIANS OF STUDENTS
IN GRADES KINDERGARTEN THROUGH TWELVE**

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Ohio Department of the Health Immunizations
and Requirements
Childhood Diseases Charts
Samples of Letters to Parents/Guardians
State Laws Pertaining to School Health

INTRODUCTION

The school health service handbook has been produced to support students and their parents and guardians in meeting health requirements made by laws, to answer questions that parents, guardians, or students may have concerning school-aged children and their health, and what procedures are followed in meeting the needs of school-aged children who become ill, injured, or impaired.

Many parents or guardians may not be aware of the health care services offered to students through the public school system. In the following chapters there will be noted the screenings that are mandated by the state for certain students and what procedures are required of those screenings as well as the requirements for immunizations compliances, and the reporting of child abuse and neglect.

PHILOSOPHY OF SCHOOL NURSING

The school nurse supports the belief that a healthy student is a better learner, so therefore the school nurse supports the health education programs and curriculum that encourages students and their parents and guardians to be responsible for their physical and mental health, their growth and development, and their education throughout their school years.

The philosophy of school nursing is closely related to the philosophy of the school. School nursing assists the parents or guardians in maintaining the health and well-being of students in order for students to learn. Good health is essential for students to be better learners. The school nurse encourages each student to maintain good health in order for each to function effectively in the school setting as well as in the community setting, and their lifelong process of education and living.

Dear Parents and Guardians:

On behalf of the health of the children in Brookville Local School District, I have compiled a handbook to be used as a guide for parents and guardians of students in grades kindergarten through twelve pertaining to health services for students in the district.

This guide serves as a reference and a resource from which you can draw information about expectations of health requirements that students, your children, may need to ensure for their legal compliances, their mental and physical well-being, and to enhance their education in a healthy manner.

It is hoped that this handbook will provide answers to questions that you as parents or guardians, their primary caregivers, may have concerning immunizations, screenings, resources of health care, and procedures used in caring for your child in an event of an illness, injury, accident, or other medical problem at school.

If ever there is a health concern or question about your child or illness, please contact me at 833-6761 or 833-6796.

Here's to Good Health,

Kathleen Dafler, R.N., School Nurse

CHAPTER I

The Role of The School Nurse

Throughout the school year the nurse's role varies. Many days the plans for the day are never completed. There may be screenings scheduled for a class but if an emergency arises, the screenings are then postponed to another time while the school nurse treats the emergency.

The nurse may play the role as a(n):

1. medical care provider for the injured or the ill.
2. recorder in recording assessments, screenings, or referrals of all students.
3. secretary to address letters from the clinic to parents and to compile state health reports.
4. team member on the pre-referral and referral teams to evaluate students.
5. educator concerning health issues such as growth and development, first aid certification, CPR certification, and other health related topics.
6. advocate for the child who may be abused and/or neglected and a liaison for children for Children Services.
7. supporter and caregiver to staff members.
8. assessor and screener of physical and mental well-being.
9. resource person for updated information for teachers,

students, parents, and staff.

10. visiting nurse to the student's home when needed.

11. member and participant of the drug advisory council.

Health Assessment:

The school nurse will determine the health status of students by a health assessment. The health assessment will consist of observations of the child during visits to the clinic for illnesses, injuries or screenings, information received from the student and the parents, and the medical history from the doctors. The health assessment is not used for diagnosis, but used to evaluate the need for medical examination and further care for the student. Parents will be notified if medical care or treatment is deemed necessary. In an effort to provide a comprehensive health assessment, it is recommended that each newly enrolled child receives a medical examination by their family physician.

Health History:

Pertinent health history of the child is important in determining health status. History will be obtained from the student, the parent or

guardian, and the physical given by the child's doctor. Knowledge of the child's growth and development, the psychosocial development, and childhood health problems will be a part of the health history. The health history will also include communicable diseases, chronic diseases, chronic illnesses, injuries, hospitalizations, immunizations, and medical care the child has experienced and received. See appendix 1 for health form used in the district.

Health Record:

Each child will have a health record (green folder) upon entry to the school. Information that will be recorded or inserted will include health history, health assessment, doctor's examination, medications administered, allergies the child has, childhood diseases they may have had, vision and hearing screenings administered, and heights and weights of the individual. Parents and guardians may view their child's health record upon request. Health records will be handled with confidentiality.

Screenings:

A program of early identification, diagnosis, and correction of children's vision, hearing, or any other medical disorder is a necessary and effective process in all child health programs. The early detection and treatment of any disorder gives the student the opportunity to develop educationally, emotionally, and socially.

The school nurse stresses that the screenings and care that are not performed at school are valuable tools for the aid in health care, though not a substitute for further evaluation and extended professional health care that may be needed.

Vision Screenings:

Vision screening is to prevent the development of vision disorders in school-aged children, to detect as early in a child's life as possible a potential vision disorder, to detect vision disorders in children as near the onset of the disorder as possible, to ensure that all children suspected of visual disorders have access to professional eye care regardless of financial limitations, and to provide information on the development of

vision, vision disorders, and eye safety in health programs.

Vision screenings procedures required by the Ohio Department of Health (ODH) are done under the authority of the Ohio Revised Code (ORC) section 3316.69 which provides that the testing and screening shall be approved by the Department of Health.

The screening procedure required by ODH are used to detect the following disorders: observable and reportable signs and symptoms, defects of distance visual acuity, ocular muscle imbalances at distance and near, disorders of ocular movement, and color perception deficiency in males only.

The required screening procedures are: external observation of eye signs and recording of reported symptoms, distance visual acuity test, ocular muscle balance test administered at distance and near, and color perception test for boys only.

Initially the child should have had an eye examination between the ages of three and five years. The screening of students will occur at kindergarten, first, third, fifth, seventh, and ninth grades as well as all new students and students referred by teachers in all grade levels, kindergarten through twelfth.

Referrals for a professional examination will be made after a second failed screening. At that time parents will receive written notification that their child has failed the vision screening and that a professional examination is recommended. See appendix 2 for vision referral letter and report.

Hearing Screening:

Hearing screenings are to prevent the complications of hearing loss in school-aged children, to detect as early as possible a potential for a hearing loss, to detect hearing loss in children as near to the onset of the disorder as is possible, and to ensure that all children suspected of hearing loss have access to professional care regardless of finances.

Hearing screening procedures required by Ohio Department of Health (ODH) are conducted under the authority of section 3313.69 of the Ohio Revised Code (ORC). Screening procedures required by ODH are used in detecting the following hearing disorders in children: observable and reportable signs and symptoms of hearing loss, and mixed hearing loss, sensorineural hearing loss, and mixed hearing loss.

The required screening procedures are external and behavioral

observation, history, and recording of reported symptoms and individual pure-tone air conduction screening.

Initially hearing screening should be done by the time the child is three years old. The hearing screenings of the school-aged child will occur at grades, kindergarten, first, third, fifth, seventh, and ninth as well as all new students, and students referred by teachers.

Referrals for professional examination of the ears, nose, and throat will be made after a second failed screening. Parents and guardians will receive written notification that their child has failed the hearing screening and it is recommended for the child to see a professional. See appendix 3 for hearing referral letter and report.

Postural Screenings:

Postural screenings is recommended for students in grades six, seven and eight during the child's growing spurt. This screening is used to detect rounded back (kyphosis), sway back (lordosis), and lateral curvature of the spine (scoliosis), and to prevent future back problems with complication. The screening is based on observations of the back for any deviations of the spine, back, neck, shoulders, hips, or legs that may

relate to any signs and symptoms of a postural problem. Screenings are usually done during physical education classes.

Referrals for a professional examination will be made after a second screening. At that time parents or guardians will receive written notification that it is recommended for the child to have the family physician, pediatrician, or orthopaedist to evaluate the child's posture. See appendix 4 for postural referral letter and report.

Blood Pressure:

Blood pressure screenings are usually done during seventh and eighth grades' health classes, unless there has been a referral made to the school nurse concerning a student's blood pressure. Blood pressure checks have become an integral part of the health program.

Referrals of students with high blood pressure are made by a phone call or written notification to the parents and guardians with the initial blood pressure reading and a second blood pressure reading. It is recommended for the student with a high blood pressure reading to see a physician for further evaluation.

Heights and Weights:

All students in grades kindergarten through sixth are weighed and measured twice a year, once in the fall and then again in the spring. These measurements are then recorded on their health records along with the other screenings and /or referrals.

Immunizations:

Upon entering the school system each child will need written verification of the following immunizations to be in compliance with section 3313.671 of the Ohio Revised Code: four (4) Diphtheria, Pertussis, and Tetanus (DPT) or Diphtheria and Tetanus (DT), three (3) Oral Polio Vaccine (OPV), one (1) Measles Vaccine, one (1) Mumps Vaccine, and one (1) Rubella Vaccine. Effective August 1, 1992, all seventh graders are required to have a second dose of the Measles, Mumps, and Rubella Vaccines. For a description of these immunizations, please see Appendix 5 for a more detailed descriptions and times for the administration of these immunizations.

Parents and guardians may send in written verification of any updated immunizations throughout the child's school years for the student's health record.

If a child does not have all the immunizations needed to enter school, he/she is considered not in compliance and will be excluded from school after fourteen (14) days from the day of entering school. At that time the child will have to remain out of school until he/she is in compliance by being immunized. Appendix 6 shows exclusion letter.

