

Health Policies & Procedures



Byron-Bergen Elementary School

Dear Parents,

This booklet has been prepared by the Elementary Health Office for the purpose of informing parents of our school health policies and procedures. These policies and procedures have been developed in accordance with New York State Mandates, Public Health Law, and recommendations by the School Nurse and Administration. We hope you will refer to it often and use it as a guide.

It is our hope that parents and health personnel will work together to promote good health. Promoting “good health” will enable each child to enjoy and profit from their educational years.

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School Administration & Entrance

According to New York State Law, all children entering school must have documented evidence of immunizations. These immunizations include:

- a) Diphtheria (DTP, Dtap) PreK - 4 doses, Kindergarten - 5 doses
- b) Polio (3 OPV of 4 IPV) PreK - 3 doses, Kindergarten - 4 doses
- c) Measles, Mumps, Rubella (MMR) PreK - 1 dose, Kindergarten - 2 doses
- d) Hepatitis B - 3 doses
- e) Haemophilus Influenzae Type b (Hib) PreK Only - 3 doses or 1 dose administered on or after 15 months of age
- f) Varicella (chicken pox) PreK - 1 dose, Kindergarten - 2 doses
- g) Tdap - 6th Grade

Evidence of these immunizations may be in the following forms:

- a) Signed statement from you doctor.
- b) Immunization booklet or certificate.
- c) Records from previous school districts.
- d) Proof of scheduled doctor appointment.



Immunization records should be presented to the school office at the time of new entrant registration. By law, a child may be excluded from school until evidence of immunization is provided.

Proof of age is also required for school entrance. The original birth registration (or other approved document) must be provided. A copy of the birth registration will be obtained by the school office at the time of registration and will be retained with the child's permanent record.

Attendance

Attendance is the first step toward a successful school experience. However, should your child be absent from school, it will be necessary for parents to provide a written excuse stating the reason for the absence. Please identify the illness as specifically as possible.

If your child is absent, please notify the school nurse at ext. 1403, or by email: bhale@bbschools.org. Such reporting will not only assist us in recording, monitoring, and informing other parents of contagious diseases, but also alert the school staff so they may be better prepared to meet your child's individual needs upon his or her return. Please note that parents will be contacted for each absence. This is to maintain a safe, secure environment.

Should your child be absent due to a planned family vacation, please notify the school office or nurse as well as your child's teacher. This is considered to be an illegal absence.

Please call 494-1220 ext. 1403 to report absences. Messages will go to voicemail when the nurse is not available.



Physical Education Excuses

All written doctor's statements requesting that your child be excused from Physical Education are legal excuses and will be followed by school personnel. All such excuses should be brought to the attention of the nurse and physical education teacher. These excuses generally identify a specific illness, disease, injury or postoperative condition.

If you are requesting that your child be excused from physical education classes, please contact the school nurse. In most cases the request will be honored on a one-time basis only. For an extended excuse, a doctor's written statement will be necessary.



Emergency Contact Form

In September of each year parents/guardians are requested to verify/correct and return the emergency contact form they received with each child's placement letter. This form is especially important in emergency situations. Alternate names of responsible adults that are provided on this form can assist parents should your child become ill and need to be picked up from school.



Emergency Numbers

Parents are encouraged to list individuals who are available to assist in the event of an injury or illness. The designated names are only called when parents cannot be reached via telephone. Children are only released to those individuals named on the emergency contact form with a "yes" in the "Permission to pick up" column. Release to other individuals than those named on the emergency contact form will be done only on verbal permission from the parent/guardian.

Illness

In the school environment, children are in close contact with each other during work and play. In such an environment, illnesses which are respiratory or gastrointestinal in nature spread quickly, infecting other children. Since these and other illnesses often begin with a cold and/or sore throat, parents are encouraged to use their best judgement as to when to keep your child home from school. Often it is wiser to keep a child home to avoid a longer illness and to prevent the spread of infection to others.

