

# EAST CARTER R-2



# SCHOOL HEALTH PLAN

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## GOALS AND OBJECTIVES

**Area of responsibility:** Health and Developmental Assessment **Goal:** The district will have a procedure or mechanism to assess the health and developmental history of student

Objective	Activities	Evaluation
A comprehensive health record will be compiled on 95% of all students by the end of the 2020 school year	The school nurse and other appropriate Personnel will review and revise health history forms to ensure comprehensiveness	Documentation of review Revision process
Health Folders/records are stored in a locked file separate from educational records. The nurse is responsible for knowing who has access to records	The nurse has established procedures for access to records	Documentation of access to health records by those individuals not covered by FERPA Regulations
Data from screenings in 2020 will be used to determine priorities for screening in 2021 school year	The nurse and other school personnel will analyze the percent of completed follow-up and the reasons for incomplete referrals.	Documentation regarding number of completed follow-ups and reasons for incomplete referrals

**Area of responsibility:** Emergency Care and Illness **Goal:** The district will be prepared to respond to emergency illness and injury.

Objective	Activities	Evaluation
The Percent of school staff prepared to respond to emergencies will be increased by 25 % the end of the 2021 school year.	The nurse and other school health team members will conduct a survey to identify individuals trained in first aid and CPR	A copy of the survey and results will serve as documentation.
	The nurse will facilitate training to school staff willing to provide first aid and CPR	Documentation of training schedule with numbers of school staff trained

## GOALS AND OBJECTIVES

Information from injury reports will be used by the end of the 2021 school year to make appropriate environmental changes to decrease potential for injury	The safety committee will identify environmental hazards based on the data	Data from injury reports and the identified safety hazards will serve as documentation.
	Recommendations will be made to administration or school board regarding needed changes	Documentation of recommendations made.
100 % of all students with the potential of a life-threatening emergency will have an EAP in place	The school nurse will prepare a written plan for staff to deal with life-threatening emergencies and assure staff training as needed	Copy of Written plans and number of identified students.

**Area of Responsibility:** Prevention and Control of Disease **Goal:** The district has effective methods in place to prevent and control communicable diseases.

Objective	Activities	Evaluation
By the end of the 2020 school year, 100% of school staff will have received education about the district's exposure control plan.	The nurse and other school health team members will provide annual in-service training re exposure control, including standard precautions, for existing employees and repeat training as needed for new employees.	Documentation of dates of inservice, numbers of employees attending, and copy of district's exposure control plan.
By December 2020, 40% of school staff will participate in our onsite immunization program for prevention of communicable diseases (influenza)	The nurse will collaborate with our local health care center to coordinate a onsite immunization clinic	Document # of staff members that participated.

## GOALS AND OBJECTIVES

**Area of Responsibility:** Special Health Care Concerns **Goal:** The district will provide for students with special health care concerns.

Objective	Activities	Evaluation
100% of students with a diagnosis of significant asthma will have an asthma action plan in place within 2 weeks of attendance at school.	The nurse will obtain a focused asthma health history and develop a plan in collaboration with the parent(s)/guardian(s) and physician.	Documentation of plans for school staff to deal with emergencies of students with significant asthma.
	The nurse will educate staff on care of the student with asthma, and how to use Asthma action plans.	Documentation of staff in-service and numbers attending.
The percent of individual health plans (IHP) on file for children with special health care concerns will be increased by the end of the 2021 school year.	The nurse will collaborate with parent(s)/guardian(s) and physicians to develop an appropriate IHP.	IHPs will serve as documentation.
	The nurse will involve the student in the plan to promote self-care.	Documentation of meetings With students.

**Area of Responsibility:** Health Counseling **Goal:** The district will provide resources for counseling students regarding physical and mental health problems.

Objective	Activities	Evaluation
The number of students with physical or mental health problems who access support services will be increase by the end of the 2021 SY	The nurse and counselor will assess the need for support groups on various issues such as chronic illness.	Documentation of numbers of students who might need support groups
	The nurse, counselor , and social worker will collaborate to facilitate the needed support groups.	Schedule of support groups will be documented.
The linkages with mental health professionals in the community will be improved by the end of the 2021 school year.	The nurse and/or counselor will schedule regular meetings with community-based service providers.	Documentation of meetings and individuals attending.

## GOALS AND OBJECTIVES

**Area of Responsibility:** Worksite Wellness **Goal:** The staff and students in the district will accept personal responsibility for their own personal health

Objective	Activities	Evaluation
Increase the level of personal health for students and staff by increasing learning opportunities in health care encounters by the end of the 2021 school year.	School health personnel will help students and staff with goal setting based on identified health needs	Documentation of participants and identified goals.
	The nurse, in collaboration with teachers, will develop or obtain appropriate educational materials	List of materials developed and how they were used.
	The nurse will provide classroom instruction on self-care of minor illness and injury.	Schedule of classroom instruction activities.
The staff will receive education regarding health risk and resources for health care.	A staff wellness program will be developed to include opportunities for screenings and education regarding common chronic conditions and current treatment.	Dates of staff wellness activities and percent of staff participation.

## ***STANDARDS OF CARE***

A Task Force developed standards for school nursing practice in 1983. The American Nurses Association, the American Public Health Association, the National Association of Pediatric Associates and Nurse Practitioners, the American School Health Association, the National Association of School Nurses were represented on the Task Force. The National Association of School Nurses and American Nurses Association last revised the standards in 2011.

### **Standards of Care**

<b>Title</b>	<b>Nurse Activity</b>
<b>I. Assessment</b>	The school nurse collects comprehensive data pertinent to the health care consumer's health and/or the situation.
<b>II. Diagnosis</b>	The school nurse analyzes the assessment data in determining Nursing diagnoses.
<b>III. Outcome Identification</b>	The school nurse identifies expected outcomes individualized to the client.
<b>IV. Planning</b>	The school nurse develops a plan of care/action that specifies interventions to attain expected outcomes.
<b>V. Implementation</b>	The school nurse implements the interventions identified in the plan of care/action.
<b>VI. Evaluation</b>	The school nurse evaluates progress toward attainment Of outcomes.

### **Standards of Professional Performance**

<b>Title</b>	<b>Nurse Activity</b>
<b>I. Quality of Care</b>	The school nurse systematically evaluates the quality and effectiveness of school nursing practice.
<b>II. Performance Appraisal</b>	The school nurse evaluates one's own nursing practice in relation to professional practice standards and relevant statutes, regulations and policies.
<b>III. Education</b>	The school nurse acquires and maintains current knowledge and competency in school nursing practice.
<b>IV. Collegiality</b>	The school nurse interacts with and contributes to the professional development of peers and school personnel as colleagues.
<b>V. Ethics</b>	The school nurse's decisions and actions on behalf of clients are determined in an ethical manner.
<b>VI. Collaboration</b>	The school nurse collaborates with the student, family, school staff, community and other providers in providing student

## ***STANDARDS OF CARE***

	care.
VII. Research	The school nurse promotes the use of research findings in school nursing practice.
VIII. Resource Utilization	The school nurse considers factors related to safety, effectiveness and cost when planning and delivering care.
IX. Communication	The school nurse uses effective written, verbal and non-verbal communication skills.
X. Program Management	The school nurse manages school health services.
XI. Health Education	The school nurse assists students, families, the school staff, and community to achieve optimal levels of wellness through appropriately designed and delivered health education.

*Manual for School Health Programs* i 30



## ***JOB DESCRIPTION: REGISTERED PROFESSIONAL NURSE***

### **Qualifications**

1. Currently licensed to practice in the state of Missouri; and
2. Currently certified in CPR/Basic Life Support.

### **Educational Preparation**

A basic nursing program (diploma or associate degree) will prepare the nurse to provide basic nursing functions to assess, plan, intervene, and evaluate health conditions.

### **Reports to**

The building principal. In all health-related matters, works under the supervision of the school Health coordinator, the school physician and/or the school district health officer. In areas without a nurse supervisor or coordinator, reports directly to the superintendent.

### **Terms of Employment**

RN-Health Coordinator is to serve 182 days in a school year. Personnel policies should be consistent with those for other professional personnel in the school, including salary and benefit schedules.

### **Evaluation**

Job performance will be evaluated in accordance with the provisions of the Board of Education/Superintendent's policy for evaluation. A nurse supervisor or peer nurse, using a standardized clinical evaluation tool, should evaluate clinical nursing practice.

### **General Responsibilities**

1. Comply with the code of ethics of the nursing profession and uphold and implement school rules, state laws, administrative regulations, and board policies.
2. Provide leadership in the assessment, planning, implementation and evaluation of a coordinated school health program.
3. Act as manager for the district health services program:
  - a) Utilize the nursing process to address the special health concerns of students. This includes developing individual emergency and health care plan for special needs.
  - b) Manage the school health office including maintenance of school health records.
  - c) Provide a system for prevention and control of communicable diseases) Provide guidelines\protocols for care of illness and injury
  - d) Manage a safe medication administration program
  - e) Assess, plan and implement age-appropriate screening programs and For identified health needs.
  - f) Assist in training, supervision, and evaluation of paraprofessionals working in the health program
  - g) Provide support and resources for the health instruction program

## ***JOB DESCRIPTION: REGISTERED PROFESSIONAL NURSE***

- h) Assist in monitoring the school health environment to assure health and safety, i.e., participate in crisis intervention planning, develop emergency actions plans for students with special needs, monitor injury reporting system, etc.; and
  - i) Act as a liaison between home, school and community health providers.
4. Participate as a member of the coordinated school health team, assisting others in carrying out health related programs, i.e., physical education, school food service, guidance and counseling, employee wellness activities, and family and community involvement.
  5. Assist in the identification of suspected child abuse and neglect.
  6. Participate as the health professional in staffing meetings, evaluation of students with special healthcare needs, and student assistance teams.
  7. Provide leadership in developing/mobilizing community-based school health advisory groups, network with community agencies to identify physical and mental health needs of children, youth and families, and collaborate to develop programs to meet the identified needs.
  8. Maintain professional competence through in-service and professional activities, e.g. membership in professional organizations related to school nursing and school health.

## ***JOB DESCRIPTION: LICENSE PRACTICAL NURSE***

### **Qualifications**

1. Currently licensed to practice in the state of Missouri.
2. Currently certified in CPR/Basic Life Support.

### **Educational Preparation**

Graduate of an accredited Licensed Practical Nursing Program. By state law, Chapter 335, must practice under the supervision of a registered professional nurse or a licensed physician.

### **Reports to**

Registered professional nurse or licensed physician.

### **Terms of Employment**

LPN is to serve 172 days in a school year. Personnel policies should be consistent with those of other support staff in the district, including salary and benefit schedules.

### **Evaluation**

Job performance will be evaluated by the nurse supervisor, with input from building administrator(s).

### **General Responsibilities**

- a) Assist registered nurse in implementing school health program.
- b) Participate in maintenance of school health records.
- c) Assist in triage of illness and injury in school setting according to protocols and school district policy.
- d) Assist in school health screening programs.
- e) Administer medications and treatments according to school district policy.
- f) Assist in identifying suspected abuse and neglect.
- g) Perform nursing care for children with special health care needs as ordered by a physician; and perform other health-related tasks as assigned by the school nurse supervisor.
- h) Maintain daily log of all students seen in the health room;
- i) Implement fluoride varnish program;
- j) Assume responsibility for maintenance of health room supplies and equipment;
- k) provide health information for students and families, as needed;

***Note: LPNs cannot delegate any responsibility to others without the knowledge and consent of the supervising registered nurse or licensed physician.***

## **JOB DESCRIPTION: HEALTH CLERK**

**Education:** High school graduate or equivalency certificate

**Qualifications:**

1. First Aid and CPR training
2. Adequate office management skills, i.e., typing filing and computer skills AND
3. Training in issues of confidentiality and infection control

**Reports to:** Registered nurse supervisor and/or building principal.

**Terms of Employment:** May be employed on a hourly basis, and only on days school is in session.

**General Responsibilities:**

1. Provide basic first aid for illness and injury according to written school policy and procedures.
2. Maintain health records and perform clerical duties as assigned.
3. If trained appropriately, may perform initial screening procedures for vision, hearing and height and weight measurements.
4. Maintain health office and equipment.