CHAPTER II

Illnesses/Injuries Protocol

Students who become ill or injured have the services of the school nurse available to them. Students who are ill should check into the main office of their building first before being referred to the school nurse or being dismissed to parents. All students are to be registered in the clinic log.

Care of Illness:

Should students become ill during the school day, they should follow the following procedure:

1. Ask the teacher for permission to go to the office.
2. Report to the office.
3. If the nurse is unavailable, the secretaries will contact parents for the student to go home.
4. If the nurse is available, the student will be assessed by the nurse.
5. If the student is in need of medical care or needs to go home, the nurse will notify the parents or guardians.

Care of Injuries:

If students should be injured at school, they will be examined and evaluated if the nurse is available. If the injured does not require emergency care, parents and/or guardians will be notified by telephone or letter of the injury, the prognosis, and suggested care. In the event the injury constitutes an emergency, the emergency medical system (911) and parents will be notified promptly. See appendix 7 concerning illness or injury report and appendix 8 for head injuries

If the nurse is unavailable, the secretaries will administer first aid for emergencies and contact parents by telephone. If illness occurs, secretaries will notify parents to come for their child.

Emergency Medical Authorizations forms are completed on each student by their parents or guardians on the first day of each school year.

Childhood Diseases:

Many diseases that a child may contract, such as diphtheria, whooping cough (pertussis), smallpox, and polio have been virtually eradicated due to vaccinations, and the immunization laws. In order to

continue the low incidence of these diseases, children must be continue to be vaccinated against these deadly diseases as well as others. There are not immunizations for all diseases that some children contract, but there are medications and procedures that can alleviate or diminish symptoms to make the child more comfortable and ready to learn.

Many of the diseases that will be discussed are not limited to children, but are frequently contracted and transmitted by them. These are just a few of the many diseases that can be transmitted and contracted.

Communicable Diseases:

Common Cold:

Incubation: 12 - 72 hours, usually 24 hours.

: Symptoms: Sore throat, watery discharge from nose and eyes, sneezing, chilliness, fever, and body aches.

Transmission: Direct contact from infected person,
indirect contact with items freshly soiled
with nose or throat discharge of infected
person.

Communicable Period: 24 hours before onset of symptoms
through 5 days after onset.

Croup:

Incubation: 2 - 9 days depending on causative agent.

Symptoms: Acute respiratory infection involving the epiglottis, larynx, trachea, and bronchi. May cause respiratory distress. Barking or brassy cough. High pitched sound on inhalation.

Transmission: Direct contact with infected person, airborne, or indirect by objects soiled by secretions.

Communicable Period: Duration of the disease.

Hand, Foot, and Mouth Diseases;

Incubation: 3 - 6 days.

Symptoms: Raised rash, particularly on palms, soles, and areas surrounding mouth. Progresses to blisters, then causes sores inside mouth making swallowing painful.

Transmission: Direct contact with infected person's respiratory secretions, indirect with soiled items.

Communicable Period: Virus is found in stool while sores are present and for about a month after they disappear. Oral secretions are infectious while sores are present.

Hepatitis B (Serum):

Incubation: 45 - 160 days.

Symptoms: Usually inapparent onset loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice frequently occurs. Some persons have no symptoms.

Transmission: Contact with blood or serum of infected person, such as through wound care, punctures with used needles, etc. Can be sexually transmitted.

Communicable Period: Acute case, 6 months or less, carrier, more than 6 months.

Mononucleosis:

Incubation: 30 - 50 days.

Symptoms: Fever, sore throat, swollen lymph glands. Fatigue, occasionally abdominal pain.

Transmission: Direct contact with saliva of an infected persons.

Communicable Period: Indeterminate, may shed virus for many months with no symptoms.

Herpes (Herpes Simplex):

Incubation: 2 - 14 days.

Symptoms: Blisterlike sore, frequently in area of nostrils or upper lip, which may ulcerate, then crust. Genital lesions caused by herpes simplex type

II virus may cause vaginal discharge, lymph node enlargement, and generalized discomfort.

Transmission: Direct mucous membrane contact with sores of an infected person; indirect contact through items freshly soiled with drainage from the same.

Communicable Period: While lesions are present.

Nuisance Diseases:

Head Lice (Pediculosis):

Incubation: Eggs hatch in 7 - 10 days, lice reach sexually maturity in 2 weeks. Adult lifespan is 30 days, females lay 3 - 10 eggs/day.

Symptoms: Itching, irritation of scalp, white to yellow-brown nits (eggs) attached to hair approximately 1/4" from scalp, especially at nape of the neck, the crown of head, and above the ears.

Transmission: Direct hair -to- hair contact with infested person. Indirect contact with combs, headgear, or clothing of infested persons. Lice do not fly or jump.

Communicable Period: As long as live lice or nits are present on infested person.

Scabies:

Incubation: First infestation, 2 - 6 weeks. Subsequent, 24 hours.

Symptoms: Intense itching, especially at night. Burrows under skin resemble wavy lines, often found in space between the fingers, on inside of wrist, at elbows, armpits, and belt line. May have raised fluid-filled blisters.

Transmission: Direct skin to skin contact with an infested person. Rash or itching need not be present for transmission to occur.

Communicable Period: From beginning of infestation through completion of first treatment. Second treatment required in 7 - 10 days in most instances.

Other Diseases:

Reye's Syndrome is not contagious. It occurs more frequently during the winter months since it usually follows the flu, chicken pox, or an upper respiratory infection. It usually affects children from infancy through nineteen years of age . It affects the brain and the liver. The symptoms are as follows: persistent or continuous vomiting, listlessness, personality change, disorientation, delirium, or convulsions, drowsiness,

or combativeness. If you suspect Reye's Syndrome , please contact your family physician immediately. A blood test is the only means for diagnosis of Reye's Syndrome.

Otitis is an infection of the ear. It usually follows a upper respiratory infection such as a cold. Children may complain of a fever or an earache. The child should be seen by a physician for diagnosis and treatment.

Screening of Diseases and Illnesses:

It is usually a good indication that a child may be ill if she/he has an elevated temperature (fever), rash, complaints of a sore throat or earache, discharge from ears or eyes, inflamed eyes, runny nose, excessive coughing, swollen glands, nausea and/or vomiting, or diarrhea. If a child experiences any one of these symptoms, it is probably wise to keep your child home from school for twenty-four hours and to contact your family physician for further instructions.

Handwashing continues to be the single most effective measure to prevent the spread of disease. All children and staff should practice good hygiene and should wash hands thoroughly after wiping noses, covering

coughs, and sneezes.

For more communicable diseases, please see appendix 10.

CHAPTER III

Children With Special Needs

Children with special health care needs are becoming a greater part of pediatric and school nursing . Students identified with special needs will vary. The special needs child may be one who needs medication, a medical procedure performed, an abused/neglected child who needs emotional support, a student with a physical handicap, a student who has been evaluated for a learning disability, or the student who is in need of a new pair of glasses. The school nurse is available for emotional support, medical supervision, and care that may be necessary for the child with special needs to attend or to remain in school .

Abused and/or Neglected Child:

Some cases of child abuse or neglect are easily recognized while others are not. There are the a variety of forms of abuse such as verbal, emotional, physical abuse, and sexual abuse as well as the neglect of nutritional needs, medical care, or lack of appropriate clothing, or shelter.

Abuse is an action against the child. Neglect is failure to act on behalf of the child.

The school is mandated by law to report any suspicions of child abuse and/or neglect. The school employees do not need to prove abuse or neglect, only to suspect. Many times a child will share information with the teacher or another child that may lead to suspicion. It is the law to report child abuse or neglect. More importantly it can help the family or child to identify their problems and seek professional help or counseling to resolve their problems. Reporting child abuse or neglect is to help protect and care for the child.

Reports of child abuse or neglect are confidential. These reports can only be released to the Ohio Department of Human Services staff.

Some of the physical indicators that are observed for child abuse include unexplained bruises and welts on the face, lips, or mouth, torso, unexplained bruises in various stages of healing and regularly appear after absences, weekend, or vacations and unexplained burns such as cigarette burns, immersion burns, rope burns, or infected burns.

Some of the behavioral indicators of physical abuse can include afraid of adult contact, frightened of parents, reports injury by parents, afraid to go home, or behavior extremes such as aggressive or withdrawn.

Physical neglect is the failure to meet the basic requirements or

needs of a child's physical development, such as clothing, housing, medical care, nutritional needs, or supervision.

Physical indicators can include chronic uncleanliness, poor hygiene, unsuitable clothing for the weather, untreated illness or injury, constant fatigue, or falling asleep in class.

Behavioral indicators can be the assuming adult responsibilities, attendance problems, delayed speech, early or late arrival at school, or states there is no caretaker in the home.

The above mentioned indicators are only helpful guidelines. There are times where one cannot explain a bruise or an injury; it does not necessarily mean abuse. It may mean there is a duty and a responsibility for the entire community to watch, help, and protect the children.

Handicapped Child:

The National Association of School Nurses, Inc. and the school nurse of the school district endorse the philosophy underlying P.L. 94-142, the education of the Handicapped Children Act. This law guarantees the availability of free, appropriate public education for all handicapped students in the least restrictive environment. Handicapped children may

require additional educational services as well as related health services.

The handicap may be different from child to child; it may be a developmental handicap, a physical, emotional or mental handicap, or a specific learning disability. There are times when some of these children need specialized medical care. They will receive that medical care or treatment needed as ordered by their physician with the appropriate papers completed, signed, and submitted to the school nurse and main office.