Please bear in mind that the health of every child is of paramount importance to the school. Should you have any questions or concerns, please call the school nurse at ext. 1403. In-School Illness or Injury

Should your child become ill while in school and need to be sent home, the school nurse will notify parents immediately. If you are not available, then



one of the adults identified on the emergency contact form will be contacted to pick your child up at school. School personnel do not transport children home.

Should it be necessary to remove your child from school during normal school hours, parents or authorized adults must report to the main office and sign the child out of school. (Please wait for you child in the main office.)

In the event of a serious illness or injury, your child will be transported to the nearest emergency station, by ambulance if necessary. Parents will be contacted immediately regarding the nature of the injury and school personnel will obtain permission for ambulance transfer or other first aid measures to be taken. Parent or authorized adult permission must be obtained prior to ambulance transfer.



Physical Examinations and Screenings

New York State Law mandates that a **physical examination, Vision Screening, and Hearing Screening** be performed on all students upon entrance to school, those students new to the district, students in grades PreK, Kindergarten, 1, 3, 5, 7, 9, and 11 and at any other time deemed necessary by school authorities.

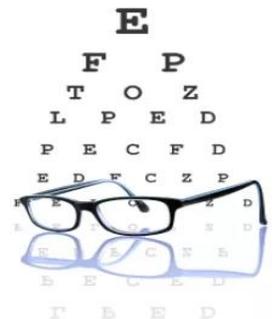
Ideally, physical examinations should be arranged by the parents and performed by the family physician who has a broader knowledge of the child's health status. The family physician is also in a position to institute treatment if indicated.

Upon entrance to Kindergarten at Byron-Bergen Elementary School, parents are requested to provide evidence of physical examination from the child's physician. This serves as a good review and provides pertinent health information to the school nurse and the school physician. Upon request, Health Appraisal forms are available to parents. Parents are encouraged to contact the nurse for assistance and necessary forms.



As of September 2008, BMI (Body Mass Index) and the weight category must be calculated by the physician. This information is included on the Health Appraisal form and is required at the mandated grade levels for physical examinations.

Screening of eyes and ears are performed yearly in grades PreK – 1, as well as grades 3, 5, 7, and 11. This screening is of paramount importance because vision and hearing are two of the most important senses involved in learning. Actual screening is performed by grade levels throughout the school year. Those students referred or observed by the nurse, teachers, or parents as having difficulties are screened promptly and follow through measures are initiated, if necessary.



Follow through consists of forms completed by the nurse and sent to parents recommending a complete professional examination. When indicated, appropriate recommendations of findings may be made to the parents via phone. All forms must be completed and returned to the health office.

Parents are encouraged to voice their concerns. The nurse and staff are available for assistance. Mutual cooperation and reporting will promote better understanding and secure the best possible care for each child.

Medications

The proper administration of medication is important to your child's health. Consequently, precautionary measures must be followed. The school district medication policy is as follows:

Medications, including over-the-counter and prescription, may not be given in school to students unless certain requirements are met. If it is necessary for a student to receive medication during school hours, the following must be provided: A signed, written request from the parents or guardians for non-prescription medicine.



- a) A written request from the physician for prescription medication indicating medication name, dosage, and frequency. Remind your physician that the child is in school. Often time medication can be given around school hours. The physician may fax the prescription to the school at 585-494-2433.
- b) Medication must be in a prescription container and properly labeled. Request a small container for school use from your pharmacist.
- c) Medications shall be administered by the school nurse. In the absence of the nurse (i.e. field trips) medication administration shall be the responsibility of the parent.
- d) Parents should bring the medication to school. Please DO NOT send medication in with your child.

Empty containers will be discarded or sent home upon request. Medication left over will not be sent home with the child, it must be picked up by the parents. Forms for permission to give medication are available in the school health offices. School nurses may not give any medication unless the above requirements are met. This includes such medications as aspirin and cough medicines. **These requirements will be strictly enforced. If you have any questions regarding long-term medications, please contact the school health offices.