### **Use Of Unlicensed Assistive Personnel In The School Setting**

The area of school nursing is known for under-utilization of skills and expertise at all levels of personnel, from the school nurse to the health clerk. For a school nurse to perform clerical tasks and other non-nursing functions is not a cost- effective use of professional expertise. An alternative is to use appropriately prepared unlicensed assistive personnel (paraprofessionals) in the school setting when they are available, whether it is a paid health clerk/aide, a parent volunteer or a student clerk. These paraprofessionals can make an effective contribution to the school health program, making it possible for the nurse to focus on professional nursing tasks.

Use of unlicensed assistive personnel requires a management approach to school nursing programs. Management has been defined as accomplishing organizational goals through the collaborative efforts of others. Having paraprofessionals available extends the ability of the school nurse to serve more students more effectively. The school nurse must be able to assess the program needs, develop and implement a plan through delegation to individuals with the skills to perform these tasks. In addition, the registered nurse must:

- Participate in the development of clear and appropriate job descriptions;
- Encourage recruitment of qualified and motivated paraprofessionals;
- Participate in developing guidelines for delegation of specific responsibilities;
- Provide appropriate orientation, adequate supervision and “coaching”; and
- Document cost-effectiveness and impact of use of paraprofessionals on school nurse activities. (Susan Wold)

## ***JOB DESCRIPTION: HEALTH CLERK***

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School nurses have been reluctant to delegate both non-nursing and nursing tasks to others. The Missouri Nurse Practice Act allows for such delegation unless it is specifically prohibited. Most routine school nursing tasks are able to be performed by individuals who have been properly trained. School nurses are also concerned about liability when delegating work to others. The Missouri Nurse Practice Act infers that if the nurse determines the learning needs of the person to whom a task is delegated, teaches the information needed, assesses the mastery of the tasks and periodically monitors and supervises the performance, she can use her professional judgement in delegation. This requires that a registered nurse maintain control over the delegated activities. The registered nurse who supervises paraprofessionals must use her professional judgement regarding the level of performance and the ability of the individual when delegating nursing tasks. She should not delegate nursing tasks to an individual for whom she has no authority for evaluation and supervision (see Appendix C.4 for the Missouri State Board of Nursing Position Statement on Unlicensed Assistive Personnel – 1999).

Susan Wold, in her book, *School Nursing: A Framework for Practice*, states that for school nursing to survive and thrive, the nurse must delegate all tasks not requiring the expertise of a registered nurse to paraprofessionals. Schools nurses need to review critically and evaluate their job descriptions, assess the time spent in their current range of activity and recruit appropriately trained personnel to whom the non-professional activities can be assigned. The school nurse then has a responsibility to use the released time effectively and to document the resulting significant changes in the school health program. The nurse should have more time to address the needs of children with special health care concerns, do consultation, counseling, evaluation and health education activities.

There are many excellent texts on delegation and supervision issues in program management. It is a skill that school nurses must be willing and able to learn and utilize. The school nurse should work in collaboration with the school administrator in determining the scope of work, qualities desired in the unlicensed assistive personnel and basis for performance evaluation. (See Appendix C.5 for Functions for Different Levels of Health Personnel). Using auxiliary personnel to their fullest capabilities gives other individuals an opportunity to grow and benefits the entire program. Health Occupations classes in vocational schools could provide employment training for school health clerks as well as serving as a source for personnel. Students in regular education settings are also a source for school health clerks who would function in a limited way. Many school nurses sponsor Future Nursing Clubs and could provide opportunities for the members to learn about nursing as a profession.

## SCHOOL NURSING ACTIVITY CALENDAR

August	September	October	November
<ol style="list-style-type: none"> <li>1. Finalize a written school health plan with district/building administrator.</li> <li>2. Prepare health office and supplies.</li> <li>3. Collect and analyze student health information and prepare preliminary health problems list.</li> <li>4. Review/update emergency plans and procedures.</li> <li>5. Identify and post list of personnel trained in CPR and first aid.</li> <li>6. Determine data collection necessary to document nursing activities and program results.</li> <li>7. Develop/revise system to track referrals for care.</li> <li>8. Update community health resource files.</li> <li>9. Determine dates for faculty, PTA, school board and SHAC meetings in order to plan attendance and/or presentations.</li> <li>10. Send letter to parent/guardian regarding health service policies and procedures, including medication administration.</li> <li>11. Prepare emergency, first aid and blood-borne pathogens kits for classroom.</li> <li>12. Make arrangements for fluoride varnish programs.</li> <li>13. Schedule training for assistive personnel on first aid, medication administration, confidentiality, and infection control.</li> </ol>	<ol style="list-style-type: none"> <li>1. Update student health records. Secure health and developmental history for all K, 1<sup>st</sup> graders, and new students and update returning student's and update returning</li> <li>2. Prepare file with emergency information for students and staff.</li> <li>3. Notify teachers of known student health problems and any special procedures required. Provide general staff education as needed.</li> <li>4. Schedule visits to classroom regarding health services and how to access care.</li> <li>5. Schedule classroom presentations on topics such as <ul style="list-style-type: none"> <li>• Personal safety</li> <li>• Nutrition</li> <li>• Safety/first aid</li> </ul> </li> <li>6. Develop/update resource file on specific health issues and problems.</li> <li>7. If growth screening is done, identify students who need follow-up and /or develop interventions.</li> <li>8. Conduct vision screening: <ul style="list-style-type: none"> <li>• Prescreening education</li> <li>• Screen planned grade levels; and</li> <li>• Rescreen individuals and determine referrals needed.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>1. Complete CD31 for return to Missouri Department of Health and Senior Services By Oct. 15.</li> <li>2. Monitor immunization compliance.</li> <li>3. Set up conferences with individual students with newly identified health problems and jointly develop health plans as indicated.</li> <li>4. Conduct hearing screening: <ul style="list-style-type: none"> <li>• Prescreening Education</li> <li>• Screen planned grade levels.</li> <li>• Rescreen individuals and determine needed referrals.</li> </ul> </li> <li>5. Inspect buildings and grounds for health and safety hazards.</li> <li>6. Prepare health bulletin board with timely information. Change at least monthly.</li> <li>7. Begin planning for community health fair.</li> </ol>	<ol style="list-style-type: none"> <li>1. Monitor immunization compliance.</li> <li>2. Conduct vision and hearing screenings (absentees, new students, and re-screenings).</li> <li>3. Complete vision referrals-50%</li> <li>4. Offer classroom presentations: <ul style="list-style-type: none"> <li>• Hand washing</li> <li>• Colds and flu</li> <li>• Dental</li> <li>• Positive health practices</li> </ul> </li> <li>5. Request opportunity to visit another school or attend an inservice</li> </ol>

<b>December</b>	<b>January</b>	<b>February /March</b>	<b>April/May/June</b>
<ol style="list-style-type: none"> <li>1. Monitor immunization compliance.</li> <li>2. Monitor levels of absenteeism related to illness.</li> <li>3. Offer classroom presentations: <ul style="list-style-type: none"> <li>• Chicken pox and its treatment</li> <li>• Prevention of colds and flu</li> <li>• Prevention of hypothermia</li> </ul> </li> <li>4. Review individual student health records for completeness</li> <li>5. Complete vision referrals – 75%</li> <li>6. Complete hearing referrals – 50%</li> </ol>	<ol style="list-style-type: none"> <li>1. Review absentee records to identify health problems needing nursing interventions.</li> <li>2. Monitor communicable disease incidence.</li> <li>3. Continue immunization surveillance.</li> <li>4. Continue referral follow-up</li> <li>5. Screen and/or re screen new students for vision, hearing, scoliosis.</li> <li>6. Assist physical education teachers with fitness screening program (blood pressure, body mass index, fitness) for targeted grades.</li> <li>7. Offer classroom presentations: Growth and Development/Puberty Girls – grades 4, 5, and 6 Boys – grades 5 and 6</li> <li>8. Schedule seniors for CPR in schools program.</li> <li>9. Complete immunization report for Pre-k and early childhood.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review absentee records.</li> <li>2. Monitor communicable disease incidence.</li> <li>3. Review records for completeness: <ul style="list-style-type: none"> <li>• Vision referrals-90%</li> <li>• Hearing referrals-75%</li> <li>• Physical growth-50%</li> </ul> </li> <li>4. Begin plans for worksite wellness activities for August staff meetings.</li> <li>5. Visit another school district to share plans and resources.</li> <li>6. Schedule on campus sports physicals</li> <li>7. Schedule onsite immunization clinic for students: Tdap and meningococcal</li> </ol>	<ol style="list-style-type: none"> <li>1. Plan and conduct preschool screenings</li> <li>2. Prepare notices regarding immunizations and physical exams due next year.</li> <li>3. Review individual healthcare plans for students with special health care needs and develop tentative plan for fall semester.</li> <li>4. Review records for completeness. <ul style="list-style-type: none"> <li>• Vision referrals 95%</li> <li>• Hearing referrals-90%</li> </ul> </li> <li>5. Review supplies and equipment needs and prepare order for fall semester.</li> <li>6. Review health education materials and make Recommendations.</li> <li>7. Review outcomes of goals and objectives and develop tentative school health plan for next year.</li> <li>8. Request attendance at continuing education conferences scheduled over the summer.</li> </ol>

## ***FIRST AID PROTOCOL***

***The East Carter R-2 School District will follow the First Aid Protocols developed by the Missouri Department of Health, as dictated in the book Recommended procedures for Emergency Care of Illness and Injury.***



## **DISTRICT WELLNESS PROGRAM**

The Board recognizes the relationship between student well-being and student achievement as well as the importance of a comprehensive district wellness program. Therefore, the district will provide developmentally appropriate and sequential nutrition and physical education as well as opportunities for physical activity. The wellness program will be implemented in a multidisciplinary fashion and will be evidence based.

### **Wellness Committee**

The district will establish a wellness committee that consists of at least one (1): parent, student, nurse, school food service representative, Board member, school administrator, member of the public, and other community members as appropriate. If available, a qualified, credentialed nutrition professional will be a member of the wellness committee. The Board designates the following individual as wellness program coordinator: RN Health Coordinator. Only employees of the district who are members of the wellness committee may serve as wellness program coordinators. Wellness coordinators, in consultation with the wellness committee, will be in charge of implementation and evaluation of this policy. Meetings, records and votes of the wellness committee will adhere to the requirements of the Missouri Sunshine Law.

