



THE QUAKER VALLEY SCHOOL HEALTH SERVICES COMMUNITY

**This educational booklet was prepared for the parents of
elementary students in the
Quaker Valley School District
by the members of the
School Health Services Department**

Revised April 2008



Welcome to the Quaker Valley School Health Services Community! We take the responsibility of protecting the health of the children in our community very seriously. To help you understand our school health services program in relation to your child's health we have developed this booklet.

The Quaker Valley School District, Health Services Department, has developed a comprehensive school health program based on the six nationally recognized areas of school health responsibility. This booklet will provide information on these six areas and how our school health program specifically protects your child's health. You will be provided with information on health requirements for school registration, school health screening programs, medication procedures, provisions for emergency treatment in the school, and information on commonly seen communicable illnesses.

Our elementary school health program is carried out by school nurse practitioners, assistant nurses, a dental hygienist and a school physician consultant.

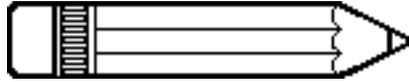
Please call and speak with the nurse in your child's building if you have any questions concerning the information provided in this booklet.

Osborne- 412-749-4008

Edgeworth- 412-749-3637

Health Services Department Coordinator- 412-749-6006

REQUIREMENTS FOR REGISTRATION



"The school health program has a responsibility to prevent the outbreak and spread of communicable diseases through consistent enforcement of existing laws and school policies regarding immunizations for students."(Susan J. Wold, School Nursing, 1981, Sunrise River Press.)

Pennsylvania and Allegheny County School Health Regulations **require** that your child have the following immunizations before they can attend school:

4 doses Diphtheria and Tetanus (DTP, DT or Td)- The fourth dose given on or after the fourth birthday. 3 doses if series is started after 7 years of age.
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3 doses Polio (OPV, IPV)

2 doses Measles and Mumps (MMR,Proquad)- 1 dose given after one year of age and the second dose appropriately spaced.

1 dose Rubella (MMR,Proquad) -given after one year of age.
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3 doses Hepatitis B -appropriately spaced
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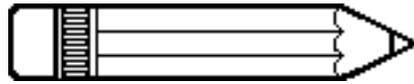
2 doses Varicella vaccine (Varivax, Proquad) or written statement from physician/designee indicating month and year of disease or serologic proof of immunity.

Although not required for school attendance, please let the nurse know of any other immunizations your child has received.

If your physician determines that immunizations may be harmful to the health of your child, he needs to provide this information in written documentation to the school nurse. This documentation must be provided yearly.

If, as parents, you object to immunizations on religious grounds or on the basis of a strong moral or ethical conviction, you must provide this information to the nurse in writing.

If your child has not had the complete number of required doses of immunizations and does not have a physician statement of detriment or parental document of objection, please contact the nurse in your child's building for appropriate direction.



In addition to the immunization requirements, Pennsylvania School Health regulations require medical examinations for school-aged students.

The Quaker Valley School District, as approved by the state, has designated the Kindergarten year as the year in elementary for physical exams. This grade was selected because it represents a critical period of growth and development in a child's life.

We ask that you to have this examination done by your family physician since he/she can best evaluate your child's health and assist you in obtaining any necessary treatments or corrections.

It is important that the school has a record of the status of your child's health to assist the nurse in planning for your child to achieve maximum benefits from his/her education. If your child has had a physical examination within the past year, you only need to have your doctor fill in the form and return it to the school nurse. Another examination is not necessary.

If you choose not to have the exam done privately, or if you do not return a completed form, your child will be scheduled to have a physical exam done by the school nurse practitioner during his/her kindergarten year. You will receive a letter describing the physical procedure. It is required that we have your signed informed consent for this physical to be given in school.

A copy of the physical form can be obtained from the school nurse in your child's building if it was not included in this packet.

Students who are transferring to Pennsylvania from out of state must have a Pennsylvania physical done, regardless of the grade they are in, if we do not receive an adequate health record from the out of state school.



SCREENING PROGRAMS



"The school health program has the responsibility in protecting the health of its students to limit disability through early diagnosis and prompt treatment for such potentially chronic problems as hearing loss, impaired vision, and scoliosis." (Susan J. Wold, School Nursing, 1981, Sunrise River Press.)

The Quaker Valley School District, as approved by the state, has targeted the following grades for specific health screenings:

Kindergarten- Near and far vision screening, hearing screening and height and weight and BMI measurement.