Your cooperation in following the above policy will certainly be appreciated and will assist our school health department in its many efforts to properly care for your child.

Common Conditions/Illnesses

The following information deals with common conditions or illnesses which have and may occur throughout the school year.

We encourage parents to refer to this information often. This information is intended to alert and inform parents of "potential" health problems.

Should questions still arise, parents are encouraged to contact the nurse for further assistance. Please remember, only the physician can accurately diagnose. When a question or doubt arises, the nurse can only make recommendations. These recommendations are made using nursing judgement and following specific standards.

In most instances, specific procedures, policies and/or standards have been established. We request parental cooperation in complying with these standards. This enables the nurse to maintain and promote good health conditions for all.

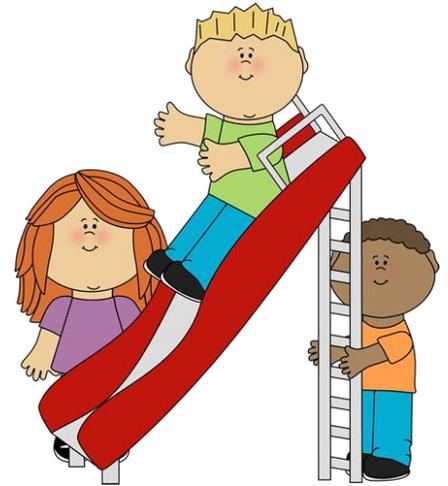
Respiratory Illness

Of the numerous childhood illnesses, respiratory illness usually accounts for the greatest number of days lost from school. Usual symptoms of respiratory infections are nasal stuffiness, congestion or discharge, red throat, low grade fever and cough. These symptoms may accompany various illnesses such as the common cold, bronchitis, influenza, croup, pneumonia, asthma, etc.

The difficult question becomes: When may the child return to school? Establishing clear-cut standards is very difficult. Parents are encouraged to consult with the health office when in doubt. As most respiratory illnesses are contagious, we encourage that parents keep the child at home until past the acute stages. If children are coughing frequently or persistently, we encourage they be kept at home. Coughing can be very disruptive as well as tiresome to the affected individual.

Bearing in mind “what is best for the child” simplifies the decision of whether the child should be home or at school. This applies not only to parental decisions but health office decisions.

Again, when in doubt, we encourage students be kept at home. Parents are encouraged to contact the nurse for assistance.

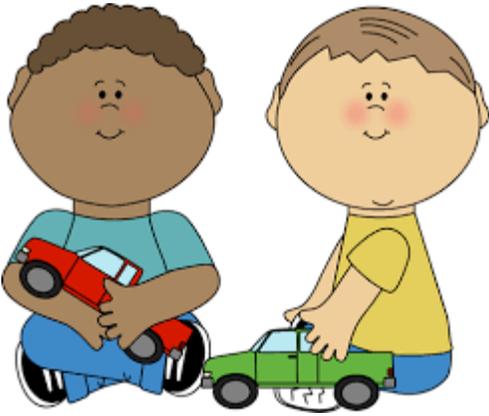


Rashes

Rashes are varied and there are numerous causes. Our school policy is: If “suspicious” in origin or deemed contagious, students will be sent home immediately. Parents may be encouraged to follow-up with their personal physician. The nurse may request that parents provide a doctor’s statement as to “type” of rash and “communicability.” School return is more readily established with a doctor’s statement to the fact.

If difficulties arise, the school physician or Public Health Department will be consulted.

Chicken Pox



Past experience indicates that chicken pox usually occur spring to summer. Symptoms are as follows: a rash appears, reddened and raised. This develops into vesicles resembling small blisters. Crusts and scabs form in a few days. All stages may appear at one time. Itching, fever, tiredness, headache and loss of appetite may accompany symptoms.

Incubation-length of time from exposure until onset-is 10 to 21 days. Children are contagious 24 hours prior to appearance of rash and until completely crusted over. Children may not return to school until completely scabbed.