### **Nutrition Guidelines**

It is the policy of the East Carter R-II School District that all foods and beverages made available on campus during the school day are consistent with the Missouri Eat Smart nutrition guidelines. Guidelines for reimbursable school meals will not be less restrictive than regulations and guidance issued by the Secretary of Agriculture pursuant to law. The district will create procedures that address all foods available to students throughout the school day in the following areas:

- < National School Lunch Program and School Breakfast Program meals
- < A la carte offerings in the food service program
- < Vending machines and school stores
- < Classroom parties, celebrations, fundraisers, rewards and school events
- < Snacks served in after-school programs

## **Nutrition and Physical Education**

The district will provide nutrition and physical education aligned with the Show-Me Standards and Missouri's Frameworks for Curriculum Development in Health/Physical Education in all grades. The wellness program coordinators, in consultation with the wellness committee, will develop procedures that address nutrition and physical education.

## **Other School-Based Activities**

The wellness program coordinators, in consultation with the wellness committee, are charged with developing procedures addressing other school-based activities to promote wellness.

## **Evaluation**

The wellness committee will assess all education curricula and materials pertaining to wellness for accuracy, completeness, balance and consistency with the state and district's educational goals and standards. Wellness program coordinators shall be responsible for devising a plan for implementation and evaluation of the district wellness policy and are charged with operational responsibility for ensuring that schools meet the goals of the district wellness policy. Wellness program coordinators will report to the Board annually.

\* \* \* \* \*

*Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.*

Adopted: 10/16/08

Revised: 06/22/2017

Cross Refs: DJF, Purchasing

EF, Food Services Management

EFB, Free and Reduced-Cost Food Services

IGAEA, Teaching about Drugs, Alcohol and Tobacco

IGBC, Parent/Family Involvement in Instructional and Other Programs

IGDF, Student Fundraising

KI, Public Solicitations/Advertising in District Facilities

## **DISTRICT WELLNESS PROGRAM**

(K-8 Districts)

The primary goals of the East Carter R-II School District's wellness program are to promote student health, reduce student overweight/obesity, facilitate student learning of lifelong healthy habits and increase student achievement. The following procedures will guide the implementation of the district wellness program.

### ***Nutrition Guidelines***

The district is committed to ensuring that all foods and beverages sold, provided or made available to students on school campuses during the school day support healthy eating and create an environment that reinforces the development of healthy eating habits. For that reason, and as required by law, the district has set the following nutrition standards for its meal programs, competitive foods and beverages sold outside the meal programs, and other foods and beverages provided or made available to students during the school day.

For the purposes of this procedure, the school day is the time period from the midnight before to 30 minutes after the official school day. These meal standards do not apply to food sold at other times, such as evening or weekend events.

### ***Nutrition Standards for Meal Programs***

The food sold to students as part of the district's meal programs will meet the requirements of the U.S. Department of Agriculture (USDA).

### ***Nutrition Standards for Competitive Foods and Beverages***

The foods and beverages sold and served during the school day outside the reimbursable school meal programs (competitive foods and beverages) will meet or exceed the USDA Smart Snacks in School (Smart Snacks) nutrition standards. These standards will apply in all locations any time foods and beverages are sold to students during the school day, which includes, but is not limited to, foods and beverages sold in vending machines, school stores, and snack or food carts; à la carte options in cafeterias; and food and beverages sold through district-sponsored fundraising, including fundraising by student-initiated groups, unless an exemption applies, as described below.

***Fundraising Exemption to Nutrition Guidelines*** Unless otherwise prohibited by Board policies or limitations on marketing, the following are exemptions to the rule requiring that foods sold as fundraisers meet USDA standards:

**FILE: ADF-AP1  
Critical**

1. Foods sold off campus, outside the school day or to nonstudents do not have to meet the USDA standards.

2. Foods that do not meet USDA standards and are not intended for consumption at school may be delivered during the school day, and order forms for such food may be distributed during the school day, to the extent that these activities otherwise comply with district policies and procedures.

3. Each school building within the district may hold up to five one-day fundraisers per school year on district property during the school day that involve the sale of foods that do not meet USDA standards.

### ***Nutrition Standards for Foods and Beverages Provided to Students during the School Day***

All foods and beverages the district provides or makes available to students during the school day will meet or exceed the Smart Snacks nutrition standards. This includes, but is not limited to, foods and beverages provided or made available to students for celebrations, classroom parties and birthdays, regardless of the source of the food. The district will provide parents/guardians and district employees a list of foods and beverages that meet the Smart Snacks nutrition standards and a list of healthy party ideas, including nonfood celebration ideas. Foods and beverages should not be used as a reward or withheld as punishment.

### ***Water***

Students will have access to safe and unflavored drinking water throughout the school day in every district facility used by students. Free, safe and unflavored drinking water will be available to students during mealtimes in the places where meals are served.

### ***Nutrition Education***

The district's nutrition education goal is to integrate sequential nutrition education with the comprehensive health education program and, to the extent possible, the core curriculum taught at every grade level in order to provide students with the necessary knowledge and skills to make healthy nutrition decisions. In order to achieve the nutrition education goal, the district will:

1. Provide students at all grade levels with adequate nutrition knowledge including, but not limited to:

- The benefits of healthy eating.
- Essential nutrients.
- Nutritional deficiencies.

- Principles of healthy weight management.
- The use and misuse of dietary supplements.
- Safe food preparation, handling and storage.

2. Provide students with nutrition-related skills that minimally include the ability to:

- Plan healthy meals.
- Understand and use food labels.
- Apply the principles of the USDA's Dietary Guidelines for Americans and MyPlate.
- Critically evaluate nutrition information, misinformation and commercial food advertising.
- Assess personal eating habits, nutrition goal-setting and achievement.

3. Provide instructional activities that stress the appealing aspects of healthy eating and are hands-on, behavior based, culturally relevant, developmentally appropriate and enjoyable. Examples of activities include, but are not limited to: food preparation, contests, promotions, taste testings, farm visits and school gardens.

4. Encourage district staff to cooperate with local agencies and community groups to provide students with opportunities for volunteer work related to nutrition, such as in food banks, soup kitchens or after-school programs.

5. Provide information to all school staff about the symptoms of nutrition-related conditions such as unhealthy weight, eating disorders and other nutrition-related health problems. Staff members who identify students who may have nutrition-related conditions will notify school counselors or student health services staff. When appropriate, school counselors or student health services staff will provide information about these conditions, including available treatment options, to the student and his or her parents/guardians.

6. Coordinate the food service program with nutrition instruction. Food service staff should also work closely with those responsible for other components of the school health program to achieve common goals.

### ***Nutrition Promotion***

Nutrition promotion that uses evidence-based techniques to encourage healthy nutrition choices and participation in school meal programs positively influences lifelong eating behaviors. Students and staff will receive consistent nutrition messages throughout district facilities. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently by school staff, parents/guardians and the community. The

district will promote the importance of good nutrition in its schools and in the community through one or more of the following activities:

1. Offering healthy eating seminars for parents/guardians.
2. Providing nutrition information to parents/guardians via newsletters, handouts, presentations or other appropriate means.

3. Posting nutrition tips on district websites.
4. Offering appropriate, participatory activities, such as cooking lessons or demonstrations, taste testings, farm visits and school gardens.
5. Disseminating information about community programs that offer nutrition assistance to families.
6. Posting links on district websites to research and articles explaining the connections between good nutrition and academic performance.
7. Providing school meals that meet a variety of cultural preferences with a special emphasis on the populations served by the district.
8. Posting menus, including nutrient contents and ingredients, on district and school websites.

If practical, the district will provide information in a language understandable to the parents/guardians.

### ***Marketing and Advertising***

Marketing in district facilities will be consistent with the goals of the district's wellness program and comply with Board policy. The district will strive to promote the wellness program and educate parents/guardians regarding the quality of district foods.

Food and beverage marketing will be limited to the promotion of foods and beverages that meet the Smart Snacks nutrition standards. Other examples of marketing and advertising the district will scrutinize include, but are not limited to, pricing strategies that promote healthy food choices; audiovisual programming; educational incentive programs; scoreboards; book covers; district transportation; and vending machine displays.

### ***Physical Activity***

***Moderate Physical Activity***- Low-impact to medium-impact physical exertion designed to increase an individual's heart rate to rise to at least 75 percent of his or her maximum heart rate. Examples of moderate physical activity include, but are not limited to, running, calisthenics or aerobic exercise. Time spent in recess and physical education counts as moderate physical activity.

***Recess*** - A structured play environment outside of regular classroom instructional activities that allows students to engage in safe and active free play.

The district's physical activity goal is to assist students in learning to value and enjoy physical activity as an ongoing part of a healthy lifestyle by ensuring that every student has the opportunity to develop the knowledge, skills and desire to perform a variety of

physical activities, maintain physical fitness and regularly participate in physical activity. In order to achieve the physical activity goal, the district will:

1. Develop a sequential program of appropriate physical education aligned with Missouri Learning Standards for every student. The elementary program will provide for:

- \_\_\_\_\_ (recommended: 60; required: 20) minutes of recess per day. Recess may be incorporated into the lunch period, but will be scheduled before lunch and held outdoors when possible.
- An average of \_\_\_\_\_ (required: 150) minutes of moderate physical activity each five-day school week or an average of \_\_\_\_\_ (required: 30) minutes per school day. The program will also provide for \_\_\_\_\_ (recommended: 30 minutes per day; required: 50 minutes per week) minutes per \_\_\_\_\_ (day/week) of physical education under the supervision of a certified physical education instructor.
- The middle school program will provide for \_\_\_\_\_ (recommended: 225) minutes of moderate physical activity during each school week and \_\_\_\_\_ (recommended: 4,500; required: 3,000) minutes of physical education per year.

All activity will:

- Emphasize knowledge and skills for a lifetime of regular physical activity.
- Meet the needs of all students, especially those who are not physically skilled or who have special needs.
- Provide a variety of activity choices, feature cooperative as well as competitive activities, and account for gender and cultural differences in students' interests.
- Prohibit exemptions from physical education courses on the basis of participation in an athletic team, community recreation program, ROTC, marching band or other school or community activity.
- Contribute to achieving the goals established in the district's wellness policy and be closely coordinated with the other components of the overall school health program

2. Provide opportunities and encouragement for students to voluntarily participate in before- and after-school physical activity programs designed to supplement, not replace, the district's physical education offerings, such as intramural activities, interscholastic athletics and clubs by:

- Providing a diverse selection of competitive and noncompetitive, as well as structured and unstructured, activities to the extent that staffing and district/community facilities permit.

- Offering intramural physical activity programs that feature a broad range of competitive and cooperative activities for all students.
- Encouraging partnerships between schools and businesses. Promotion of such partnerships must be appropriate and in accordance with Board policy and applicable procedures.

3. Strive to provide joint school and community recreational activities by:

- Actively engaging families as partners in their children's education and collaborating with community agencies and organizations to provide ample opportunities for students to participate in physical activity beyond the school day.
- Working with recreation agencies and other community organizations to coordinate and enhance opportunities available to students for physical activity during their out-of-school time.
- Negotiating mutually acceptable, fiscally responsible arrangements with community agencies and organizations to keep district-owned facilities open for use by students, staff and community members during non-school hours and vacations.
- Working with local public works, public safety, police departments and/or other appropriate state and federal authorities in efforts to make it safer and easier for students to walk and bike to school.

4. Prohibit the use of physical activity as a form of discipline or punishment and ensure that physical education and recess will not be withheld as punishment.

5. Discourage periods of inactivity that exceed two or more hours. When activities such as mandatory schoolwide testing make it necessary for students to remain indoors for long periods of time, staff should give students periodic breaks during which they are encouraged to stand and be moderately active.

6. Provide and encourageCverbally and through the provision of space, equipment and activitiesCdaily periods of moderate to vigorous physical activity for all participants in onsite after-school childcare and enrichment programs sponsored by the district.