First Grade- Near and far vision and excessive farsightedness screening, color vision screening, hearing screening, height and weight and BMI measurement and dental screening*

Second Grade- Near and far vision screening, stereo/depth perception, hearing screening and height and weight and BMI measurement.

Third Grade- Near and far vision screening, hearing screening, height and weight and BMI measurement, and dental screening*

Fourth Grade- Near and far vision screening, and height and weight and BMI measurement.

Fifth Grade- Near and far vision screening, and height and weight and BMI measurement.

(*Dental screenings are with parental consent only)

Parents are notified of the results of the screening tests and the height, weight and BMI. Students who fail the screenings are given a medical/dental referral note that needs to be returned to the school when the child has seen the appropriate health care practitioner.

Students at any grade level will be assessed with any of the above screenings if they are having difficulty in the classroom.

MEDICATION PROCEDURE

When a student's health needs make it necessary for medication to be taken during school hours, sound nursing and medical practice and State Law indicate certain procedures must be followed.

Procedure: Only essential medication prescribed by the student's physician or dentist as being necessary to be taken by the student in the manner listed on the Medication Authorization form may be brought to school. Pre-planning will permit most medications to be administered at home. The parent/guardian will assume full responsibility for any medication sent to school.

1. Medication listed will be taken by the student in accordance with the instructions from the provider as listed on this Authorization. Written parent permission is also required. Self-medication requires a student signature.
2. The prescription or manufacturer's container must be clearly labeled with:
 - the name of the student;
 - the name of the prescribing provider;
 - the pharmacy who dispensed the medication or
 - the manufacturer for over the counter medications;
 - the strength of the medication and the amount to be given (dose);
 - the method of administration;
 - the specific time and or specific situations the medication is given(Parents may want to ask the pharmacist for "school packaging"- a separate container labeled just for the school time dose).
3. All medication will be kept locked in the nurse's office. Any special instructions for storage or security measures must be written by the health care provider and given to school personnel.
4. Students carrying and administering their own asthma inhalers, insulin, Epi-pens and migraine medication for self-medication must have the provider circle consent on the front of the Authorization form. The student will comply with the order as written and maintain the safety of the medication at all times. Students who self-medicate as ordered by the health care provider on this form must meet the following conditions: (1) the student is physically, mentally, and behaviorally capable, in the written opinion of the parent, physician and the certified school nurse, to assume that responsibility and has been adequately instructed at home; (2) the medication is necessary to the student's health and must be taken during school hours; (3) the student has successfully demonstrated self-administration of the medication to the school nurse; and (4) supervision is provided by the school nurse when possible.

MEDICATION PROCEDURE (continued)

5. Parent or responsible student (generally 6th grade or above) shall deliver the medication and the completed form to the nurse. Fax copies of this form are permitted until the original signed copy can be forwarded to the health office (within 5 days).
6. Controlled medications, such as Ritalin, are to be delivered to the school as follows:
 - Best practice:
 - Parents personally deliver their child's medication to the nurse at the school.
 - When scheduling does not permit personal delivery:
 - The nurse will provide a manila envelope with return of empty prescription bottle.
 - Parent is to count the number of pills in the new prescription.
 - Parent is to write the number of pills on a piece of paper and enclose it in the manila envelope.
 - Parent is to place the filled prescription in the envelope.
 - Parent is to SEAL the envelope and have the child deliver the envelope to the nurse at school.

The nurse will count the number of tablets when the envelope is received. If the tablet count does not match the parent count the parent is to be contacted immediately and the nurse is to consult with the Health Services Coordinator and the building principal.
7. A new Medication Authorization form must be completed for any change in dose, time or method of administration. It will be valid for the current school year or until discontinued.
8. Medications must be picked up by the parent/guardian within one day of the end of the school year or they will be discarded.
9. In those cases where students have an Epi-pen in the nurse's office for use in an emergency allergic reaction, members of the building emergency response team, trained in the use of the Epi-pen, may administer it. These students have a written Individual Emergency Medical Plan on file in the office that delineates appropriate steps to be taken.
10. It is sometimes the case that parents wish or need to come into the school in order to administer medication to their child. This is, of course, permissible. When circumstances prevent the parent from getting to the school and they wish to send a "baby sitter" in an urgent situation, our solicitor has advised the following:

The "baby sitter" is to present a note from the parent granting permission for this person to administer medication to their child. The nurse or other person accepting the note is to file the note in the student's health record and document the incident.