Itching should be discouraged to prevent secondary infection and scarring. Caladryl lotion or baking soda tub baths may deter itching. Parents may elect to contact their physician for medication such as Benadryl to deter itching and irritability.

Tylenol is recommended for temperature. Aspirin should NOT be given for temperature elevation. Controversy exists over administering aspirin during certain illnesses which may develop into Reye's Syndrome. Reye's Syndrome is a serious illness in children.

Throat Infections

If deemed necessary by the school nurse, students with a sore throat will be sent home. If bacterial infection such as Strep is suspected, parents will be encouraged to have their child seen by their physician. Students may not return to school until on antibiotic therapy for a minimum of 24 hours and/or temperature has been normal for 24 hours.

Scarlatina (Scarlet Fever)

Scarlatina is an acute and contagious disease caused by Strep. Symptoms are sore throat, fever, and a rash which appears within 12 to 36 hours. The rash first appears on the neck and chest, and extends to the entire trunk. Itching may accompany the rash.

Treatment consists of antibiotic therapy prescribed by the physician. Children will be excluded from school until temperature has been normal for 24 hours and child is on antibiotic therapy for a minimum of 48 hours.

Conjunctivitis (Pink Eye)

Conjunctivitis is a term for inflammation of the eye. Causes may be viral infection, bacterial infection, allergy or injury.

Symptoms are similar: redness, pain, swelling, tearing and discharge. Treatment depends on the nature of the inflammation. Bacterial infection such as pink eye is especially contagious and of major

concern. Due to varied methods of treatment and individual response, determining return to school can be difficult. Our school policy regarding pink eye is as follows:

There must be no evidence of redness or discharge. The student must be on medication a minimum of 48 hours. *Students must report to the school nurse upon return to school.*

We request the cooperation and understanding of parents and family physicians regarding this policy.

Plantar Warts

Plantar warts are caused by a virus. They focus on the weight bearing surfaces of the foot and are very common in children and adolescents.

Children will not be excluded from physical education class as socks and sneakers cover the affected area. The only exception would be related to pain or if ordered by the physician.

As dampness is a contributing factor to this condition, and we wish to reduce the incidence, students with plantar warts will be excluded from showers (unless a protective foot covering is worn). No swimming will be allowed until the condition is cleared or deemed not contagious by a physician.

Erythema Infectiosum (Fifth Disease)

Erythema infectiosum is an acute benign infectious disease. Fifth disease, presumably caused by a virus, is most often seen in children two to twelve years of age, although it has been reported in both infants and adults. It is mildly contagious, probably spreading by respiratory droplets from person to person. During outbreaks, commonly seen in winter or spring, up to a third of exposed children under twelve years of age may develop the typical rash.

Transmission is greatest among family members, schoolmates, and other close associates. The period of communicability is uncertain, but most outbreaks subside in one to two months.

The length of time from exposure until onset ranges from 5 to 14 days. One or two days of low-grade fever and a mild discomfort or uneasiness may precede the onset of rash. The most striking feature of the disease is the rash. It begins as a markedly reddened, confluent eruption over the cheeks, accompanied by some degree of paleness around the mouth. The affected area is hot but not painful to the touch; and it has a “slapped cheek” appearance. In addition, discrete lesions may be present on the forehead, chin and behind the ears. The facial rash tends to fade in one to four days.

Approximately one day after the onset of the facial rash, a rash that tends to coalesce appears on the inner aspects of the arms and thighs. Within one to two days, the symmetrically distributed rash spreads along the extremities, on the buttocks, and tends--to a lesser degree--the trunk. As the rash progresses, earlier lesions begin to fade in their centers, giving rise to a characteristic “lace-like pattern.”

The rash is accentuated by exposure to sunlight. Occasionally, the rash is associated with mild itching. Several days to weeks--the average being 10 days--may be required for the rash to completely





fade. A characteristic feature is the recurrent and evanescent nature of the rash. After it has faded, it may reappear for varying periods in response to heat, sunlight, exercise, and injury.