7. Provide opportunities and encouragement for staff to be physically active by:

- Planning, establishing and implementing activities to promote physical activity among staff and providing opportunities for staff to conveniently engage in regular physical activity.
- Working with recreation agencies and other community organizations to coordinate and enhance opportunities available to staff for physical activity during their outof-school time.

***Other School-Based Activities***



The district's goal for other school-based activities is to ensure an integrated whole-school approach to the district's wellness program. The district will achieve this goal by addressing the areas itemized below.

### ***Community Involvement***

Staff will collaborate with agencies and groups conducting nutrition education in the community to send consistent messages to students and their families. A list of foods and beverages that meet the Smart Snacks nutrition standards and ideas for healthy celebrations, rewards and nonfood fundraising activities will be provided to community organizations that serve youth. Guest speakers invited to address students will receive appropriate orientation to the relevant policies of the district.

The wellness program shall make effective use of district and community resources and equitably serve the needs and interests of all students and staff, taking into consideration differences of gender, cultural norms, physical and cognitive abilities and fitness level.

### ***Family Involvement***

The district will strive to engage families as partners in their children's education by supporting parental efforts to motivate and help their children with maintaining and improving their health, preventing disease and avoiding health-related risk behaviors. Strategies the district may implement to achieve family involvement may include, but are not limited to:

1. Providing nutrient analyses of district menus.
2. Providing parents/guardians a list of appropriate foods that meet the district's nutrition standards for snacks.
3. Providing parents/guardians with ideas for nonfood rewards and healthy celebrations, parties and fundraising activities.
4. Encouraging parents/guardians to pack healthy lunches and snacks and to refrain from including beverages and foods that do not meet the district's nutrition standards.
5. Designing curricular nutrition education activities and promotions to involve parents/guardians and the community.
6. Supporting efforts of parents/guardians to provide their children with opportunities to be physically active outside of school.
7. Providing information about physical education and other school-based physical activity opportunities available to students before, during and after the school day.

8. Sharing information about physical activity and physical education via the district's website, newsletter, other take-home materials, special events or physical education homework.

9. Working with families to provide consistent sun safety information that includes an overview of the district's sun safety program, an explanation of how parents/guardians can reinforce the program at home and how they can become involved with and support the district's program.

10. Encouraging parents/guardians to volunteer time in the classroom, cafeteria or at special events that promote student health.

11. Providing opportunities for parent/guardian involvement with the district wellness committee.

If practical, the district will provide information in a language understandable to parents/guardians.

### ***Indoor Air Quality***

District employees will refrain from using candles, oils, sprays, plug-ins and other sources of fragrance. Pesticides and cleaning products will be used only in accordance with district policies and procedures.

### ***Mealtimes***

Students are not permitted to leave school campus during the school day to purchase food or beverages. Mealtimes will comply with the following guidelines:

1. Mealtimes will provide students with at least \_\_\_\_ (recommended: 10) minutes to eat after sitting down for breakfast and \_\_\_\_ (recommended: 20) minutes after sitting down for lunch.

2. Activities such as tutoring or meetings will not be held during mealtimes unless students may eat during such activities.

3. At the elementary level, lunch periods will follow recess periods.

4. Free, safe and unflavored drinking water will be available to students during meals in the meal service area.

5. Students will have access to hand-washing facilities before they eat meals or snacks.

6. The district will take reasonable steps to accommodate the toothbrushing regimens of students.

7. Students will be allowed to converse during meals.

8. The cafeteria will be clean, orderly and inviting.

9. Adequate seating and supervision will be provided during mealtimes.

### ***Outdoor Air Quality***

The principal or designee of each school will be responsible for daily monitoring of Air Quality Index (AQI) information provided by local authorities.

1. When the AQI is "code orange" (unhealthy for sensitive groups of people), students with a history of reactions to ozone exposure will be permitted to reduce their outdoor exertion level or time spent outdoors, and the staff will arrange alternative indoor physical activities. Appropriately trained staff responsible for student supervision will monitor such students for symptoms of respiratory distress.

2. When the AQI is "code red" (unhealthy), students with a history of reactions to ozone exposure will remain indoors and participate in indoor physical activities. Appropriately trained staff responsible for student supervision will monitor such students for symptoms of respiratory distress. All other students will be allowed to engage in no more than one hour of heavy exertion (i.e., activities that involve high-intensity exercise such as basketball, soccer and running) while outdoors.

3. When the AQI is "code purple" (very unhealthy) or "code maroon" (hazardous), all students will be kept indoors and participate in indoor physical activities. Appropriately trained staff responsible for student supervision will monitor all students for symptoms of respiratory distress.

### ***Staff Development and Training***

All staff will be provided with ongoing training and professional development related to all areas of student wellness. The pre-service and ongoing in-service training will include teaching strategies for behavior change and will focus on giving teachers the skills they need to use nonlecture, active learning methods. Staff responsible for nutrition education will be adequately prepared and regularly participate in professional development activities to effectively deliver the nutrition education program as planned. Staff responsible for implementing the physical education program will be properly certified and regularly participate in area-specific professional development activities.

Qualified nutrition professionals will administer the district meal programs and will receive ongoing, area-specific professional development. The district will provide continuing professional development for all district nutrition professionals. Staff development programs will include appropriate certification and/or training programs for child nutrition directors, school nutrition managers and cafeteria workers according to their levels of responsibility.

### ***Staff Wellness***

The East Carter R-II School District highly values the health and well-being of every staff member and will plan and implement activities and policies that support personal efforts by staff to maintain a healthy lifestyle. The district will offer staff wellness programs that include education on nutrition, healthy eating behaviors and maintaining a healthy weight for optimal health. The district will establish and maintain a staff wellness committee composed of at least one staff member; wellness committee

member; registered dietitian, school nurse or other health professional; employee benefits specialist; and other appropriate personnel. The staff wellness committee will serve as a subcommittee of the district wellness committee. The staff wellness committee will develop, promote and oversee a multifaceted plan to promote staff health and wellness. The plan will be based on input solicited from district staff and will outline ways to encourage healthy eating, physical activity, sun safety and other elements of a healthy lifestyle. The staff wellness committee will provide a copy of its plan to the wellness program committee.

### ***Sun Safety***

"Sun safety" describes a range of behaviors that include wearing appropriate clothing, applying sunscreen and limiting sun exposure. The sun safety program will focus on outdoor behavior and will be developmentally appropriate, active, engaging and taught in lessons that emphasize the benefits of sun safety. Sun safety education will be designed to assist students with:

1. Knowledge about the harmful effects of the sun and ways to protect skin.
2. Sun-safe skills, including the correct use of protective clothing, hats, sunglasses, sunscreen and lip balm as well as seeking shade and limiting sun exposure when possible and practical during the hours of peak sun intensity.
3. Knowledge about how to assess personal sun safety habits, set goals for improvement and achieve these goals.

### ***Tobacco***

Tobacco use prevention education will focus on all grades with particular emphasis on middle school and reinforcement in all later grades. Instructional activities will be participatory and developmentally appropriate. Tobacco use prevention education programs will be implemented in accordance with Board policy, relevant administrative procedures and law.

### ***Oversight and Assessment***

The wellness program coordinators are responsible for monitoring implementation and assessing the effectiveness of the district wellness program by:

1. Completing the required triennial assessment.
2. Prioritizing wellness goals and writing work plans for each goal.
3. Measuring implementation of the district wellness policy and procedure.
4. Ensuring that the district meets the goals of the wellness policy and procedure.
5. Reporting to the Board on compliance and progress.
6. Comparing the district's policy to model policies.

### ***Compliance Indicators***

The program coordinators will use the Centers for Disease Control and Prevention (CDC) School Health Index as a measure of the overall effectiveness of the local wellness program. In addition, the wellness program coordinators will identify at least one other assessment tool, including those available through the USDA or CDC, that provides measures not covered by the School Health Index. Assessment tools may be locally created.

***Policy Review***

The wellness program coordinators will provide policy revision recommendations to the Board as part of the periodic report. The recommendations will be based on analysis of the compliance indicators and comparison of the district's policy to model policies provided, recommended or referenced by the USDA. The Board will revise the wellness policy as it deems necessary. Administrative procedures will be revised accordingly.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.*

Implemented:

Revised: June 22, 2017

MSIP Refs: 1.1, 1.2, 1.3

East Carter R-II School District, Ellsinore, Missouri

## **TOBACCO-FREE DISTRICT**

To promote the health and safety of all students and staff and to promote the cleanliness of district property, the district prohibits all employees, students and patrons from smoking or using tobacco products in all district facilities, on district transportation and on all district grounds at all times. This prohibition extends to all facilities the district owns contracts for or leases to provide educational services, routine health care, daycare or early childhood development services to children. This prohibition does not apply to any private residence or any portion of a facility that is used for inpatient hospital treatment of individuals dependent on, or addicted to, drugs or alcohol in which the district provides services.

Students who possess or use tobacco products on district grounds, district transportation or at district activities will be disciplined in accordance with Board policy.

\* \* \* \* \*

Tentatively Approved: 12/18/08

Adopted: 5/21/09

Revised: Cross Refs: IGAEA, Teaching About Drugs, Alcohol and Tobacco JG, Student Discipline KG, Community Use of School Facilities

Legal Refs: §§ 191.765 - .777, 290.145, RSMo. Pro-Children Act of 2001, 20 U.S.C. §§ 7182 - 7184

## ***COMMUNICABLE DISEASES***

The East Carter County R-II School District School Board recognizes its responsibility to protect the health of students and employees from the risks posed by communicable diseases. The Board also has a responsibility to protect individual privacy, educate all students regardless of medical condition and treat students and employees in a nondiscriminatory manner.

### **Immunization**

In accordance with law, students cannot attend school without providing satisfactory evidence of immunization, unless they are exempted from immunization.

### **Universal Precautions**

The district requires all staff to routinely employ universal precautions to prevent exposure to disease-causing organisms. The district will provide the necessary equipment and supplies to implement universal precautions.

### **Categories of Potential Risk**

Students or employees with communicable diseases that pose a risk of transmission in school or at school activities (such as, but not limited to, chicken pox, influenza and conjunctivitis) will be managed as required by law and in accordance with guidelines provided by the Department of Health and Senior Services (DHSS) and local county or city health departments. Such management may include, but is not limited to, exclusion from school or reassignment as needed for the health and safety of students and staff.

Students or employees infected with chronic communicable diseases that do *not* pose a risk of transmission in school or at school activities (such as, but not limited to, hepatitis B virus or HIV) shall be allowed to attend school or continue to work without any restrictions based solely on the infection. The district will not require any medical evaluations or tests for such diseases.

### **Exceptional Situations**

There are certain specific types of conditions, such as frequent bleeding episodes or uncoverable, oozing, skin lesions that could potentially be associated with transmission of both blood borne and nonbloodborne pathogens. In the case of students, certain types of behaviors, such as biting or scratching, may also be associated with transmission of pathogens.

Students who exhibit such behaviors or conditions may be educated in an alternative educational setting or, if appropriate, disciplined in accordance with the discipline code. In the case of a student with a disability, the Individualized Education Program (IEP) team or 504 team will make any change of placement decisions.

Employees who exhibit such conditions will not be allowed to work until the condition is resolved or appropriately controlled in a way that minimizes exposure.

### **Confidentiality**

The superintendent or designee shall ensure that confidential student and employee information is protected in accordance with law. Medical information about an individual, including an individual with HIV, will only be shared with district employees who have a reasonable need to know the identity of the individual in order to provide proper health care or educational services. Examples of people who may need to know a student's medical information are the school nurse and the IEP or 504 team if applicable. An example of an individual who may need to know an employee's medical information is the employee's immediate supervisor, if accommodations are necessary.