COMMUNICABLE ILLNESSES

"The school health program has the responsibility to identify and exclude from school those students with communicable diseases and initiate appropriate follow-up care to ensure their prompt re admission." (Susan J. Wold, School Nursing, 1981, Sunrise River Press.)

Communicable diseases are easily transmitted in schools since children are brought together in groups of various sizes. The control of these diseases in the school setting is multifaceted and requires close collaboration of parents, school personnel, and health care professionals to institute a rational commonsense approach.

It is **extremely** important when your child is absent from school that you let the nurse know what illness your child has. This enables us to help control the school environment and notify the county of reportable diseases.

General Principals of Inclusion and Exclusion (The American Academy of Pediatrics)
Mild illnesses are very common during the school years. However, there are very few illnesses that mandate exclusion from participation in school. Children with minor illnesses should not be excluded from school unless:

- The illness prevents the child from participating in school activities.
- The child requires more care than the school staff can provide.
- Fever, lethargy, irritability, persistent crying, difficulty breathing, or other signs suggesting severe illness are present.
- There are mouth sores associated with inability to control saliva, unless medical authority states that the child's condition is non infectious.
- There is rash with fever or behavior changes (until illness is determined by a physician not to be communicable).
- As indicated in the discussion of specific diseases in the following section.

There is no evidence that the incidence of acute common respiratory diseases such as the common cold, croup, bronchitis, or pneumonia can be reduced by exclusion; thus exclusion is not recommended for these diseases.

Guidelines from our school nurses concerning fevers in elementary children are:

- If your child has a fever of 100° F or higher the child should be kept home.
- If the illness is in the first or second day, and the previous day's fever was over 101.6° F, the child should be kept home one more day, even if there is no fever in the morning.
- Students with a mild fever one day, who wake up the following morning normal and with good appetite may return to school.
- Other symptoms should be considered: Cough, nasal congestion, stomach ache, vomiting or diarrhea, if present to a significant degree the student should remain at home an additional day.
- Any doctor's directions override these guidelines.

SPECIFIC DISEASES

The information provided for you on the next few pages is for educational purposes. If you have any questions about your child's health please call your pediatrician or school nurse for guidance.

ALLERGY, COMMON COLD AND THE FLU

The following tables are to help differentiate between the common cold, flu, and allergy symptoms. It is often difficult to distinguish between these three diseases. Please follow the guidelines on the previous page to determine if your child should be in school.

Symptoms	Cold	Flu
Fever	Rare	102-104 Sudden onset
Headache	Rare	Prominent
Aches and Pains	Slight	Usual, often severe
Fatigue and Weakness	Quite mild	Extreme
Prostration	Never	Early and prominent
Runny, Stuffy nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort	Mild to moderate	Common, severe
Cough	Hacking cough	Dry cough

- The cold and flu are spread by direct contact with a person or indirect contact with nose or throat discharge or droplets.

- Allergies are not a communicable disease.

Allergy	Cold
Nasal discharge is watery	Nasal discharge thickens
More sneezing	Less sneezing
Little or no cough	Hacking cough
Comes and goes	Lasts 1-3 weeks
Eyes usually red	Eyes usually NOT red
Few lymph nodes in neck	More nodes in neck

*Children with allergy symptoms may still "catch a cold"

CHICKENPOX

- Incubation: 2-3 weeks. Viral infection.
- Symptoms: Sudden onset of slight fever, skin rash consisting of small blisters which leave scabs. Eruptions occur in crops. Pimples, blisters and scabs may all be present at the same time.
- Methods of Spread: Direct contact with or droplet/airborne spread of respiratory secretions of an infected person. Very contagious.
- Period of Communicability: 1-2 days before onset of rash/blisters and until all blisters are dry.
- Control: Exclude from school for 6 days from the last crop of blisters or until blisters are dry.
- Other information: More common in late winter and early spring. Children between 5-10 years old most commonly affected.

CONJUNCTIVITIS (Pink Eye)

- Incubation: 24-72 hours, May last 2 days to 2-3 weeks. Viral or bacterial infection.
- Symptoms: Eyes are red, watery, itchy and sensitive to light; eyelids are frequently swollen, yellow discharge from eyes.
- Methods of Spread: Direct contact with eye and upper respiratory tract discharges of infected persons, or indirectly by contact with contaminated articles of infected person.
- Period of Communicability: During the entire course of active infection.
- Control: Exclude from school until 24 hours after start of appropriate treatment, or until physician certifies as non-infectious.