Children may attend school once the fever and/or general feelings of “illness” subside.

Impetigo

Impetigo is an inflammatory skin disease which is highly contagious. Children are especially affected. The condition occurs principally on or around the mouth and nose. The causative organism may be Staph or Strep. Often, it appears secondary to cold sores, insect bites, eczema or poison ivy.

Impetigo begins with small vesicles which become pustular. These areas dry and form crusts. When crusts are removed by scratching, a moist area appears. Soon the area enlarges and other crusts appear. It may be transferred to other body parts as well as other people. Good hygiene must be utilized. Thorough handwashing and separate use of towels is encouraged. Scratching must be discouraged.

Treatment consists of a topical antibiotic ointment. In some instances, an oral antibiotic may be recommended by the family physician. Children must be excluded from school. Children may return to school when the area is dry and/or on antibiotic therapy for a minimum of 48 hours.

Scabies

Scabies is an infectious disease caused by the itch mite. Pets and animals are not of concern; the mite is a human parasite. The mites tunnel into the skin. The females deposit eggs, the larvae hatch and a new cycle begins. Secondary infections may occur as a result of scratching.

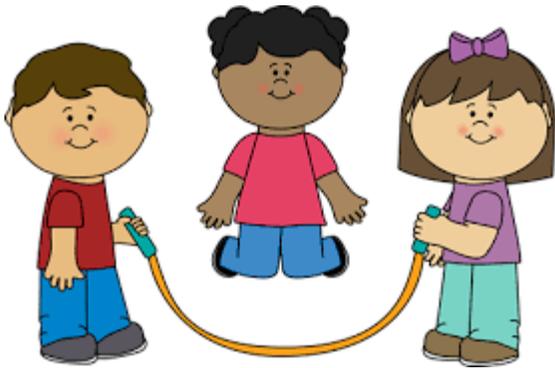
Signs and symptoms are:

- a) Itching, especially at night.
- b) Lesions on the finger webs, wrists, forearms, upper arms and genitals.
- c) Linear lines or tracks on hands, wrists, forearms, upper arms, lower buttocks, and/or genitals.

Diagnosis is extremely difficult. Most cases are diagnosed by suspicion. Accurate diagnosis may be made only by skin scrapings under a microscope. Students with suspected cases identified in school or by parents must be excluded from school. Diagnosis must be made by the family physician. Positive cases must be treated. Quell lotion is recommended--the lotion must be applied and left

undisturbed for 12 hours, then followed by a bath or shower. *Students are to report to the school nurse upon return.*

Please note: Treatment should be repeated in one week. Treatment does not result in immediate or complete relief from itching. Itching may last 2-3 weeks.



Head Lice Infestation (Pediculosis Capitus)

Lice are blood-sucking parasites which dwell on the human host. They are transmitted by human contact. This is a common problem among school children who share articles such as hats, sports gear, combs, and engage in activities involving bodily contact.

Lice infestation cannot be identified with any particular economic or social group. The condition can affect anyone. Early detection is the responsibility of all. Parents are

encouraged to check their child's head frequently. To detect head lice, look for the following:

- a) Itching of the head.
- b) Nits (eggs) fastened to the hair shaft near the scalp. These resemble dandruff but do not brush off. They are generally found near the ears and the nape of the neck.
- c) Lice, which are a small, brown, oval insect.

Additionally, *lice may be transmitted on clothing, upholstered furniture and bedding.* Treatment consists of pediculicide shampoo. All family members should be treated. After shampooing, hair should be thoroughly combed with a fine-tooth comb. Nits are very difficult to remove. A concentrated effort by the parents to remove nits is very important.

Contaminated clothing, bedding, etc. must be laundered in hot water and dried with heat. Non-washables should be dry-cleaned or sealed in a plastic bag for 10 days. Thorough vacuuming of carpet and upholstery is recommended.