Written doctor's orders and parents' signatures are required for medication therapy, short or long term, as well as any other medical procedures that need to be administered by the school nurse. These orders should be submitted as soon as possible, so both the child and the teacher are aware of the schedules and the child's medical procedure is met timely and accurately, and without interruption to medical care and the child's education. See appendices 11 for medical procedure letter and 9 for medication administration letter.

The Child With Chronic Illness:

Although chronic conditions such as leukemia and inflammatory

bowel syndrome differ from each other, children with chronic illnesses and diseases share much in common. With the progress of medical technology and research, people with chronic illnesses and diseases today are surviving and continuing to lead normal lives. Education is one of the activities children can continue to participate in while undergoing medical treatment or therapy.

Chronic illnesses are characterized by frequent complications and unpredictable courses such as attacks of asthma or insulin reaction. Many chronically ill children suffer pain and physical discomfort as well as psychological distress. The following diseases that are discussed are only a few of the many chronic illnesses and diseases that a student may have and still be able to remain in the school setting.

Diabetes mellitus is a chronic disease which impairs the body to use food properly. The pancreas fails to produce effective insulin and without insulin the body cannot breakdown the food and convert it to the energy required to sustain to sustain life. Diabetes is not contagious. If blood sugar levels are low, the person may experience disorientation, confusion, tremors, and other symptoms, and must receive a form of sugar and be monitored. Some people will need further treatment. See appendix

11 for forms to be completed and signed for any medical procedures and screenings to be performed.

Asthma is a lung condition characterized by repeated episodes of wheezing or shortness of breath caused by the tightening of the smaller airways of the lungs. It is usually inherited, but not contagious. There are times the asthmatic student may require breathing treatments to control the asthma. Appendices 9 and 11 are forms that are needed to be completed and submitted in the need for further medical care and procedures to be performed such as IPPB treatments.

Cancer can be defined as a chronic disease due to the aggressive forms of therapy and treatment used. It is characterized by the uncontrolled growth and spread of abnormal cells. There are many types of cancer. Cancer is not contagious. Students with cancer should be made aware of outbreaks of chicken pox, shingles, or measles.

Epilepsy is a disorder of the brain. It is a chronic condition consisting of episodic disturbances of consciousness, and often involving motor movements. The episodes are usually with a sudden onset and relatively rapid termination. There is a loss of memory of the episodes. Again, the episodes can be with or without involvement of motor activity

and some children appear to be staring or daydreaming. There are several types of seizures that may be involved. Medication usually controls the abnormal discharge of brain cells. Epilepsy is diagnosed by a physician, medical history, and tests.

Administration of Medication/Procedures:

If the student must receive long term or short term medication therapy, a form "Request for Administration of Medication by School Personnel" (Appendix 9) must be completed and signed by the parents or guardians and by the physician, and submitted to the school nurse and main office. Medication must be locked throughout the school day according to Ohio law effective in January, 1985. Medications for elementary students are stored in and locked in the clinic. Medications for middle and high school students are stored and locked in their respective main offices.

Medical Excuses for Physical Education:

If a student has a medical disability which will prevent the student from participating in physical education class, please put in writing the medical disability and the duration of time the child will not be able to participate. This written notification should be signed by the parents or

guardians and physician for the prescribed time. Please submit to the school nurse.

CHAPTER IV

Resources for Health Care and Education

There are many available resources and agencies for medical assistance and education for those in need of medical care and further knowledge. Many of these agencies will offer their services for a nominal fee based on financial income and necessity of medical care. Also there are agencies that will make contact with other agencies to assure adequate medical care and information are given and you are in communication with the appropriate institution.

Please feel free to contact any one of the listed agencies when in need for further medical assistance or information. They will assist you in answering your questions and guide you to the correct medical facility, care, and information that you may need. Many of these agencies will offer educational programs to the children, their families, and their schools. Following is a list of agencies and their telephones numbers as well as a list of other agencies and resources with addresses and numbers.

Cincinnati Oncology Parents Endeavor - 513-733-3121

Cancer Family Care, Inc. - 513-821-3346

Children's Hospital Medical Center - 513-559-4266

Project DARE - 513-225-6287

School Intervention Program - 513-559-8604

American Social Health Association - 1-800-227-8992

Dayton Free Clinic & Counseling Services - 513-278-9481

Diabetes Association of the Dayton Area - 513-220-6611

Family Service Association - 513-222-9481

Hearing & Speech Center for Children & Adults - 513-222-5597

Bureau for Children With Medical Handicaps - 614-466-1700

Epilepsy Association of Central Ohio - 614-228-4401

Teen Connection - 513-228-TEEN

YWCA - 513-461-5500

NAME:	ADDRESS:	CITY:	ST:	ZIP:	PHONE NO:
American Cancer Society	11 W. Monument St	Dayton	OH	45402	513-223-4117
American Heart Assoc.	124 N. Jefferson St.	Dayton	OH	45402	513-224-4119
American Lung Assoc.	1740 Broadway	New York	NY	10019	202-315-8700
American Red Cross	370 W. First St.	Dayton	OH	45402	513-222-6711
Asthma &Allergy Foundation	1125 15th St.	Washington	D.C.	20005	800-7ASTHMA
Bureau of Maternal and Child Health	246 N. High St.	Columbus	OH	43266	614-466-5332
Children's Medical Center	One Children's Plaza	Dayton	OH	45404	513-226-8320
Combined Health District of Mont. Co.	451 W. Third St.	Dayton	OH	45422	513-225-2954
Family Health Information Center	700 Children's Dr.	Columbus	OH	43205	614-461-2713
George D. Tuck Health Center	1320 E. Fifth St.	Dayton	OH	45402	513-496-7155
Grace House Abuse Resource	301 Forest Ave	Dayton	OH	45405	513-449-1555
Head Start Program	1034 Superior Ave.	Dayton	OH	45407	513-278-8293
Juvenile Diabetes Foundation	261 Grove Dr.	Dayton	OH	45458	513-435-8284
Miami Valley Lung	226 Belmont Pk.E.	Dayton	OH	45405	513-222-8391
Mont. Co. Children Services	3501 Merrimac Ave.	Dayton	OH	45405	513-276-6121
National Assoc. for Hearing	10801 Rockville Pk.	Rockville	MD	20852	800-638-8255
National Scoliosis Foundation	93 Concord Ave.	Belmont	MA	02178	na
Northridge Health Center	5903 N. Dixie Ave.	Dayton	OH	45414	513-898-7750
Ohio Dept. Of Health	246 N. High St.	Columbus	OH	43266	614-466-5332
Sexual Abuse Prevention	224 N. Wilkinson St.	Dayton	OH	45402	513-226-0780

Ohio School Health History

to be completed by parent or guardian

School _____

Enrolled _____

Withdrawn _____

Child's full name		last	first	middle
<input type="checkbox"/> male <input type="checkbox"/> female		Birthdate	month	day year
Child's address				
Mother's name				
Mother's address				
Mother's work phone			Father's home phone	
Father's name				
Father's address				
Father's work phone			Mother's home phone	
With whom does child live? name address				
Who is this child's legal guardian?				

FAMILY HISTORY

List this child's brothers and sisters

name	birth year	sex	name	birth year	sex
			6.		
			7.		
			8.		
			9.		
			10.		

PERINATAL HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy?		
<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, explain briefly	
How old was the mother when this child was born?	Was this infant born: <input type="checkbox"/> full term <input type="checkbox"/> early <input type="checkbox"/> late	What was this infant's birth weight?
Did the infant have any sickness or problems while in the nursery?		
<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, explain briefly	

DEVELOPMENTAL HISTORY

Please give the approximate age at which this child: <input type="checkbox"/> walked alone <input type="checkbox"/> spoke in sentences <input type="checkbox"/> was toilet trained <input type="checkbox"/> dressed self	How does this child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> about the same <input type="checkbox"/> slower <input type="checkbox"/> faster
--	---

VACCINATION RECORD

Age	Date						
PT	/ /	/ /	/ /	/ /	/ /	/ /	/ /
D	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Measles (Rubeola)	/ /	/ /					
Rubella	/ /	/ /					
Mumps	/ /	/ /					
MMR Combined	/ /	/ /					
Other (Identify)	/ /	/ /	/ /	/ /	/ /	/ /	/ /

Ohio School Health Record Physician's Report

Child's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date
--------------	--	-----	------

Objective data

Height (%)	Weight (%)	B.P. /
------------------	------------------	-------------

Screening Tests

VISION	HEARING
<div style="text-align: right; margin-bottom: 5px;">Date</div> <div style="display: flex; justify-content: space-between;"> <div>Distance Acuity</div> <div>right _____ left _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Muscle Balance</div> <div><input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Farsightedness</div> <div><input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Color</div> <div><input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Child wears glasses?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Tested with glasses?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Referral made?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div>	<div style="text-align: right; margin-bottom: 5px;">Date</div> <div>Pure tone testing:</div> <div style="display: flex; justify-content: space-between;"> <div>Right ear</div> <div><input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Left ear</div> <div><input type="checkbox"/> pass <input type="checkbox"/> fail <input type="checkbox"/> not done</div> </div> <div>Other tests (specify) _____</div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>Child wears hearing aid?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Tested with hearing aid?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Referral made?</div> <div><input type="checkbox"/> yes <input type="checkbox"/> no</div> </div> </div>