FIFTH DISEASE

- Incubation: Variable; from 4-20 days until development of rash. Viral infection.
- Symptoms: Characteristic is a striking redness of the cheeks (slapped-face appearance), followed in 1-4 days by a lace-like rash on trunk and extremities which fades but may reappear. Usually no fever. Differentiation from rubella and scarlet fever is often necessary.
- Methods of Spread: contact with infected respiratory secretions.
- Period of Communicability: Greatest before onset of rash, probably not communicable after onset of rash.
- Control: Children with Fifth Disease do **not** need to be excluded from school since they are not contagious once the rash occurs.
- Other information: More common in winter and spring.

IMPETIGO

- Incubation: Commonly 4-10 days, can be variable and indefinite. Bacterial infection.
- Symptoms: A superficial skin infection with blister-like lesions which later develop into pustules of irregular shape that drain.
- Methods of Spread: Direct contact with draining sores or soiled bandages. Emphasize **thorough hand washing**. Infected persons should use separate towels etc.
- Period of Communicability: From onset of symptoms until sores are healed.
- Control: Exclude from school until sores are no longer draining and the child is judged non infectious by the nurse or physician. This should be at least 24 hours after treatment is started and no fever is present.

LICE

- Incubation: Eggs of lice hatch in one week and maturity is reached in 8-10 days.
- Symptoms: Irritation and itching of the scalp; presence of small light gray insects and/or their eggs (nits) which are attached to the base of the hairs and do not come off easily.
- Methods of Spread: **Direct** contact with an infected person and indirect contact with their **personal** belongings, especially headgear. Lice do not jump.
- Period of Communicability: While lice or nits remain alive on the infested person or belongings.
- Control: Exclude from school until the morning after the first treatment and assessed non-infectious by the nurse.
- Other information: Family members of students with head lice should be inspected and treated if lice are found. Lice do not live on pets. Classrooms of students who have lice may be inspected.

Parents of students found to have lice are notified the same day. Each parent will be given an information letter concerning treatment when they come to pick up their child. If your child has lice and the nurse is not aware of it, it is important that you contact her to make her aware. It is also important that you notify parents of your child's close friends so that they can check their children.

It is not our practice to send general letters of notification to all parents when there are only a few cases of lice in the school. If the caseload becomes a problem then parents will be notified. It **is** common to have several cases of head lice in the building every school year. If your child complains of an itchy head please inspect him/her for lice or call the nurse and have her inspect your child. Lice are a nuisance, but they are not life threatening.

MONONUCLEOSIS

- Incubation : 4-6 weeks. Viral infection.
- Symptoms: Fever, sore throat, swollen lymph glands.
- Methods of Spread: Direct contact with saliva of infected person.
- Control: Exclude from school until physician permits return, usually when well enough to resume normal activities. Please notify the nurse of any activity restrictions the doctor recommends.

MRSA (Methicillin-resistant *Staphylococcus aureus*)

- Incubation: Commonly 4-10 days, can be variable and indefinite. Bacterial infection resistant to some antibiotics.
- Symptoms: Skin infections that may look like a pimple or boil and can be red, swollen, painful, or have pus or other drainage.
- Methods of Spread: Direct contact with draining sores or soiled bandages.
- Period of Communicability: From onset of symptoms until sores are healed.
- Control: Keep cuts and scrapes clean and covered with a bandage until healed. Avoid contact with other people's wounds or bandages. Avoid sharing personal items such as towels or razors. Exclude from school until the child is judged non infectious by the nurse or physician. Complete course of antibiotics as prescribed by physician.

NOROVIRUS (Gastroenteritis, "Stomach Flu")

- Incubation: 24-48 hours. Most common in winter months.
- Symptoms: Nausea, repetitive vomiting, diarrhea and some stomach cramping. Sometimes there may be a fever, chills, headache and tiredness. Illness often begins suddenly and the infected person feels very sick. Symptoms usually last 1-2 days. Dehydration can occur.
- Methods of Spread: Very contagious, spreading easily from person to person. An infected person's feces and vomit are highly contagious.
- Period of Communicability: From the time symptoms first appear until at least three days after recovery. Recurring infections are possible.
- Control: No antiviral medications work against Noroviruses and no vaccine prevents infection. Frequent hand washing, especially after toilet visits or changing diapers. Clean and disinfect contaminated surfaces with bleach-based household cleaner. Remove and wash with hot water and detergent, clothing or linens contaminated with the virus. Flush or discard vomit and/or stool in the toilet and make sure surrounding area is kept clean. Wash hands after caring for a sick person and after handling their personal items.