All medical records will be maintained in accordance with law and Board policy. Breach of confidentiality may result in disciplinary action, including termination.

### **Reporting and Disease Outbreak Control**

Reporting and disease outbreak control measures will be implemented in accordance with state and local law, DHSS rules governing the control of communicable diseases and other diseases dangerous to public health, and any applicable rules distributed by the appropriate county or city health department.

### **Notification**

Missouri state law provides that superintendents who supply a copy of this policy, adopted by the district Board of Education, to DHSS shall be entitled to confidential notice of the identity of any district student reported to DHSS as HIV-infected and known to be enrolled in the district. Missouri law also requires the parent or guardian to provide such notice to the superintendent.

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**Note:** *The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.*

**Tentatively Approved:** 03/19/09

**Adopted:** 5/21/09

### **Revised:**

**Cross Refs:** GBE, Staff Health and Safety  
JHC, Student Health Services and Requirements  
JHCD, Administration of Medications to Students

**Legal Refs:** §§ 167.181, .183, .191, 191.650 - .695, 210.003, RSMo.



## **COMMUNICABLE DISEASES** ***(Infection Control)***

### **Procedures for Cleaning Blood and/or Body Fluids**

Many communicable agents can be found in the blood or body fluids of humans, including in individuals with no outward signs or symptoms of infection. The district requires all district personnel to adopt routine procedures for handling the clean-up of all body fluid spills. The procedures, as outlined by the Center for Disease Control, are as follows:

1. If available, absorbent floor-sweeping material should be used to cover fluids to keep them from spreading.
2. Vinyl or latex gloves should be worn, and all spills should be cleaned up with absorbent towels or tissues, using soap and water.
3. If the person doing the cleaning has any open skin lesions, precautions should be taken to avoid direct exposure of the lesions to the body fluids.
4. All surfaces that have been in contact with the fluids should then be wiped with a disinfectant approved by the Environmental Protection Agency (EPA). A 1:10 dilution of household bleach can also be used, but this solution should not be mixed in advance. After the disinfectant is applied, the surface should either be allowed to air dry or to remain wet for ten minutes before being dried with a disposable towel or tissue.

**CAUTION:** The diluted bleach solution should not be used for any other purpose than the cleaning process described above. Mixing this solution with certain other chemicals can produce a toxic gas. Any EPA-approved disinfectant used should be diluted according to the manufacturer's instructions. Adding more disinfectant than the directions indicate is not necessary and will make the disinfectant more toxic, potentially resulting in skin or lung damage.

5. If the gloves worn to clean up the spill are reusable, they should be washed with soap and running water prior to removal. Disposable gloves should be removed without soiling the hands and should be disposed of in an impermeable plastic bag. The hands should always be thoroughly washed with soap and water after the gloves are removed regardless of whether any contamination has occurred.

6. After exposure to body fluids, good handwashing should consist of thorough use of soap and water for at least 15 seconds.

7. It is necessary to keep one or more clean-up kits on hand for such spills. The clean-up kit should consist of the following items:

- Absorbent floor-sweeping material
- Liquid soap
- Disinfectant
- Small buckets
- Vinyl or latex gloves
- Disposable towels or tissues
- Impermeable plastic bags

All of these materials should be kept together in one or more central locations.

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*Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.*

Implemented:

Revised: July 28, 2016

East Carter R-II School District, Ellsinore, Missouri

## **ILLNESS AND INJURY RESPONSE AND PREVENTION**

The Board expects district staff to appropriately assist any individual who is injured or becomes ill while on district property, on district transportation or attending a district activity. Such assistance may include providing first aid or emergency treatment if the staff member is trained to do so or contacting emergency medical services when appropriate.

### ***Liability***

In accordance with law, any qualified employee will be held harmless and immune from civil liability for administering emergency medications, cardiopulmonary resuscitation (CPR) or other lifesaving methods in good faith and according to standard medical practice. A qualified employee is one who has been trained to administer medication or medical services according to standard medical practice. Procedures for handling emergencies will be established and distributed in each school building.

### ***Training***

The Board encourages the superintendent or designee to provide employees training in first aid and emergency treatment, particularly in buildings where there are medically fragile students.

The superintendent or designee, in consultation with the school nurse, is authorized to implement a program to train students and employees in CPR and other lifesaving methods. CPR instruction will be provided to students in grades 9-12 as required by law.

### ***Incident Reports***

Employees must report all work-related injuries and illnesses to their supervisor immediately and will be required to provide the details of the injury or illness in writing. Staff who witness any injury or observe the onset of a serious illness on district property, on district transportation or at a district activity will prepare a written incident report on the incident report form available in each building. A copy of the incident report form will be filed with the appropriate designee as soon after witnessing the event as possible.

The superintendent is charged with providing the Board periodic statistical reports on the number and types of injuries occurring on district property or at district activities as well as information on individual accidents or injuries when Board action on the matter is required.

### ***Protective Equipment***

The superintendent or designee will continuously review job descriptions and district activities to improve safety in the district. The district will provide protective equipment when it is required by law or when it is determined by the superintendent or designee to be necessary to maintain district safety standards. In accordance with law, students, staff and visitors must wear eye protective devices in vocational, technical and industrial arts courses and laboratories involving chemicals, welding, construction, vehicle repair or other activities as designated by the district. When protective equipment is provided, all persons are required to use the equipment as directed. Failure to do so will result in disciplinary action, including removal from school property or the activity requiring protective gear.

\* \* \* \* \*

*Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.*

Adopted:

Revised:8/22/19

Cross Refs: GBEA, Workers' Compensation GBEB, Drug-Free Workplace JFCA, Student Dress Code JHC, Student Health Services and Requirements JHCD, Administration of Medications to Students JHCF, Student Allergy Prevention and Response

Legal Refs: " 167.621, .624, .630, .635, 170.005, .310, RSMo.

East Carter R-II School District, Ellsinore, Missouri

## **ILLNESS AND INJURY RESPONSE AND PREVENTION**

### ***(First Aid Guidelines)***

#### ***General Directives for Illness and Injury***

Students should notify any available staff member of illness or injury. Staff members will promptly address the situation or seek assistance from the nurse or designee. Employees or others who become ill or injured while on district property should report to the nurse's or principal's office for assistance. Employees may also report to their supervisors.

#### ***Minor Student Illnesses or Injuries***

1. If the illness or injury is minor, the school nurse or designee will administer first aid care to the student. It may be appropriate to retain the student in school for the remainder of the day; however, in the interest of school-parent/guardian relations, the principal, nurse or other designee may contact the parents/guardians to inform them of the situation. If a parent/guardian cannot be reached, the principal, nurse or other designee will use the alternate contacts provided on the emergency form.
2. If a student requires non-emergency medical attention, the principal, nurse or other designee will notify the parents/guardians, who will be responsible for transporting the student.

#### ***Serious Student Illnesses or Injuries***

1. If an illness or injury is serious enough to require immediate emergency care, any district employee aware of the situation will contact emergency medical services (EMS) and notify the nurse and building principal. The cost of EMS will be the responsibility of the parent/guardian.
2. The principal, nurse or other designee should be prepared to give rescue officials the individual's emergency information form.
3. The principal, nurse or other designee will ascertain the destination or hospital to which the individual is taken.

4. The principal, nurse or other designee will contact the parents/guardians or other appropriate parties.

### ***Transportation***

No sick or injured student will be transported to his or her home by another student without parental consent. In addition, no sick or injured student will be knowingly left alone at his or her home without parental consent. When it is in the best interest of the student, the district may refrain from leaving the student alone despite parental consent to do so.

Providing for transportation and adult supervision is the responsibility of parents/guardians, except as otherwise provided in this procedure.

### ***Emergency Forms***

The district will regularly request medical information so it is better prepared to accommodate or assist students and employees with known medical needs.

The district will annually request that students and their parents/guardians provide the district with current information on any medical conditions that may impact the students education or require medical care during the school day or during district activities. In addition, the district will request emergency contact information for the parents/guardians and other persons authorized by the parents/guardians to respond in an emergency. Information will be requested at the beginning of each school year and retained in a location readily accessible to the appropriate district personnel.

The district will also request that each employee provide information on any medical conditions of which the district needs to be aware for accommodation purposes or to adequately assist the employee in an emergency. Employees will be asked to designate persons the district may contact in an emergency.

### ***Medical Emergencies***

1. Cardiopulmonary Resuscitation (CPR) B The school nurse may maintain a list of staff members who have submitted certification that they are trained in CPR and provide the list to appropriate personnel.

2. Automated External Defibrillators (AEDs) B If the district is equipped with AEDs, the superintendent or designee will provide for training and supervision of personnel on use of the device, ensure that the locations of all AEDs are appropriately advertised and ensure that the equipment is properly maintained and registered in accordance with law.

**3. Pre-Filled Epinephrine Auto Syringes B** The school nurse or another employee trained and supervised by the school nurse may administer pre-filled epinephrine auto syringes, when available, to students in accordance with written protocols provided by the authorized prescriber.

**4. Asthma-Related Rescue Medications B** When available, asthma-related rescue medications may be administered by the school nurse or another employee trained and supervised by the nurse when the nurse or trained employee believes, based on training in recognizing an acute asthma episode, that a student is having a life-threatening asthma episode.

**5. Opioid Antagonists-Naloxone** (brand name Narcan) will be administered, when available, by nurses and others trained in the administration of naloxone to individuals suspected of having an opioid-related drug overdose.

*Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.*

**Implemented:**

**Revised: May -2020**

**East Carter R-II School District, Ellsinore, Missouri**

## **EXPLANATION: NURSING**

This policy is optional and was created at the request of several school districts; however, it is in line with current practice in many districts. There is little law addressing accommodation of nursing mothers in general. Federal law requires all employers of employees considered nonexempt under the Fair Labor Standards Act (such as secretaries, custodians, food service workers, aides, cooks, etc.) to provide "reasonable break time for an employee to express breast milk for her nursing child for one year after the child's birth each time such employee has need to express the milk." Employers are also required to provide "a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by an employee to express breast milk."

For more information, see the U.S. Department of Labor's guidance at <http://www.dol.gov/whd/regs/compliance/whdfs73.htm>.

Please note that this policy goes beyond what this law requires and allows all employees reasonable break time to express breast milk. MSBA has also chosen to drop the one-year limit from this policy. The World Health Organization has issued the following recommendations, which are endorsed by many other health organizations: "As a global public health recommendation, infants should be exclusively breastfed for the first six months of life to achieve optimal growth, development and health. Thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond." Given this, MSBA has not included any limits on how long employees and students may express milk after the baby is born.

The Equal Employer Opportunity Commission (EEOC) has issued guidance indicating that discrimination or retaliation against an employee due to nursing or expressing breast milk would be a violation of Title VII's prohibition of gender discrimination as well as the Pregnancy Discrimination Act (PDA) because lactating is a pregnancy-related condition.

See "Enforcement Guidance: Pregnancy Discrimination and Related Issues" at: [http://www.eeoc.gov/laws/guidance/pregnancy\\_guidance.cfm#lact](http://www.eeoc.gov/laws/guidance/pregnancy_guidance.cfm#lact).

This guidance is not law and in fact was recently ignored by the U.S. Supreme Court in a pregnancy discrimination case involving a different issue. Courts are currently divided on whether Title VII or the PDA require accommodation of nursing mothers, and the issue has not been addressed by a Missouri court.