Speech/Language

Speech assessment: <input type="checkbox"/> done <input type="checkbox"/> not done Child has possible problem with: <input type="checkbox"/> Articulation <input type="checkbox"/> Rhythm Speech evaluation recommended: <input type="checkbox"/> yes <input type="checkbox"/> No	<input type="checkbox"/> Child has no discernible speech problem <input type="checkbox"/> Voice <input type="checkbox"/> Language
---	--

Laboratory Tests

<input type="checkbox"/> Hematocrit/Hemoglobin	<input type="checkbox"/> Urine protein	<input type="checkbox"/> Urine blood	<input type="checkbox"/> Urine glucose	<input type="checkbox"/> Other:
--	--	--------------------------------------	--	---------------------------------

Physical Examination:

Date examined	
<input type="checkbox"/> Essentially normal Abnormalities as follows: _____ _____ _____ _____ _____	
Is this child able to participate fully in the following: <div style="display: flex; justify-content: space-between;"> <div> A. Classroom and academic activities? <input type="checkbox"/> yes <input type="checkbox"/> no B. Physical education classes? <input type="checkbox"/> yes <input type="checkbox"/> no </div> <div> C. Competition athletics? <input type="checkbox"/> yes <input type="checkbox"/> no D. Contact and collision sports? <input type="checkbox"/> yes <input type="checkbox"/> no </div> </div> <div style="margin-top: 5px;"> If limitations are advised, please specify those limitations: _____ _____ _____ _____ </div>	

If this child has any physical, developmental or behavioral problems, how can the school assist with special programs, placement or attention? _____ _____ _____ _____	
--	--

Child Health History, Continued:

Required compulsory immunization information law: 4 DPT; 3 polio; 1 measles, mumps, rubella (MMR) vaccine after child's first birthday.

Tuberculin test (latest) / / / / <input type="checkbox"/> negative <input type="checkbox"/> positive	Initial immunization information provided by: _____ date _____
--	--

Health Conditions — Please check any that this child has had:

Abnormal spinal curvature (scoliosis, etc.) Allergies or hayfever Anemia Asthma or wheezing Bedwetting at night Behavior problem Birth or congenital malformation Cancer, type _____ Chicken pox Chronic diarrhea or constipation	<input type="checkbox"/> Concern about relation with siblings or friends <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Emotional <input type="checkbox"/> Ear problems, poor hearing <input type="checkbox"/> Eye problems, poor vision <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent skin infections	<input type="checkbox"/> Frequent sore throat infections <input type="checkbox"/> Heart disease, type _____ <input type="checkbox"/> Hepatitis <input type="checkbox"/> Kidney disease, type _____ <input type="checkbox"/> Measles ("old fashioned" or "ten day") <input type="checkbox"/> Meningitis or encephalitis <input type="checkbox"/> Mumps <input type="checkbox"/> Near-drowning or near-suffocation <input type="checkbox"/> Nervous twitches or tics <input type="checkbox"/> Poisoning	<input type="checkbox"/> Pregnancy <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Seizures or epilepsy <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Stool soiling <input type="checkbox"/> Substance abuse (alcohol, drugs) <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Toothaches or dental infections <input type="checkbox"/> Urinary tract infection <input type="checkbox"/> Wetting during day
--	---	--	---

Allergies — Please list and describe allergies or reactions to:

Medicines/drugs
Foods/plants/animals/other
Recommended treatment if allergy is severe

Injuries and Illnesses — Please list any severe injuries or illnesses:

Injuries/Illnesses	Age of Child	If Hospitalized ✓

Does child always wear seatbelts in cars? ☐ Yes ☐ No

Additional Information

What medications are given daily?
What medications are given frequently, but not daily?

How is child usually: ☐ very active ☐ normally active ☐ rather inactive

Do you have any concern about how your child gets along with other children?

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly.

Completed by:
Relationship to child

APPENDIX 1

an's Assessment

list	Recommendation for school management
	1.
	2.
	3.

PRINT OR STAMP

n's name	Physician's signature
	Date signed

APPENDIX 1
**Ohio School Health Record
Dentist's Report**

following services have been performed:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Examination | <input type="checkbox"/> Radiographs | <input type="checkbox"/> Prescription for fluoride supplements |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Oral prophylaxis | <input type="checkbox"/> Topical application of fluoride |

following oral hygiene instruction was provided:

- | | |
|--|---|
| <input type="checkbox"/> Toothbrushing | <input type="checkbox"/> Diet counseling reflecting relation of diet to dental health |
| <input type="checkbox"/> Flossing | <input type="checkbox"/> Home /school use of fluoride mouthrinse |

following statements are applicable:

- | | |
|--|--|
| <input type="checkbox"/> All necessary services have been performed | <input type="checkbox"/> Further treatment is indicated |
| <input type="checkbox"/> No restorative services are required at this time | <input type="checkbox"/> Further appointments have been arranged |

Comments: _____

PLEASE PRINT OR STAMP

Dentist's name	Dentist's signature
Address	
Phone	Date signed

VISION REFERRAL LETTER

Date _____

Dear Parent:

Your child's score in the vision screening test given in _____
school seems to indicate that a complete vision examination would be advisable. We are therefore suggesting that you
take _____ to a vision specialist for a thorough vision examination.
(full name)

If you are in need of further information contact your local school district or health department.

Please give the enclosed form to your vision specialist and ask him to fill it out and return it to:

EYE SPECIALIST REPORT FORM

Name _____ Date of Referral _____

_____ Grade _____

for referral (test failed or type of symptom): _____

Acuity:

With Old Glasses R _____ L _____ Both _____

Without Glasses R _____ L _____ Both _____

Type of vision problem and diagnosis if indicated: _____

Glasses prescribed: Yes _____ No _____

If yes, visual acuity with new glasses: _____

Recommendation for wearing glasses: _____

Recommendation for teacher: _____

Surgical treatment necessary? Yes _____ No _____

When to see the child again: Yes _____ No _____ When _____

Comments: _____

Form to:

(Specialist)

(Address)

(Date)

HEARING REFERRAL LETTER

Date _____

Parent:

child's score in the hearing screening test given in _____

_____ school seems to indicate that an ear, nose and throat

examination would be advisable. We are, therefore, suggesting that you take

(FULL NAME)

your doctor for an examination.

Please give the enclosed form to your doctor and ask him to fill out and return it to:

DEPARTMENT OF HEALTH

H-222

5.13

HEARING REPORT FORM

Child's Name _____ Date _____

School _____ Grade _____

Is treatment for the hearing problem necessary for this child ☐ Yes ☐ NoIf you initiate this treatment? ☐ Yes ☐ NoDo you wish to see this child again? ☐ Yes ☐ No When _____

Summary of hearing problem and diagnosis if indicated: _____

Recommendations for parents or schools (preferential seating, speech and hearing therapy, avoid swimming, etc.):

Is child will be retested periodically. Would you like a copy of the audiogram sent to you? ☐ Yes ☐ No

When _____

Comments: _____

Return to: _____

Signed by: _____

_____ M.D.

_____ Address

_____ Date

Dear Parents:

A Postural Screening Program was conducted recently at your school to detect possible spinal problems in children. A trained examiner inspected your child's posture and has recommended further evaluation by your family physician, pediatrician or orthopaedist. Although the results do not definitely mean there is a problem or that treatment is needed, a complete examination by your doctor along with an x-ray of the spine is suggested to correctly establish whether a problem exists. Early detection and treatment could prevent your child from problems later in life.

If you do not have a physician or if you have questions regarding this follow-up, please call your school nurse who will assist you.

The enclosed letter should be presented to your doctor at the time of the child's examination with the request that she/he complete the form and return it to the school.

If you should have questions or concerns, please call the school nurse. The importance of proper follow-up cannot be emphasized too much.

Sincerely,

Enclosure

PLEASE FILL OUT THIS FORM AND RETURN IT TO THE SCHOOL BELOW.
THANK YOU.

Name: _____ Age: _____ Grade: _____

School: _____ School Address: _____

Nurse: _____

POSTURAL SCREENING REPORT

Postural Findings: _____

Signature: _____

Date: _____

Dear Doctor:

The above findings were noted during the school's Postural Screening Program.

Please examine and, if indicated, obtain a single standing PA x-ray of the spine. The 14 x 17 inch film is acceptable if the top of the film is at the level of the shoulders with the tube centered on the center of the cassette. Be sure the child is standing straight with knees extended. If kyphosis is suspected, a standing lateral film using the same technique should also be obtained.

DIAGNOSIS: _____ Normal _____ Scoliosis _____ Kyphosis

Other: _____

TREATMENT: _____ Observation _____ Bracing _____ Surgery

_____ Referred to Specialist

X-RAY ORDERED: _____ Yes _____ No

FINDINGS: _____

FOLLOW-UP RECOMMENDATIONS: _____

Signature: _____ M.D./D.O. Date: _____

Print Name: _____



GEORGE V. VOINOVICH
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DIRECTOR'S JOURNAL ENTRY

Approved Means of Immunization as Required by Sections 3701.13, 3313.671, and 5104.011 A(5) of the Ohio Revised Code and as Amended, Effective January 1, 1992

Background:

Pupils enrolled in kindergarten through grade 12 are required to have written proof on file at their public or nonpublic school that they have been immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps and rubella, as set forth in Section 3313.671 of the Ohio Revised Code. Pupils who have not been immunized by "a method of immunization approved by the department of health pursuant to Section 3701.13 of the Revised Code," are to be excluded from school attendance no later than the fifteenth day after admission.