RINGWORM

- Incubation: Scalp 10-14 days; Body 4-10 days; nails and feet unknown. Fungal infection.
- Symptoms: Scalp- Scaly patches of temporary baldness. Infected hairs are brittle and break easily. Boggy lesions may develop.
Skin- Flat, inflamed ring like sores that may itch or burn.
Feet- Scaling or cracking of the skin especially between the toes, or blisters containing a thin watery fluid.
- Methods of Spread: Direct contact with an infected person or animal or indirectly by contact with articles and surfaces contaminated by infected persons or animals.
- Period of Communicability: As long as the lesions are present.
- Control: Skin and Scalp-Infected students should be excluded from school until judged non infectious by the nurse or child's pediatrician, until at least 24 hours after initial treatment.
- Other information: Preventive measures are largely hygienic.

SCARLET FEVER (and Strep Throat)

- Incubation: Short, usually 1-3 days, rarely longer; 10-21 days in untreated cases.
- Symptoms: **Strep Throat**- Fever, sore and inflamed throat, pus spots on the back of the throat, tender and swollen glands of the neck. There may be a minimum of symptoms.
Scarlet Fever- All symptoms that occur with strep throat as well as strawberry tongue and body rash. High fever, nausea and vomiting may occur.
- Methods of Spread: Direct or intimate contact with infected person or carrier, rarely by casual contact through transfer by objects or hands.
- Period of Communicability: With adequate treatment, communicability is eliminated within 24 hours.
- Control: Exclude from school until 24 hours after treatment is started and until the student has no fever.

EMERGENCY TREATMENT

"The school health program has the responsibility, regarding the health of its students, to maintain a safe and healthful school environment. It also has the responsibility to develop a practical and appropriate system for providing first aid and emergency care for students." (Susan J. Wold, School Nursing, 1981, Sunrise River Press.)

While most emergency situations occurring in schools are not life threatening, the possibility exists that they may be. The Quaker Valley School District Health Services Department has developed the following plan for such situations.

Sudden illness or minor injury- Students are to report to the nurse's office with a pass from their teacher. If the illness or injury occurs when the nurse's office is unattended, the student may report to the main office, with teacher permission, and the nurse will be contacted by phone. Parents will be notified when the assessment by the school nurse practitioner or assistant nurse determines it is necessary. Parents should contact their school nurse if they wish to have a different notification system established for their child.

Students with known health problems which may require emergency care- Parents are requested to meet with the school nurse practitioner or assistant nurse and complete an Individual Emergency Medical Plan (IEMP). This gives specific family and doctor instruction for the nurses and the emergency response team to follow in the event of an emergency with their child. Examples of health problems requiring an IEMP are: Allergy to bee stings, food allergies, severe asthma requiring more than inhaler use.

Major illness or injury- Each building has a two level Emergency Response Team to deal with emergent incidents. Both teams have been trained in First Aid, CPR and Epi-pen use. Parents are notified of all emergent incidents. If the child needs transported via ambulance, the parents will be asked to meet the child at the hospital if they cannot get to the school immediately. The school nurse practitioner, or assistant nurse, does not usually accompany students to the hospital.



In Case Of Emergency

PREVENTION AND PROMOTION

"The school health program has the responsibility to educate the child and his family to understand the nature of the health-disease continuum and to incorporate into daily life those practices and routines which prevent disease and promote health." (Susan J. Wold, School Nursing, 1981, Sunrise River Press.)

The development of this booklet is one of the ways the Health Services Department chooses to meet this stated responsibility. Our school nurse practitioners and assistant nurses work daily with the children and staff in our buildings, one to one and in groups, to teach disease prevention and health promotion.

As stated previously, it requires the close collaboration of parents, school personnel, and health care professionals to keep our children healthy. The staff of the Health Services Department is only a phone call away for any questions or concerns you may wish to discuss.

We hope the information provided in this booklet has been beneficial for you. Your comments are welcome.