Nevertheless, this guidance gives employers notice of what the EEOC expects. According to the guidance:

An employee must have the same freedom to address such lactation-related needs that she and her co-workers would have to address other similarly limiting medical conditions. For example, if an employer allows employees to change their schedules or use sick leave for routine doctor appointments and to address non-incapacitating medical conditions, then it must allow female employees to change their schedules or use sick leave for lactation-related needs under similar circumstances.

The Office for Civil Rights (OCR) of the U.S. Department of Education has recently released guidance regarding the accommodation of pregnant and parenting students, stating that failure to accommodate these students could be a violation of Title IX and gender discrimination. However, this guidance does not go into great detail regarding obligations to nursing mothers and is not necessarily a statement of the law as much as the expectations of the OCR. See "Supporting the Academic Success of Pregnant and Parenting Students" at: <http://www2.ed.gov/about/offices/list/ocr/docs/pregnancy.pdf>.

Missouri state statute makes it clear that it is not indecent for a mother to nurse a child in public and clearly states, "Notwithstanding any other provision of law to the contrary, a mother may, with discretion, breastfeed her child or express breast milk in any public or private location where the mother is otherwise authorized to be." 5191.918, RSMo.

ADOPTED: DECEMBER 15, 2016

## ***STAFF HEALTH AND SAFETY***

The health and safety of all district personnel is of vital importance to the school district. The Board will seek to provide safe working conditions for all staff members and will give prompt consideration to those conditions that may present a threat to the health and safety of staff members. The district will respond to employee requests for reasonable accommodations when an employee has a disability as defined by Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act (ADA). All employees will receive annual training on universal precautions and the district's communicable disease policy.

The district will only make medical inquiries, require physical exams or keep medical information on an employee in accordance with law.

Individuals employed by the district or through a contracted service to drive district transportation must annually file a statement from a medical examiner with the district that indicates that they are physically qualified to operate district transportation for the purpose of transporting students. A new driver must file this statement prior to his or her initial operation of district transportation.

Medical records must be maintained on separate forms in separate medical files and shall be kept confidential.

\* \* \* \* \*

***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Tentatively Approved: 03/19/09

Adopted: 5/21/09

Revised:

Cross Refs: EBAB, Hazardous Materials  
EBB, Communicable Diseases

Legal Refs: §§ 162.064, 302.272, RSMo.

The Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794  
Americans with Disabilities Act, 42 U.S.C. §§ 12101 - 12213

**East Carter County R-II School District, Ellsinore, Missouri**

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Office

For Office Use Only: GBE-C.1G (1/06)

## ***TEACHING ABOUT DRUGS, ALCOHOL AND TOBACCO***

The Board of Education believes that effective drug education programs require both the acquisition of knowledge and the development of positive personal values. Both the school and other community agencies must share in the development and direction of programs to alleviate the problems of drug abuse. Therefore, the school district will abide by the following:

1. Establish and maintain a realistic, meaningful drug, alcohol and tobacco education program that will be incorporated into the total educational program.
2. Establish and maintain an ongoing professional development program for school personnel in the areas of drug, alcohol and tobacco use.
3. Cooperate with government and private agencies offering services related to drug, alcohol and tobacco problems.
4. Encourage and support activities that will develop a positive peer influence in the area of drugs, alcohol and tobacco.
5. Create a climate whereby students may seek and receive counseling about drugs, alcohol and tobacco and related problems without fear of reprisal.
6. Follow federal mandates concerning drug, alcohol and tobacco education.

\* \* \* \* \*

***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Tentatively Approved: 03/19/09

Adopted: May 21, 2009

Revised:

Cross Refs: JFCH, Student Alcohol/Drug Abuse

Legal Refs: No Child Left Behind Act of 2001, P.L. 107-110

### **20 U.S.C. §§ 111-13**

East Carter County R-II School District, Ellsinore, Missouri

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***TEACHING ABOUT DRUGS, ALCOHOL AND TOBACCO***  
***(Tobacco Use Prevention Education)***

1. Tobacco use prevention education will be taught in all grade levels with particular focus on grades four (4) through eight (8). Instructional activities will be participatory and developmentally appropriate. Tobacco use prevention education programs will be designed to:
  - < Instruct about immediate and long-term undesirable physiological, cosmetic and social consequences of tobacco use.
  - < Decrease the social acceptability of tobacco use.
  - < Address reasons why young people smoke.
  - < Teach students how to recognize and refute advertising and other social influences that promote tobacco use.
  - < Develop students' skills for resisting social influences that promote tobacco use.
  - < Develop necessary assertiveness, communication, goal-setting and problem-solving skills that may enable students to avoid tobacco use.
2. Health Coordinator (title) will provide referrals to community resources and programs to help students and staff overcome tobacco addiction.
3. School counselors or community agencies are encouraged to establish voluntary tobacco cessation programs at school, but attendance or completion of a tobacco cessation program will not be used as a penalty. However, attendance or completion of a tobacco cessation program is allowed as a voluntary substitute to suspension for possession or use of tobacco.
4. Students, staff members and visitors are prohibited from possessing or using tobacco in accordance with Board policy. No student may leave the school campus during the school day to use a tobacco product. The principal will notify students, families, education personnel and school visitors of the tobacco-free policy in handbooks and on notices or signs posted at every school entrance and other appropriate locations, as well as by other efficient means.

5. District authorities will consult with local law enforcement agencies to enforce laws that prohibit the possession of tobacco by minors within the immediate proximity of district grounds.
6. Students and employees who violate the district's tobacco-free policies will be subject to disciplinary actions in accordance with Board policy. All district staff will be trained on the correct and fair enforcement of tobacco-free policies.

\* \* \* \* \*

***Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.***

Implemented: 8/19/2010

Revised:

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For Office Use Only: IGAEA-AP.1A (10/05)

## **TEACHING ABOUT HUMAN SEXUALITY**

The Board of Education recognizes that parents/guardians are the primary source of sexuality education for their children. The Board also recognizes that effective sexuality education, taught in concert with parents/guardians, helps students avoid risks to their health and academic success and prepares them to make informed decisions as adults. Therefore, in accordance with law, the district will notify the parents/guardians of each student enrolled in the district of the basic content of the district's human sexuality instruction that will be provided to their student. The district will also notify parents/guardians of their right to remove their student from any part of the district's human sexuality instruction. The district will make all curriculum materials used in the district's human sexuality instruction available for public inspection as a public record prior to the use of such materials in actual instruction.

Instruction in human sexuality must be appropriate to the age of the students receiving such instruction. Students may be separated by gender for human sexuality instruction.

As required by state law, any course materials and instruction relating to human sexuality and sexually transmitted diseases shall be medically and factually accurate and shall:

1. Present abstinence from sexual activity as the preferred choice of behavior in relation to all sexual activity for unmarried students because it is the only method that is 100 percent effective in preventing pregnancy, sexually transmitted diseases and the emotional trauma associated with adolescent sexual activity. Students shall be advised that teenage sexual activity places them at a higher risk of dropping out of school because of the consequences of sexually transmitted diseases and unplanned pregnancy.
2. Stress that sexually transmitted diseases are serious, possible health hazards of sexual activity. Students shall be provided with the latest medical information regarding exposure to human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), human papillomavirus (HPV), hepatitis and other sexually transmitted diseases.
3. Present students with the latest medically factual information regarding both the possible side effects and health benefits of all forms of contraception, including the success and failure rates for the prevention of pregnancy and sexually transmitted diseases, or present students with information on

contraceptives and pregnancy in a manner consistent with the provisions of federal abstinence education law.

4. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual activity and the consequences of adolescent pregnancy, as well as the advantages of adoption, including the adoption of special needs children, and the processes involved in making an adoption plan.

5. Teach skills of conflict management, personal responsibility and positive self-esteem through discussion and role playing at appropriate grade levels to emphasize that the student has the power to control personal behavior. Students shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations, such as respect for one's self and others. Students shall be taught not to make unwanted physical and verbal sexual advances or otherwise exploit another person. Students shall be taught to resist unwanted sexual advances and other negative peer pressure.

6. Teach students about consent, sexual harassment and sexual violence. Specifically, students will be taught that:

*Consent* is a freely given agreement to the conduct at issue by a competent person, and that:

- An expression of lack of consent through words or conduct does not constitute consent.
- Lack of verbal or physical resistance does not constitute consent.
- Submission resulting from the use of force, threat of force or fear does not constitute consent.
- A current or previous dating, social or sexual relationship between two parties does not by itself constitute consent.
- The manner of dress chosen by a person does not constitute consent.

*Sexual harassment* is uninvited and unwelcome verbal or physical behavior of a sexual nature, especially by a person in authority toward a subordinate.

*Sexual violence* is causing or attempting to cause another to engage involuntarily in any sexual act by force, threat of force, duress or without the person's consent.

7. Advise students of the laws pertaining to their financial responsibility to children born in and out of wedlock and advise students of the provisions of Missouri law pertaining to statutory rape and statutory sodomy.

8. Teach students about the characteristics of and ways to identify sexual predators

9. Teach students safe and responsible Internet use, including the dangers of online sexual predators, when using electronic communication methods such as the Internet, mobile phones, text messages, chat rooms, social media, e-mail and instant messaging.

10. Instill in students the importance of having open communication with responsible adults, reporting any inappropriate situation, activity or abuse to a responsible adult and, depending on intent and content, to local law enforcement, the Federal Bureau of Investigation (FBI) or the National Center for Missing and Exploited Children's "CyberTipline."

11. Explain the potential consequences, both personal and legal, of inappropriate text messaging and sexting, even among friends.

The district will not permit a person or entity to offer, sponsor or furnish in any manner any course materials or instruction relating to human sexuality or sexually transmitted diseases to its students if the person or entity is a provider of abortion services. No district personnel or agents, acting in their official capacities, will encourage any student to have an abortion.

\* \* \* \* \*

*Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.*

Adopted:

Revised: January 31, 2019

Cross Refs: AC, Prohibition against Discrimination, Harassment and Retaliation  
EHB, Technology Usage KB, Public Information Program

Legal Refs: " 167.171, 170.015, 566.032, .034, .062, RSMo. 42 U.S.C. ' 710 East  
Carter R-II School District, Ellsinore, Missouri



"

## **STUDENT HEALTH SERVICES AND REQUIREMENTS**

The Board of Education will provide for the health and physical well-being of students by establishing a district-wide coordinated student health services program. The district nursing staff has oversight of the coordinated student health services program and will work with the School Health Advisory Council (SHAC). The SHAC shall be composed of a school nurse, a counselor and appropriate members of the community. Meetings, records and votes of the SHAC will adhere to the requirements of the Missouri Sunshine Law.

Nurses employed to staff the health services program shall serve under the direction of the school principal and, if necessary, under the supervision of qualified medical personnel. The nurse or designee will be responsible for all notifications to parents/guardians regarding health services. The services provided by the nursing staff will include:

1. Administration of laws that protect the health of children attending public schools in Missouri, including:
  - a. Ensuring compliance with immunization requirements.
  - b. Excluding students who have contagious diseases from attendance when authorized by law.
  - c. Reporting the presence or suspected presence of diseases mandated for reporting by law.
2. Emergency first aid treatment for injury or illness occurring during the school day.
3. The administration of medication, pursuant to Board policy, including training unlicensed personnel in the administration of medications. A qualified member of the nursing staff is responsible for developing procedures for the training of unlicensed personnel as well as devising protocols for the administration of medications by unlicensed personnel. In accordance with law, qualified employees will be held harmless and immune from civil liability for administering medication, medical services or lifesaving methods in good faith and according to standard medical practice. A qualified employee is one who has been trained to administer medication according to standard medical practice.