Section 3313.671 also makes an "in process" exception for pupils who have not received the minimum number of immunizations and are not otherwise exempt. Pupils who have received measles, mumps and rubella vaccine, and at least one immunization against diphtheria, tetanus, and pertussis (DTP/Td), and at least one dose of polio vaccine, may remain in school, but they must make satisfactory progress in completing the DTP/DT/Td and polio series in order to maintain their "in process" status. Failure to do so is cause for exclusion from school attendance on the fifteenth day of the following school year.

Exceptions include pupils who present a written statement that immunization is objectionable for religious reasons or other reasons of "good cause". Similarly, a pupil is exempt if he presents a physician's statement that immunization against a particular disease (or all diseases) "is medically contraindicated." A history of measles or mumps disease may be substituted for the measles or mumps vaccinations. However, a history of rubella disease may NOT be substituted for rubella vaccine, except that laboratory test results, submitted by a physician, demonstrating detectable rubella antibody will be accepted in lieu of vaccination.

The Department of Human Services regulates day-care centers, and Section 5104.011 A(5) of the Revised Code currently requires that children in day-care must have "the immunizations required by statute for admission to school under Section 3313.671 of the Revised Code." Section 5104.011 A(5) of the Revised Code also states that "the age at which infants, and toddlers are required to have immunizations shall be established by the state department of health."

The link between laws that govern child day-care and laws that govern pupils in kindergarten through grade 12, make it necessary to issue an executive order establishing approved means of immunization and to enter such order in the Director's Journal for children enrolled in child day-care centers, pre-school centers and pupils in kindergarten through grade 12.

APPENDIX 5

I hereby adopt the following executive order under authority of Sections 3701.13, 3313.671, and 5104.011 A(5) of the Ohio Revised Code establishing approved means of immunization of children enrolled in day-care centers, pre-school centers and pupils in kindergarten through grade 12, as required under these provisions of the Revised Code, which were amended to take effect on January 1, 1992.

Approved Means of Immunization as Required by Sections
3701.13, 3313.671, and 5104.011 A(5) of the Ohio Revised Code

- (1) UNLESS OTHERWISE EXEMPT, DAY-CARE CENTER ENROLLEES, PRE-SCHOOL ENROLLEES WHO ARE AGE 20 MONTHS OR OLDER AND PUPILS WHO ARE ENROLLED IN KINDERGARTEN THROUGH GRADE 12:

(A) Diphtheria, Tetanus, and Pertussis:

Three vaccine preparations are available, and the child's physician shall decide which preparation is appropriate. The vaccines are DTP (Diphtheria, Tetanus, and Pertussis), DT (Diphtheria and Tetanus), and Td (Tetanus and Diphtheria, Adult) Four or more doses of DTP or DT (Pediatric) vaccine, or any combination thereof, is the minimum acceptable. Three doses of Td (Adult) is the minimum acceptable for children age 7 and up. Those who received all 4 primary immunizing doses before their fourth birthday should receive a single dose of DTP just before entering kindergarten or elementary school. This booster dose is not necessary if the fourth dose in the primary series was given after the fourth birthday. If, however, the third dose of either of these vaccines was administered at age six or above, a fourth dose is not required. Similarly, a child who is age six or older, and who received Td (Adult) vaccine as the third part of this immunization series, shall not be required to receive further doses of diphtheria, tetanus, or pertussis vaccine.

(B) Polio:

Two vaccine preparations are currently available. They consist of Oral Polio Vaccine (OPV) and Enhanced Inactivated Polio Vaccine (eIPV). Receipt of at least three doses of OPV or eIPV individually or in combination are required.

Pupils who are age 18 and above shall not be required to receive either OPV or eIPV.

(C) Measles:

Three different measles vaccine preparations have been available in the past. They consist of:

- 1) an inactivated (killed virus) vaccine,
- 2) an attenuated live virus vaccine that was given in conjunction with measles immune globulin, and
- 3) a further attenuated (weakened) live virus vaccine. (The further attenuated vaccine is the only product that is currently available.)

APPENDIX 5

One dose of live virus measles vaccine is required. The vaccine may be of the attenuated type (item 2 above), or may be of the further attenuated type (item 3 above), but the live virus vaccine must have been administered on or after a child's first birthday in order for a child to be in compliance.

Two doses of live virus measles vaccine are required for students entering the 7th grade. The first dose to be on or after 12 months of age, and the second dose must have been received at least 30 days from the first. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement. The two dose requirement will take effect on 8/1/92.

Inactivated virus vaccine, even if such immunization occurred on or after the first birthday, shall not be acceptable.

Should live virus measles vaccine have been administered after the administration of inactivated virus vaccine, such administration must have been at least 90 days after the last dose of inactivated vaccine, but again must have taken place on or after the child's first birthday.

A child who has had measles disease and presents a signed statement from his parent or physician to that effect, is not required to be vaccinated against measles. However, in an out-break situation, a written statement of previous measles disease is acceptable in lieu of vaccination, only if it is signed by a physician and gives the month and year of infection.

For purposes of definition, a single case of measles constitutes an outbreak. Any child in any of the affected schools/centers who cannot show proof of measles vaccination at age 1 or above must be excluded from the school/center until such proof is provided. Children with written waivers shall be excluded for not less than 14 days after the last known case in the affected school or center.

(D) Mumps:

Two different mumps vaccine preparations have been available in the past. They consist of:

- 1) an inactivated (killed virus) vaccine,
- 2) an attenuated live virus vaccine.

One dose of live virus mumps vaccine is required and must have been administered on or after a child's first birthday in order for the child to be in compliance.

Two doses of live virus mumps vaccine are required for students entering the 7th grade. The first dose had to be on or after 12 months of age, and the second dose had to be at least 30 days from the first. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement. The two dose requirement will take effect on 8/1/92.

APPENDIX 5

A child who has had mumps disease and presents a signed statement from his parent or physician to that effect, is not required to be vaccinated against mumps. However, in an outbreak situation, a written statement of previous mumps disease is acceptable in lieu of vaccination only if it is signed by a physician and gives the month and year of infection.

An outbreak will be determined based upon the number of mumps cases and the epidemiological link of the cases. Any child who cannot show proof of mumps vaccination at age 1 or above must be excluded from the school/center until such proof is provided. Children with written waivers shall be excluded during the outbreak period.

(E) Rubella:

One dose of rubella vaccine is required and must have been administered on or after a child's first birthday in order for the child to be in compliance.

Two doses of rubella vaccine are required for students entering the 7th grade. The first dose had to be on or after 12 months of age and the second dose had to be at least 30 days from the first. A student who presents laboratory evidence of immunity shall be exempt from the second dose requirement. The two dose requirement will take effect on 8/1/92.

A history of rubella disease may NOT be substituted for rubella vaccine. Post pubescent females are no longer exempt, except that laboratory test results, submitted by a physician, demonstrating detectable rubella antibody will be accepted in lieu of vaccination.

(F) Haemophilus b (Hib):

Hib conjugate vaccine is required for day-care attendance. Children age 15 months through 4 years of age must have had at least one dose administered on or after 15 months of age. However, if the vaccine administered was the Merck product (PRP-OMP), the last (third) dose would be administered at 12 months of age provided the first two doses were given at 2 and 4 months of age. Children between the ages of 2 months through 19 months must be vaccinated according to the schedule listed in item 2 below.

(2) UNLESS OTHERWISE EXEMPT, DAY-CARE CENTER ENROLLEES AND PRE-SCHOOL ENROLLEES 2 MONTHS THROUGH 19 MONTHS OF AGE SHALL BE IMMUNIZED AS FOLLOWS:

- (A) Children 2 Months Through 4 Months of Age:
1 DTP/DT (Pediatric) injection
1 dose of Polio Vaccine
1 Hib at 2 months and 2 doses at 4 months

APPENDIX 5

(B) Children 5 Months Through 9 Months of Age:

2 DTP/DT (Pediatric) injections

2 doses of Polio Vaccine

3 doses of Hib by 6 months depending on type of Hib vaccine received

(C) Children 10 Months Through 19 Months of Age:

3 DTP/DT (Pediatric) injections

2 doses of Polio Vaccine; if eIPV is used, 3 doses are required.

4 doses of Hib by 15 months depending on when they started the Hib schedule or one dose at or after 15 months

Note - measles/mumps/rubella vaccine is recommended at 15 months of age.

(3) ADDITIONAL IMMUNIZATIONS:

The requirements set forth in parts (1) and (2) above are minimum requirements. They may not constitute the full compliment of immunizations that are recommended for many of the day-care center enrollees and pupils enrolled in kindergarten through grade 12.

(4) This order shall supersede any previous approvals of means of immunization by the Ohio Department of Health under Sections 3701.13 and 3313.671 of the Revised Code which are inconsistent with this order.

(5) This order shall be transmitted to the Ohio Departments of Human Services and Education, to local health departments, and to other interested parties as appropriate.

10-20-1991

Date

Edward G. Kilroy MD, BS

Edward G. Kilroy, M.D.
Director of Health

BROOKVILLE SCHOOL DISTRICT

EXCLUSION LETTER

Student Name

Grade

Parents/Guardian's Name

Dear Parent/Guardian:

As of this date, your child does not meet the minimum requirements for immunization under Section 3313.671 of the Ohio Revised Code. The current specifications under this immunization law are listed on the attached form.