When lice are detected in school, the student will be isolated promptly. Per District policy, whenever there is a possibility that a student is infested, staff will contact the student's parents. An infested student will not return to school unless corrective treatment has been given and the student is free of active lice. Current treatment protocols make this possible in less than 24 hours. Parents may be asked to have a physician prescribe medication for treatment. Students may be readmitted to school the following morning. Students must report to the nurse in order to be cleared to attend school.

We understand the embarrassment regarding this sensitive matter, however, cooperation and reporting between home and school is very important. Should questions arise parents are encouraged to contact the nurse for assistance.

Asthma

Asthma may affect any person regardless of age, but has become the most common and chronic disease of our children. Reasons for the prevalence or increase in asthmatics is not entirely clear. Hereditary factors, heavier exposure to allergens, pollution, and irritants may enter in. On the brighter

side, advances in medical treatment and increased awareness of allergies and asthma have improved the outlook. Asthma may not be curable but is almost always controlled. The American Lung Association has given asthma a top priority and provides much information to increase the understanding of asthma.

In asthma, the airways become abnormally sensitive to infection, weather, exercise, irritants, and/or allergies. Muscles tighten, mucosa swells reducing the airway, and mucus production increases. It is felt that asthma is the result of an imbalance of the airway control mechanisms. This may be inherited or acquired. This imbalance leads to sensitive airways. Thus, asthma is often referred to by many physicians as “reactive airway disease.”

Wheezing is a characteristic of asthma but not the most common symptom. Cough is most apparent and often noted in “hidden” asthma. Any child who coughs after exercise, coughs after crying, has recurrent night coughing, and/or a history of respiratory infections, should be observed and evaluated for asthma. Chest tightness and shortness of breath are other symptoms that may occur. Often times, until rapid breathing and wheezing occurs, asthma goes undetected. Thus, the term “hidden” asthma. Hidden asthma produces so few symptoms that even the physician may not be able to distinguish it. Pulmonary function tests may be the only determining factor.



As mentioned earlier--exercise, infection, allergy, irritants and weather are “triggers” for asthma. A common misbelief is that emotional factors cause asthma. Please note: the asthmatic condition precedes the emotional factor. For example--anger, crying and/or anxiety causes rapid breathing which in turn is the triggering factor. Emotional stress may trigger asthma, however, this rarely occurs, especially with controlled asthma.

Controlling asthma consists of reducing frequency and severity, and, bearing in mind, no two asthmatics are alike. Treatment consists of avoiding trigger factors, medication, allergy injection if indicated and especially close follow-up with the physician. Treatment and control is best accomplished with a full understanding of the disease and cooperation among family, school nurse, and doctor.

Professional Healthcare

Professional healthcare is frequently recommended. The school nurse is fully aware of the difficulties that may arise in seeking such care. Time, finances, transportation, time out of work and parental doubts pertaining to the validity of health screening are but a few of the problems faced by individual parents. Should questions arise, we request parents contact the school nurse for assistance. The health office remains aware of abnormal health findings and must document such findings, notify parents and follow-up on the information received.

The school health office cannot help individual children without parental involvement and action. Incomplete follow through and/or information does not contribute to a child’s health needs or health records. All findings are considered meaningful, thus persistent reminders and requests from the school health office are a necessary part of the follow-up procedures. Communication is necessary if we

are to meet the needs of the individual child. The nurse strives to promote, maintain and improve the health of each of the many students in attendance at the Byron-Bergen Elementary School.



Ultimately, parents have the responsibility to provide necessary health care. Legally, the school nurse is mandated to contact the State Registry of Child Abuse and Neglect to report instances of inadequate health care. Absence or parental attention and action in seeking medical care may be considered neglect by the Department of Social Services.

Cooperation and understanding between home and school is essential. We must all realize and assume individual responsibility for combining our efforts on a daily basis to achieve the ultimate goal--optimal health for every child. We would encourage your continued cooperation and ongoing communication in an effort to achieve this ultimate goal. Please

know that information shared regarding health issues is held in the highest of confidentiality.