4. Assistance in carrying out the district's responsibilities outlined in Section 504 plans, Individualized Health Plans (IHPs) or Individualized Education Programs (IEPs).
5. Guidance and counseling concerning health problems of students.
6. Maintenance of student health records, including the maintenance of emergency information forms for each student. The nurse will ensure that the school principal has access to all student health records. The nurse will store health records in a secure location, and any health information provided orally will be reduced to writing and stored appropriately. District employees shall not share information regarding a student's health in front of other students or staff members who do not have a need to know the information. Student records will be stored and disclosed in accordance with Board policy.
7. Age-appropriate health education in the district's instructional program, in accordance with Missouri School Improvement Program (MSIP) Standards and Missouri Grade-Level Expectations (GLEs), including information about the prevention and control of communicable diseases, the use of universal precautions, allergy prevention and response, blood-borne pathogens, and handling of bodily fluids. The nurse will maintain information developed by the Missouri Department of Health and Senior Services (DHSS) relating to human papillomavirus (HPV) and may provide this information directly to parents/guardians, but not to students.
8. Screening for health conditions in accordance with Board policy and administrative procedures.
9. Notification of the school principal if informed of a condition that could require accommodation under federal law.
10. Maintenance of copies of the Material Safety Data Sheet (MSDS) for all pesticides used in the district.
11. Development and annual review of a Health Services Plan.
12. Training staff as necessary to implement the district's health and safety program.
13. Such other services as assigned by the supervising principal or superintendent.

## **Contraceptives**

The district and its agents may not provide contraceptive devices or contraceptive drugs. Referral to the family practitioner for such devices or drugs will only be in accordance with the parental notification checklist requirements of state law.

## **Physical Examinations and Screenings**

"Screening" is the use of a procedure to examine a large population to determine the presence of a health condition or risk factor in order to identify those who need further evaluation. Screening tests for various health conditions (such as vision, hearing and scoliosis) will be conducted in accordance with administrative procedures. Students may also be weighed and measured. Parents/Guardians will receive a written notice of any screening result that indicates a condition that might interfere with a student's progress or health.

In general, the school district will not conduct physical examinations of a student without parental consent to do so unless the health or safety of the student or others is in question or unless by court order.

Further, parents will be notified of the specific or approximate dates during the school year when any nonemergency, invasive physical examination or screening administered by the district is conducted that is:

1. Required as a condition of attendance.
2. Administered by the school and scheduled by the school in advance.
3. Not necessary to protect the immediate health and safety of the student or other students.

As used in this policy, the term "invasive physical examination" means any medical examination that involves the exposure of private body parts or any act during such examination that includes incision, insertion or injection into the body, but does not include a hearing, vision, head lice or scoliosis screening.

Parents or eligible students will be given the opportunity to opt out of the above-described nonemergency, invasive physical examination or screening.

Students who wish to participate in certain extracurricular activities may be required to submit to a physical examination to verify their ability to participate

in the activity. Students participating in activities governed by the Missouri State High School Activities Association (MSHSAA) will be required to follow the rules of that organization.

All parents will be notified at least at the beginning of the school year of the district's policy on physical examinations and screening of students. Parents will also be notified within a reasonable period of time after any substantive change in the policy.

\* \* \* \* \*

***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Adopted: May 21/2009

Revised: May 26, 2011

Cross Refs: EBB, Communicable Diseases  
EBBA, Illness and Injury Response and Prevention  
IGBC, Parent/Family Involvement in Instructional and Other Programs

Legal Refs: ' ' 167.181 - .195, .611, 170.015(2), RSMo.  
Protection of Pupil Rights Amendment, 20 U.S.C. ' 1232h(b)  
Individuals with Disabilities Education Act, 20 U.S.C. ' ' 1400 - 1417  
34 C.F.R. Part 300  
The Rehabilitation Act of 1973, Section 504, 29 U.S.C. ' 794  
Americans with Disabilities Act, 42 U.S.C. ' ' 12101 - 12213

East Carter County R-II School District, Ellsinore, Missouri

## **STUDENT HEALTH SERVICES AND REQUIREMENTS** (Screening and Referral Programs)

The health screening programs of the East Carter R-II School District are designed to examine the populations at highest risk at a time when early intervention has the most benefit. The following guidelines govern the district's health screening program:

1. The district will examine past screenings and assess them for effectiveness in order to ensure future screening programs effectively meet the needs of the district. The district plan for assessing the district's screening needs is determined on an assessment of needs, personnel, referral sources, time and facilities. Priorities must be determined for each area of screening, based on the ability to complete follow up and referrals. It is more desirable to screen fewer children and see that the referred problem is resolved than to simply identify numbers of children with possible defects. The RN will work closely with the school administrators using the Missouri Department of Health and Senior Services Manual for school Health Programs as a guide to establish and maintain a coordinated school health screening system.
2. Based on the district's assessment plan above, the district's screening plan is:

### **HEALTH AND DEVELOPMENTAL HISTORY**

#### **Standard**

Obtain on entrance (preschool, kindergarten, transfer at any grade) and update annually.

#### **Recommendations**

- All students entering the school system should have on file a comprehensive history covering prenatal, infancy and childhood periods, with information regarding personal health and family health history, illness/injury, immunizations, pertinent psychosocial history and utilization patterns and source of healthcare. The extent of the detail will depend on the student's age at the time of the history taking

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#### **Standards**

- Use a floor model beam scale that is calibrated on a regular basis. Set scale to zero before each individual measurement. Remove any heavy clothing.
- Use a measuring device attached to a wall, with right angle device to measure height at the crown of the head. Remove shoes before measurement.

- Weigh and measure twice to assure accurate measurement to within 1/8 inch and 1/4 pound.
- Use standardized growth charts to identify the “body mass index” (BMI).
- Refer students whose measurements fall outside the norm (>95% or <5%) and whose health history does not reflect evaluation, and who may have other health risk factors.

### Recommendations

- All students should receive an initial assessment of their health status, including physical growth, at entrance to school. Often this information can be found in a physical examination record and would not need to be repeated unless questionable. The weight for height (BMI) should be compared to norms for age. If routine measurements are done, they should be reviewed for normal rate of gain and for unusual gain/loss. Only students who fall outside the norm for their age need to be monitored. All available measurements (from birth on) should be charted to visualize patterns of growth. Students should then be assessed for contributing factors (diet and physical activity patterns) and the need for intervention.

### Referral

- Students with a BMI above the 95th percentile for age and gender should be further assessed with an evaluation of diet and health history. These students are usually referred first to their primary healthcare provider. Students with a BMI between the 85th and 95th percentile should be monitored. Those falling below the 5th percentile should also be assessed further to determine if their physical growth has been evaluated by their healthcare provider, or is under medical supervision. If not, they should be referred. See Growth Screening Guidelines, Missouri DHSS, March 2005. <http://health.mo.gov/living/families/schoolhealth/pdf/GuidelinesForGrowth.pdf>
- Students who have had unusual weight gain or loss should be referred.

### VISION

**Objective:**to identify children with possible visual defects at the earliest possible stage

### Standards

- Screen at 10 or 20 feet (10 ft. recommended for younger children);
- Screening chart/cards should include 20/25 line;
- Distance should be measured, and child’s heels on measured line;
- If wearing glasses, screen with glasses on;
- Vision testing machines not recommended for screening below Grade 3;
- Rescreening at least once, within a month, before referral; and
- Additional screenings performed as indicated.

### Recommendations

Screenings should be prioritized as follows

- Screen grades as required on Vision Screening Guidelines:
- special education students
- referrals from teachers, parents/guardians
- grades 5,7,9 and 11 as resources permit.

Preschool and non-verbal students may require functional screening to determine visual ability; refer to guidelines for Vision Screening in Missouri Schools.

- Binocularity: with Random Dot-E
- Distance acuity: Lighthouse or HOTV for PreK-3<sup>rd</sup>, Titmus Screener 4<sup>th</sup>-12<sup>th</sup>
- Near acuity :Lighthouse or HOTV for PreK-3<sup>rd</sup>, Titmus screener 4<sup>th</sup>-12<sup>th</sup>

Referral Criteria

- PreK-Kindergarten 20/50 or worse
- 1<sup>st</sup>-12<sup>th</sup> grade 20/40 or worse
- ALL grades If there is a 2 line difference between the two eyes

### Referral

- Refer to Guidelines for Vision Screening in Missouri Schools, Missouri Department of Health and Senior Services, August 2012 for referral criteria. It is helpful to work with local eye care professionals regarding the referral criteria mandated by Missouri statute. <http://health.mo.gov/living/families/schoolhealth/pdf/GuidelinesForGrowth.pdf>

Check vision with new vision manual.

## HEARING

### Standards

- Initial screening using the otoacoustic emissions screener (OAE) if negative results occur, will continue screening, as appropriate, with the following:
- Puretone audiometer at 1,000, 2,000, and 4,000mhz at 20 db
- Tympanometer screening, when available, giving priority to youngest students.
- Otoscopy (If nurse has assessment skills and equipment.

### Recommendations

Hearing screening should be prioritized as follows:

- All new students to our school system (Pre-k-Kindergarten)
- Special Education students (district compliance plan)
- Referrals from teachers, parent(s)/guardian(s), and student's self- referrals;
- "High risk" (previous screenings, repeating a grade, history of frequent ear infections, students with behaviors that are symptoms of hearing loss, etc.);

- As resources permit, screen Grades 1-3 with priority to younger students, early in the school year;
- Junior High, once as part of hearing conservation education;
- Senior High, once as part of hearing conservation and or/vocational education; and
- Preschool and non-verbal students may require functional hearing screening, refer to Hearing Screening Guidelines, Missouri Department of Health and Senior Services, 2004

### Referral

Develop local referral criteria with community health professionals or refer to Hearing Screening guidelines, Missouri Dept. of Health and Senior Services, 2004.

## DENTAL

### Standards

Systemic sequence of visual inspection, using tongue blade and illumination:

1. Face and neck for lesions and palpate for swollen glands
2. Mucous membranes (lips, tongue, soft and hard palate, tonsillar area, and cheeks) for redness, exudates, swelling, blisters and growths
3. Teeth and gums:
  - a. Evidence of dental caries
  - b. Broken or chipped teeth
  - c. Gross malocclusion
  - d. Infection or swelling
  - e. Bleeding or inflamed gums
  - f. Changes in color, texture, position of gums, tissue
  - g. Poor oral hygiene
  - h. Foul breath

### Recommendations

- As time and resources permit, screen students k-7 who do not report routine professional care, using a visual inspection of the mouth with light and tongue blade.
- Screen secondary students who have not reported routine care
- Dental education should be a part of the inspection process.

### Referral

Refer any student with gross oral or dental problems who is not receiving routine professional care. Refer to dental Health Guide for School Nurses, Department of Health and Senior Services, March 2014

## BLOOD PRESSURE



**Standard**

The size of the cuff used to determine the blood pressure is the single most important factor. The cuff should cover no more than one-half and no less than one-third the length of the upper arm. The cuff should not cause pressure in the axilla or cover the antecubital space. If the proper cuff is not available, do not do reading. A pediatric stethoscope with a small diaphragm is helpful in hearing blood pressure sounds in younger children.

The student should be seated in a comfortable position, with arm slightly flexed, abducted and at the level of the student's heart. The setting should be as quiet and non-stressful as possible. The procedure should be explained to the student. It may be helpful to allow younger children to handle the equipment prior to use.