Beginning on _____ your child will be unable to attend Brookville Schools until requirements are met.

If you have any further questions, please contact Mrs. Dafler, R.N. School Nurse, at 833-6796.

Sincerely,

Mrs. Kathleen Dafler, R.N.

ANSWER ALL QUESTIONS THAT ARE CHECKED

1. _____ A.) Number of DPT/TD shots: _____
B.) Dates of shots: _____
2. _____ A.) Number of Polio doses: _____
B.) Dates received: _____
3. _____ A.) Number of Measles, Mumps, or Rubella shots: _____
B.) Dates of shots: _____
4. _____ A.) Has your child had the Measles? Yes ____ No ____
B.) Date of disease: _____
5. _____ A.) Has your child had Mumps? Yes ____ No ____
B.) Date of disease: _____
6. _____ Signature of Doctor: _____
Date: _____
7. _____ Signature of Parent/guardian: _____
Date: _____

THIS FORM MUST ACCOMPANY YOUR CHILD UPON RETURNING TO SCHOOL

ACCIDENT, INJURY, OR ILLNESS REPORT FORM

Name of student: _____

Teacher: _____ Grade: _____

Age: _____ Parent/Guardian: _____

Date: _____ Time: _____ Person in Charge: _____

Nature of accident, injury, or illness: _____

Action taken: _____

Parent Notified: Yes: __ No: __ Time: _____

Family Physician notified: Yes: __ No: __ Time: _____

Student returned to class: Yes: __ No: __ Time: _____

Student sent home: Yes: __ No: __ Time: _____

Student sent to Physician: Yes: __ No: __ Time: _____

Student to Emergency Department: Yes: __ No: __ Time: _____

911 Called: Yes: __ No: __

Signature of Nurse: _____

Signature of Person in Charge: _____

Dear Parent/Guardian:

Today, _____ received an injury to the head.
Your child was seen in the clinic and had no problem at that time, but you
should watch for any of the following symptoms:

Persistent or severe headache

Excessive drowsiness (awake at night at least twice)

Double vision, blurred vision, pupils unequal

Loss of muscle coordination, staggering, falling down

Weak arms or legs

Any unusual behavior, being confused, breathing irregularly

Blacking out, feeling dizzy

Convulsions

Bleeding or discharge from nose, mouth, or ears.

CONTACT YOUR DOCTOR OR EMERGENCY ROOM IF YOU NOTICE ANY OF THE
ABOVE SYMPTOMS.

You may want to contact your personal doctor for their criteria for further
medical care for head injuries.

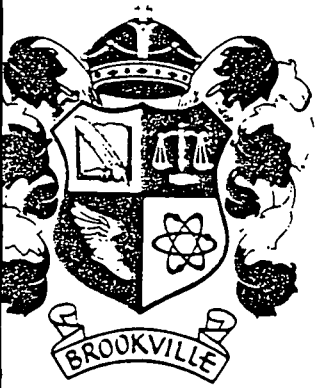
School Nurse

Phone

Date and time

Brookville Local School District

Montgomery County



Board of Education Offices
325 Simmons Street
Brookville, Ohio 45309

Larry G. Henry
Superintendent
513-833-2181

Dear Parents:

You will find attached to this letter a form which will meet all the policies of the Brookville Local School Board and the Ohio Revised Code for administration of medication.

If your child is to have medication administered at school, please complete this form and return it to school so your child will not be without his needed medication.

It is the policy of the Brookville Local Schools that all children's medication be administered at home; but there are times, under exceptional circumstances, medication may be administered by school personnel under appropriate administrative regulations.

Effective January 1985, Ohio law requires the following criteria if the school board permits the administration of medication to students:

1. The school must receive a written request that the medication be administered to the student. This request must be signed by the parent or legal guardian of the student.
2. The school must receive a statement signed by the doctor prescribing the drug which must contain all of the following information.
 - a. Student's name and address.
 - b. Student's school and class in which student is enrolled.
 - c. Name of medication and dosage to be administered.
 - d. Times at which medication is to be administered.
 - e. Date the administration of medication is to begin.
 - f. Date the administration of medication is to end.
 - g. Any severe adverse reactions that should be reported to the doctor, and at least one telephone number where the doctor can be reached in an emergency.
 - h. Any special instructions for administering the medication, such as storage requirements or sterile conditions.
3. The parent or guardian of the student must agree to submit a revised doctor's statement if any information of the above changes.
4. The school must receive the medication in the original container in which it was dispensed by the doctor or pharmacist.

Sincerely,

Larry G. Henry
Larry G. Henry
Superintendent

Sincerely,

Kathleen Dafler, R.N.
Kathy Dafler
School Nurse

BROOKVILLE LOCAL SCHOOLS

REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give permission to Brookville Local Schools to administer the following medication to my child:

Name of Pupil: _____

Address: _____

School: High _____ Middle _____ Elementary _____

Name of Drug: _____ Dosage: _____

Times of Administration: _____

Date to Begin Medication: _____

Date to Stop Medication: _____

Name of Prescribing Physician: _____ Phone: _____

Possible Adverse Reactions to Medication: _____

Special Instructions for Administration or Storage: _____

I agree to submit a revised written request signed by the physician if any of the above information changes.

Date Signature of Parent/Guardian

Date Signature of Physician

MEDICATION MUST BE RECEIVED IN THE CONTAINER IN WHICH IT WAS DISPENSED BY THE PHYSICIAN OR LICENSED PHARMACIST.

This form must be signed by a Physician or accompanied by a medical statement from the prescribing Physician.

MANAGEMENT OF SELECTED CASUAL-CONTACT DISEASES

Diseases spread by airborne and/or direct contact with germs from sneezing, coughing, and speaking.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
CHICKENPOX (Varicella)	General discomfort, slight to high fever, headache, and loss of appetite. Lesions appear in bunches with most on upper body. Face and extremities are less affected. Typical lesions have teardrop shape surrounded by reddened area. Blistered (new) and broken and crusted (old) eruptions are on the skin at the same time.	10-21 days av: 14-16 days	5 days before rash to 6 days after rash first starts.	When lesions are dry and crusted and no new eruptions. At least 7 days after rash first appears.
FIFTH DISEASE (Erythema Infectiosum)	Rash begins as a solid red area on cheeks ("slapped cheek" appearance), spreading to upper arms and legs, trunk, hands and feet.	6-14 days	Probably 2 days before rash and 4-5 days later. Usually no treatment needed. Cause unknown.	Exclude for diagnosis.
INFLUENZA (Viral Influenza)	Starts suddenly with chills, fever, headache, muscle pains, and coughing. Followed by other cold symptoms.	24-72 hours	About 3 days from first symptoms.	About 3 days, at discretion of school nurse or principal.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
SCARLET FEVER (Scarlatina)	Begins with fever and sore throat. Rash appears as a pink-red flush which looks like a sunburn with goosepimples, that spreads to all parts of the body. Afterward, the skin peels off like a sunburn. Often the tongue has a "strawberry" appearance.	1 - 7 days av: 2-4 days	Variable. If not treated, can be contagious for months.	Exclude until 48 hours after treatment completed.
SPINAL MENINGITIS (Meningococcal) and (Hemophilus)	Sudden onset of high fever, headache, and stiff neck. In severe cases, delirium stupor or coma can also occur. In meningococcal meningitis small purplish spots are occasionally seen in skin and mucous membranes.	1-10 days av: 2-4 days	Unknown. Probably throughout the duration of symptoms.	Requires doctor's note for readmittance.
STREP THROAT (Streptococcal sore throat)	Similar to scarlet fever but without a rash. A sore throat and fever are the most pronounced symptoms.	1-7 days av: 2-4 days	Same as above.	Same as above.
ROSEOLA (Exanthem Subitum)	Sudden high fever (104°-105°F.) which falls with the appearance of a rash on about the third or fourth day. Rash consists of small rose-pink spots which first appear on the chest and abdomen but may spread to the face, legs, and arms. Rash is usually limited to only one or two days.	5-15 days	Unknown. The disease does not appear very contagious.	Until no symptoms.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
RUBELLA (German Measles)	Rash begins on the face and spreads to the rest of the body within 24 hours and is usually gone by the end of the third day. Often present is a pronounced swelling of the lymph nodes behind the ear and at the base of the skull. Mild coughing, sneezing, and reddened eyes are common early in the course of the illness.	14-21 days av: 16-18 days	7 days before to 7 days after rash onset.	7 days after rash onset.
MEASLES (Rubeola)	Begins with 3 to 4 days of gradually increasing fever, runny nose, (red) inflamed eyes, and especially coughing. Rash usually begins around ears and hairline, spreading down to cover face, trunk, and arms by second day. Rash is initially bright pink with distinct raised spots. Tiny blue-white pinpoint-sized swellings inside the cheeks may be observed a day before the rash first appears. The rash usually lasts about five days. Sensitivity to light is also common.	8-13 days av: 10 days	4 days before rash and for up to 4 days after disappearance of the rash	4 days after disappearance of the rash.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
MUMPS (Infectious Parotitis)	Onset is gradual. There may be chills, discomfort, headache, pain below ears accompanied by a moderate fever of 101° - 102°F. or higher followed by swelling of one or both salivary glands. Swelling is below and in front of ear. Usually swelling in one gland subsides as the other begins to swell. The ear lobe is often pushed forward by the swelling of the gland. Swelling usually lasts 5 to 7 days.	2 to 3 weeks av: 18 days	Usually 5 but may be as long as 7 to 9 days prior to the onset of salivary gland swelling.	5-9 days after onset and no symptoms.
TUBERCULOSIS (TB)	Starts with fever, night sweats, and weight loss early. Later symptoms include a persistent non-productive cough, chest pain, hoarseness, and coughing of blood.	2 - 10 weeks	Variable. After starting treatment with anti TB drugs, a patient may become non-infectious as in little as two weeks.	Requires doctor's note for readmittance.
WHOOPING COUGH (Pertussis)	Coughing and sneezing followed 1 to 2 weeks later by breathing characterized by a series of short convulsive-like coughs, and a high pitched gasp of air called a whoop.	7-10 days av: 7 days	Early, when the patient has common cold-like symptoms. The patient becomes less infectious as the convulsive-like coughs begin. Infectious stage ends in about four weeks.	Requires doctor's note for readmittance.

Diseases spread by contact with tiny parasites on contaminated belongings of others.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
RINGWORM (Tinea Capitis; Tinea Corporis)	Ringworm of the scalp begins as a small pimple which grows and spreads, leaving scaly patches of temporary baldness. Ringworm of the body appears as flat, spreading, ringshaped lesions. The outside is usually reddish and filled with pus while the skin on the inside tends to return to normal.	4-14 days	As long as any untreated lesions are present and spores persist on contaminated materials.	Return after treatment. has begun--cover with bandaid or clothing, when possible.

PINWORM	Itching in anal areas, disturbed sleep, irritability and local irritation due to scratching.	3 weeks to 3 months	As long as the female worm survives in the intestine.	Return after treatment.
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Diseases spread by the fecal-oral route -- contamination of food, drink or objects placed in the mouth.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
CAMPYLOBACTER (Vibriosis Vibrionic Enteritis)	Sudden onset of fever and abdominal pain and diarrhea which may be severe. May also be vomiting and sometimes blood in the stools.	1 - 10 days av: 3-5 days	Throughout the illness (1 to 4 days) If not treated, up to 7 weeks.	Requires doctor's note for readmittance.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
GIARDIASIS (Protozoan Diarrhea)	Chronic, intermittent diarrhea, bloating, foul-smelling stools and fatigue and weight loss. Sometimes observable symptoms are not present.	1 to 4 weeks after exposure	Entire period of infection.	Same as above.
SALMONELLOSIS (Acute Gastro Enteritis) (Food Poisoning)	Sudden onset of fever, abdominal cramps, diarrhea, and possibly vomiting.	6-72 hours av: 12-36 hours	Variable. Throughout course of illness.	Same as above.
SHIGELLOSIS (Bacillary Dysentery)	Sudden onset of fever, diarrhea, abdominal pain. Loss of appetite and vomiting may also occur. There may be blood, mucous, or pus in the stools.	1-7 days av: 2-3 days	From onset of illness until 4 weeks later.	Same as above.
VIRAL GASTROENTERITIS (Viral Diarrhea; Winter Vomiting Rotoviral Diarrhea)	Abrupt onset of nausea, vomiting, diarrhea, abdominal pain, and discomfort. Fever, if present, is usually low grade. Very contagious.	24-48 hours	From onset of illness until symptoms subside.	Same as above.
HEPATITIS A (Infectious Hepatitis) (Epidemic Jaundice)	Sudden loss of appetite, nausea, and abdominal pain or discomfort. Within a few days, jaundice occurs with yellowing of eyes and skin and darkening of urine.	15-40 days av: 28 days	10 to 15 days before symptoms appears until the first few days of jaundice.	Same as above.

Diseases spread by direct skin contact with wounds or discharges from an infected person.

DISEASE	SYMPTOMS	INCUBATION PERIOD	CONTAGIOUS PERIOD	RETURN TO SCHOOL
IMPETIGO (Impetigo Contagiosa)	Isolated pus filled spots which become crusted and break releasing a straw-colored fluid. Occurs principally around the mouth and nostrils.	4-10 days	As long as pus filled lesions continue to drain.	Return when lesions are dry, there is no seeping and under treatment. Cover, if possible, while at school.
PINKEYE Epidemic Form of Acute Conjunctivitis)	Irritation of the eye accompanied by tears, swelling of the lids, extreme sensitivity to light, and a buildup of a sticky fluid which dries to a straw-colored, crusty material accumulating at the corners of the eye.	27-72 hours	During the period of active infection. Some children recover in only a few days but many cases take 2 to 3 weeks.	Until under treatment.

Request for Health Care Services

Student's Name: _____ Date: _____

Grade: _____ Teacher: _____

Physician's Section

Procedure/treatment requested; please include time, schedule and duration of treatment and any special precautions or possible untoward reactions.

Physician's Signature: _____

Physician's Phone number: _____

Parent/Guardian's Section

We (I) the undersigned, who are the parents/guardians of the above mentioned child request that the health care service outlined above and prescribed by the above physician be provided to our child. We (I) authorize the school to appoint a qualified designated person(s) to perform the above prescribed treatment as directed by the physician. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regimen or the authorizing physician.

Signature of parent/guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____

APPENDIX

Brookville Local Schools

Parent:

We have told us that your child has asthma. Please fill out the attached school asthma record and return it. I will share the information with appropriate personnel such as your child's classroom teacher(s) and physical education teacher. This information will help us work with your child to minimize unnecessary restriction, feeling of being treated differently, and possible absenteeism. To help your child, please let us know of changes in your child's asthma or medication schedules.

Sincerely,

Kathleen Dafler, R.N., School Nurse

* * * * *

SCHOOL ASTHMA RECORD

Child's Name _____ Date _____

Parent's Name _____ Phone (home) _____

Address _____ Phone (work) _____

Physician Treating Child's Asthma _____ Phone _____

Briefly describe what causes the child's asthma symptoms:

Does he or she do breathing exercises that are helpful in managing the asthma?

Which sports can the child fully participate?

Does exercise induce episodes of asthma? (If so, list types of exercises.)

Do certain weather conditions affect your child's asthma? (If so, list them.)

Describe the medications taken routinely, the dose, how often taken, when, and under what circumstances additional doses should be given.

APPENDIX

Does your child suffer any side effects to these medications? (If so, list.)

Does your child understand asthma and what he or she should do to manage it?

How do you want the school to treat an episode of asthma if it should occur?

Approximately how often does the child have an acute episode?

If the child does not respond to medication, what action does the parent/guardian advise school personnel to take?

ments:

Signature of parent or guardian _____

Dear Parent/Guardian:

Your child was examined today and found to have head lice. This is an easily treated condition that is not associated with any serious medical complications. This letter will acquaint you with the nature of this infestation and what you can do to help get rid of it.

Head lice are transmitted through close personal contact with another infested individual. Occasionally, transmission occurs by sharing combs, brushes, and other grooming aids, through sharing hats, caps, wigs, or coats, or through sharing these items at the homes of friends, at church, at school, or other public places. Many people have the impression that only persons who are not clean become infested with head lice. This is not true! Frequent bathing will neither prevent lice nor eliminate an infestation once it has become established.

Head lice are elongated insects about this long(--) and are grayish white with dark margins. Lice do not jump, do not fly, or do not stay alive for long periods off the human body. They do move very quickly once on the head and are difficult to find.

Because head lice are difficult to see in the hair, an infestation is many times diagnosed by finding nits. A nit is a louse egg. Nits are teardrop shaped, about the size of a typewritten comma, and vary from yellowish-brown to white. Head lice attach each nit to a hair shaft with a waterproof, cement-like substance. Thus, nits cannot be washed out or brushed out of the hair like dandruff or other debris that may be found in any section of the hair, but commonly found on hairs at the nape of the neck and behind the ears, where they are protected from extreme light and temperature. They may be laid anywhere on the scalp, and the entire head should be examined.

It is necessary to treat the infested individual and his contacts, including family members, if found to be infested. Person articles that the child and any infested have worn or used within the past two days should be cleaned. The following treatment procedure should be carried out before your child returns to school:

Obtain head louse killing shampoo from the pharmacy or doctor.

APPENDIX

Apply shampoo according to the manufacturer's instruction.

Have your child put on clean clothing after the treatment.

Manually remove all nits from the child's hair.(It will take time.)

Repeat treatment with the louse killing shampoo 7 to 10 days later.

Since heat kills lice and their eggs, many personal articles can be disinfested by machine washing in hot water and/or drying using the hot cycle of the dryer. Both eggs and adults are killed in 10 minutes at 125 degrees. Drying clothes on the high heat setting for 20 minutes will also accomplish this disinfestation.

Personal articles of clothing or bedding that cannot be washed or dried may be dry cleaned or simply placed in a plastic bag and sealed for 10 days. Combs, brushes, and similar items can be disinfested by soaking them in one of the pediculicide shampoos for 1 hour or by soaking them for 5 to 10 minutes in a pan of water heated on the stove to about 150 degrees.

Carpets, furniture, etc., do not require special treatment as lice live only a short time away from the body. Simple vacuuming is sufficient treatment of these articles. Use of insecticides or fumigation is not necessary.

Parents of your child's closest friends must be notified that their child may be infested also. This is particularly important if the children have slept together or participated in activities involving frequent body contact. If the friend becomes infested and is not treated, your child may become reinfested. This also applies to family members. Treatment does not prevent reinfestation.

Your child may return to school the morning following treatment. The school nurse will examine your child's hair and scalp at that time.

Thank you for your assistance in this matter. Please contact the school nurse if you need assistance or have any questions.

Sincerely,
Kathleen Dafler, R.N., School Nurse

TE - School
LOW - Nurse
K - Bus Driver

APPENDIX
MONTGOMERY COUNTY PUBLIC SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION

Brookville Local Schools
School District

Student Name

School Attended

Address

Bus Number

Telephone

Purpose - To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian

Mother's Name

Daytime Phone

Father's Name

Daytime Phone

Other's Name

Daytime Phone

Name of Relative or Child-Care Provider

Address

Relationship

Telephone

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor

Telephone

Dentist

Telephone

Medical Specialist

Telephone

Local Hospital

Emergency Room Phone

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, occurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I request that the following information be included in the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of Parent

Address

PART II - REFUSAL TO CONSENT (Do not complete Part II if you completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent

Address

SECTION 3313.712, OHIO REVISED CODE
(PURSUANT TO SUB H.B. NO. 639)

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section.

When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district to which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wishes school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency medical treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in an extracurricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before the treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows: *(See reverse side)*

STATE LAWS PERTAINING TO SCHOOL HEALTH

(Excerpts from the Ohio Revised Code)

Sec. 3109.13 Child abuse or neglect prevention programs

As used in sections 3109.13 to 3109.18 of the Revised Code, "child abuse and neglect prevention programs" means programs designed to prevent child abuse and child neglect.....

Sec. 3313.67 Immunization of pupils to prevent spread of diseases; records

(A) The board of education of each city, exempted village, or local school district may make and enforce such rules to secure the immunization of, and to prevent the spread of communicable diseases among the pupils attending or eligible to attend the schools of the districts, as in its opinion the safety and interest of the public require.....

(B) The board shall keep an immunization record for each pupil, available in writing to the pupil's parent or guardian upon request, which shall include:

- (1) Immunizations against the diseases mentioned in division (A) of section 3313.671 of the Revised Code;
- (2) Any tuberculin tests given pursuant to section 3313.71 of the Revised Code;
- (3) Any other immunization required by the board pursuant to division(A) of this section.

(C) Annually by the fifteenth day of October, the board shall report a summary, by school, of the immunization records of all initial entry pupils in the district to the director of health, on forms prescribed by the director.

APPENDIX

Sec. 3313.671 Required immunization; exceptions

(A) Except as otherwise provided in this division, no pupil, at the time of his initial entry or at the beginning of each school year, to an elementary or high school for which the state board of education prescribes minimum standards pursuant to division (D) of section 3301.07 of the Revised Code, shall be permitted to remain in school for more than fourteen days unless he presents written evidence satisfactory to the person in charge of admission, that he has been immunized by a method of immunization approved by the department of health pursuant to section 3701.13 of the Revised Code against mumps, poliomyelitis, diphtheria, pertussis, tetanus, rubeola, and rubella or is in the process of being so immunized, "In the process of being immunized" means the pupil has been immunized against mumps, rubeola, and rubella, and if he has not been immunized against poliomyelitis and diphtheria, pertussis, and tetanus, he has received at least the first dose of the immunization sequence and presents written evidence to the pupil's building principal of each subsequent dose required to obtain immunization at the intervals prescribed by the director of health. Any student previously admitted under the "in process of being so immunized" provision and who has not complied with the immunization intervals prescribed by the director of health shall be excluded from school on the fifteenth day of the following school year. Any student so excluded shall be readmitted upon showing the evidence to the student's building principal of progress on the director of health's interval schedule.

(1) A pupil who had a natural rubeola, and presents a signed statement from his parent or physician to that effect is not required to be immunized against rubeola.

(2) A pupil who has had natural mumps, and presents a signed statement from his parent or physicians to that effect is not required to be immunized against mumps.

(3) A pupil who presents a written statement of his parent or guardian in which the parent or guardian objects to the immunization for good cause,

including religious convictions, is not required to be immunized.

(4) A child whose physician certifies in writing that immunization against any disease is medically contraindicated is not required to be immunized against that disease. This section does not limit or impair the right of a board of education of a city, exempted village, or local school district to make and enforce rules to secure immunization against mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus of the pupils under its jurisdiction.

(B) Boards of health, legislative authorities of municipal corporations, and boards of township trustees on application of the board of education of the district or proper authority of any school affected by this section, shall provide at the public expense, without delay, the means of immunization against mumps, poliomyelitis, rubeola, rubella, diphtheria, pertussis, and tetanus to pupils who are not so provided by their parents or guardians.

Sec. 3313.68 Employment of medical personnel; delegation of duties to the board of health

The board of education of each city, exempted village, or local school district may appoint one or more school physicians and one or more school dentists. Two or more school districts may unite and employ one such physician and at least one such dentist whose duties shall be such as are prescribed by law.... The board of education may delegate the duties and powers provided for in this section to the board of health or officer performing the functions of a board of health within the school district, if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the prevention and control of epidemics.

Sec. 3313.69 Hearing and visual testing of school children; exemptions

The board of education or board of health providing a system of medical and dental inspection of school children, as authorized by section 3313.68 of the Revised Code, shall include in such inspection tests to determine the existence of hearing and visual defects in school children. The methods of making such tests and the testing devices to be used shall be such as are approved by the department of health.

Any child shall be exempted from a dental inspection if he has been examined for dental defects by a regularly licensed dentist, from a hearing test if he has been examined by a regularly licensed physician, and from a visual test if he has been examined by a regularly licensed physician or optometrist upon presentation to the school authorities of a certificate to the effect that he has been so examined during the twelve months immediately preceding the date of such inspection.

Sec. 3313.70 Member of board cannot be school physician, dentist, or nurse

No member of the board of education in any district shall be eligible to the appointment of school physician, school dentist, or school nurse during the period for which he is elected.

Sec. 3313.71 Health examinations of pupils and personnel

School physicians may make examinations, which shall include tests to determine the existence of hearing defects and diagnoses of all children referred to them. They may make such examination of teachers and other school employees and inspections of school buildings as in opinion the protection of health of the pupils, teachers, and other school employees requires.

Boards of education shall require and provide accordance with section 3313.67 of the Revised Code, tests and examinations

for tuberculosis of pupils in selected grades and of school employees as may be required by Ohio public health council...

Sec. 3313.712 Emergency medical authorization; form

As used in this section, "parent" means parent as defined in section 3321.01 of the Revised Code.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration from which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section....

Sec. 3313.713 Each district to have policy concerning administration of prescription drugs to students.

(A) As used in this section:

(1) "Drug prescribed by a physician" means a drug described in section 4729.02 of the Revised Code that is to be administered pursuant to the instructions of the prescribing physician, whether or not required by law to be sold only upon a prescription.

(2) "Federal law" means the "Education For All Handicapped Children Act of 1975, "89 Sta.775, 20 U.S.C. 1401, as amended.

(B) The board of education of each city, local, exempted village, and joint vocational school district, shall not later than one hundred twenty days after the effective date of this section, adopt a policy on the authority of its employees, when

acting in situations other than those governed by sections 2305.23, 2305.231, and 3313.712 of the Revised Code, to administer drugs prescribed by physicians to students enrolled in the schools of the district. The policy shall provide either that:

(1) Except as otherwise required by federal law, no person employed by the board shall, in the course of such employment, administer any drug prescribed by a physician to any student enrolled in the school of the district.

(2) Designated persons employed by the board are authorized to administer to a student a drug prescribed by a physician for the student. Except as otherwise provided by federal law, the board's policy may provide that certain drugs shall not be administered or that no employee, or no employee without appropriate training shall use certain procedures, such as injection, to administer a drug to a student....

Sec. 3313.673 Screening of kindergarten and first grade pupils

(A) Except as provided in division (B) of this section, prior to the first day of November of the school year in which a pupil is enrolled for the first time in either kindergarten or first grade, the pupil shall be screened for hearing, vision, speech and communications, and health or medical problems and for any developmental disorders. If the results of any screening reveal the possibility of special learning needs, the board of education of the school district shall conduct further assessment in accordance with Chapter 3323. of the Revised Code...

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

With the completion of this project, the author has provided parents and guardians with a tangible reference from which parents and guardians can draw information about expectations of health requirements that they need to ensure for their legal compliances, as well as to inform them of what they may expect from the school for their children's health care and services. Parents and guardians of the forty-five million children attending school that are handicapped (Burns, 1988), and requiring special health management such as medication therapy, catherizations, and other medical procedures, are in need of information of health care services available in the school systems.

The purpose of this project was to develop a handbook of health services for parents and guardians of students in grades kindergarten through twelve. This handbook will provide answers to parent's questions

concerning their children's immunizations, screenings, and the procedures used in caring for their children during the school day in an event of an illness, injury, or medical problem.

Conclusions

This handbook will serve as a guideline for parents and guardians of students in grades kindergarten through twelve pertaining to health care and services needed and required in the school setting.

Recommendations

The author recommends that this handbook be issued to all parents and guardians to school-age children in grades kindergarten through twelve at the start of school each year with updated information and materials. Also this handbook should be given to all parents and guardians of new students entering the school system during the school year at the time of registration.

The handbook should be reviewed and updated periodically by the

school nurse with the assistance of other medical professionals, a school board member, and a parent or guardian of a student from each school building in the school district.

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