**Recommendations**

Routine school screenings for blood pressure are not recommended. The American Academy of Pediatrics recommends that children above the age of three have their blood pressure checked on an annual basis, during non-school, routine physical examinations. The school is not an ideal setting in which to do a mass screenings.

Blood pressure screenings that are part of an educational unit on the cardiovascular system, included in a health risk appraisal program.

**Referral**

Children are known to have widely fluctuating blood pressure readings, even during the time of determination. Readings that fall above the accepted norms for pediatric blood pressure should be rechecked three or more times, over a period of 2-3 weeks, before referral. Referral decisions are influenced by a positive family history for cardiovascular disease (including hypertension and high cholesterol), race, age, excess weight, history of smoking, etc. For pediatric blood pressure ranges, consult current pediatric texts; for adults, use current recommendations of the National Heart, Lung and

Blood

Institute,

<http://www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf>

**HEALTH RISK APPRAISALS****Standards**

- Use any currently acceptable risk appraisal form or rating scale.
- After reviewing results, encourage student to target at least one behavior and make a contract to reduce a risk factor, e.g., routine seat belt use.
- Use aggregate data to guide health education efforts based on the most prevalent risk factors or to effect changes in health education curriculum.

**Recommendation**

Assess student's risk behaviors and/or lifestyle at least once in junior high and once in senior high school. Aggregate information is useful in targeting health

promotion activities and instruction. It is not productive to do risk appraisals without a plan to do individual and/or group interventions.

5. The district will use the following procedures to notify parents/guardians of pertinent information pertaining to screening:

**Student Handbooks B** All student handbooks will include a description of the types of screenings the district will conduct, the timing for those screenings, and the process for excusing the student from a screening.

6. Follow-ups to screenings will include:

Parents/Guardians who need to consult with district staff regarding the results of any screening should contact the school nurse.

7. Members of the nursing staff are responsible for monitoring the results of all screenings and notifying the special education department or other appropriate staff members if a student may need classroom adaptations, special education services or accommodations.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.*

Implemented: 5-13-2019

Revised:

East Carter R-II School District, Ellsinore, Missouri

## ***STUDENT HEALTH SERVICES AND REQUIREMENTS (Head Lice)***

In keeping with the East Carter R-II School District's policy of avoiding the unnecessary exclusion of Healthy students from school, students with head lice infestations will be excluded from school only to the minimum extent necessary for treatment. To avoid the unnecessary exclusion of students from school, the administration provides the following procedure:

1. When multiple cases are reported in a particular population, the nurse will identify the population of students most likely to have been exposed and arrange to have that population of students examined.
2. If a staff member discovers head lice or nits on a student, the student will be sent to the nurse. The parent/guardian of that student will be notified, and other students who reside with the infected student will also be checked.
3. The school nurse will instruct the parent/guardian concerning various shampoos, sprays and other appropriate treatments that can be purchased to eliminate head lice or nits and will also give information concerning necessary procedures to be taken in the home to ensure that the head lice are eliminated.
4. If the student was infected with live head lice, the student will be excused 24 hours after the discovery to allow for treatment.
5. When a student who had a live head lice infestation returns to school they must be brought in by parent/guardian. The student will be examined by the school nurse. If live head lice are found at that time, the parent/guardian will be reinstructed concerning treatment. The student will be excused from school for 24 hours to allow for additional treatment. This process will continue until the student is free of head lice.
6. A student who was identified as having nits within ¼ inch of the scalp, But not a live head lice infestation, will be excluded from school and follow same procedure as above until student is free of viable nits. Students will be allowed to remain in school with nit casings present if over ¼ inch from the scalp.
7. The school nurse will keep accurate and confidential records of students infected with head lice or nits.
8. If it appears the parent/guardian of an infested student is failing to secure timely treatment for the infestation after having been given notice of the existence of head lice or nits in accordance with these procedures, the

nurse will notify the school principal, and may report the matter to the Children's Division (CD) of the Department of Social Services.

The school nurse will develop education programs regarding the diagnosis, treatment and prevention of head lice for staff, students, parents and the community.

\* \* \* \* \*

***Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.***

Implemented: MARCH, 2013 to supersede previous procedures

Revised:

East Carter R-II School District, Ellsinore, Missouri

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## **IMMUNIZATION OF STUDENTS**

It is the policy of the East Carter R-II School District that all students attending the district schools shall be immunized in accordance with law.

The district will not allow a student to attend school until the district has satisfactory evidence on file demonstrating that the student has been immunized, that the immunization process has begun and satisfactory progress is being accomplished or that the student is exempted from obtaining immunizations in accordance with law.

A student is exempted from obtaining immunizations if the district has on file the completed, original forms necessary to prove that the student will not be immunized for religious or medical reasons. An exemption for medical reasons requires certification by a licensed doctor of medicine or doctor of osteopathy that either the immunization would seriously endanger the child's health or life or that the child has documentation of laboratory evidence of immunity to the disease. An exemption for religious reasons requires written certification from one parent or guardian that immunization of the student violates his or her religious beliefs.

Homeless students who cannot provide proof of immunization will be immediately enrolled, and the district's homeless coordinator will work with the students to obtain the necessary immunizations as soon as possible. Students who are in the household of an active duty member of the military and who cannot provide evidence of having received immunizations required under Missouri law shall be immediately enrolled and given 30 days to obtain the required immunizations or, if the immunization is a series, to begin the series.

The district will exclude from school all students who are not immunized or exempted as required by law. When immunization is in progress, failure to meet the next scheduled appointment constitutes noncompliance with the immunization law, and the student should be excluded from school immediately.

The district must report to the Department of Health and Senior Services (DHSS) the name of any parent or guardian who neglects or refuses to permit a nonexempted student to be immunized.

The district will also report to the Children's Division (CD) of the Department of Social Services any instance of educational or medical neglect.

The superintendent or designee shall institute procedures for the maintenance of health records, which are to show the immunization status of every child enrolled or attending in the district, and for the completion of all necessary reports in accordance with guidelines prepared by DHSS.

### **District-Sponsored Preschool, Daycare Centers and Nursery Schools**

No child is permitted to enroll in or attend district-sponsored preschools, daycare centers or nursery schools until the district has satisfactory evidence demonstrating that the child has been immunized, that immunizations are in progress or that the student has an immunization exemption as permitted by law.

Upon request from a parent/guardian of a student enrolled in or attending district-sponsored preschools, daycare centers or nursery schools, the district will inform the parent/guardian whether any student enrolled or currently attending the facility in which the district-sponsored preschool, daycare center or nursery school is located has an immunization exemption on file.

The district will only verify whether any student has an exemption on file. The district will not release any information that would identify a particular student with an exemption or a particular type of exemption. The district will notify parents/guardians at the time of initial enrollment of their student in district-sponsored preschools, daycare centers or nursery schools that they may request notice from the district as to whether any students currently enrolled in or attending the facility have an immunization exemption on file with the district.

\* \* \* \* \*

Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.

Adopted: July 28, 2016

Revised:

Cross Refs: IGBCA, Programs for Homeless Students Legal Refs: " 160.2000, 167.181 - .191, 210.003, RSMo. 19 C.S.R. 20-28.010, 20-28.040 No Child Left Behind Act of 2001, 20 U.S.C. " 6301 - 7941 East Carter R-II School District, Ellsinore, Missouri

## ***IMMUNIZATION OF STUDENTS***

### **Students Enrolling in the District**

1. Students will not be permitted to attend classes until they provide satisfactory evidence of immunization. Students who do not provide satisfactory evidence of immunization will be permitted to attend classes if they provide a statement on the appropriate form from the Department of Health and Senior Services (DHSS) that:

- \* ~~Immunization~~ Immunization is medically contraindicated, or
- \* A parent or legal guardian objects to immunization on religious grounds, or
- \* The immunization process is in progress.

Situations involving homeless students who cannot provide immediate proof of immunization will be handled in accordance with Board policy and the law.

2. The school nurse will notify parents/guardians of immunization requirements and provide information regarding where to obtain immunizations.
3. If a student has not provided required evidence of immunization or one (1) of the three (3) exception statements listed above, the nurse will contact the parents/guardians to arrange for the student to obtain the required immunizations. At that time, the nurse will also notify the parent/guardian that failure to provide required evidence of immunization or a statement of an exception within five (5) more school days may result in a report of medical or educational neglect to the Children's Division (CD) of the Department of Social Services.
4. If a student has not provided the required evidence of immunization or a statement of the exceptions listed above within seven (7) school days of enrollment, the nurse will make a neglect report to the CD.

### **Students with Immunizations in Progress**

1. The nurse will monitor the progress of students who have provided evidence that immunizations are in progress.
2. Students who fail to meet their next scheduled immunization appointment will be suspended from attending school until such immunization is obtained or until an exception statement is provided.
3. If evidence of immunization or evidence of exemption from immunization is not provided within three (3) school days of the suspension, the nurse will make a neglect report with the CD.

### **Students Due for Immunization after Enrollment**

1. In cases where a student comes due for immunization after the student is enrolled, the nurse will provide notice to the parents/guardians 30 days prior to the date that proof of immunization is required.
2. If the student has not provided evidence of immunization or a statement of one (1) of the three (3) exceptions above within three (3) school days of the deadline, the nurse will contact the parent/guardian to arrange for the student to obtain the required immunization. The nurse will also notify the parent/guardian that failure to obtain the required immunization will result in the student being excluded from school and may result in a report of medical or educational neglect to the CD.
3. A student who has not obtained the required immunization or provided a statement of exception by the required date will be suspended in accordance with law until such immunization is obtained or until an exception statement is provided.
4. The nurse will make a neglect report to the CD for students who have been suspended for three (3) school days for failure to meet the immunization requirement who still have no proof of immunization or exception statements on file.

\*\*\*\*\*

***Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.***

**Implemented: 8/19/2009**

**Revised:**

**East Carter R-II School District, Ellsinore, Missouri**

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## ***IMMUNIZATION GUIDELINES***

**TO:** All nurses involved in immunization activities under auspices of East Carter R-II School during 2020-2021

**FROM:** BRENDA MCGEHEE FNP-C

**SUBJECT:** Protocol for treatment of acute anaphylaxis and/or severe allergic reactions to injections given in the course of nursing duties.

**DATE:** **Adopted-** February 22, 2006 **Revised-** May 13, 2020

Anaphylaxis is an acute systemic reaction that occurs upon administration of an antigen to which the individual has been previously sensitized. Symptoms usually commence within minutes after injection and may begin with local or generalized itching or burning, flushing, sweating, apprehension, irritative cough, pallor, nausea and vomiting. Occasionally there is rapid progression of signs and symptoms primarily involving the respiratory system (laryngeal edema, chest tightness, wheezing dyspnea, cyanosis, voice changes related to laryngeal edema) and the cardiovascular system (profound shock, rapid arrest and death may follow due to hypoxia).

While the above symptoms represent the most extreme case, it must be kept in mind that MINOR REACTIONS occur more frequently and include flushing, hives wheals, urticaria (often restricted to the injected extremity), and angio edema. If any of these symptoms appear during the immediate post-injection period, treatment should be started to prevent the development of more serious consequences.

The instructions on the following page are recommended only when a physician is not present to administer his/her own course of treatment. **TWO DOSES OF EPINEPHRINE BY AUTO INJECTOR SHOULD BE READILY AVAILABLE DURING SCHOOL HOURS.**

The probability that such a reaction will occur is remote. Nevertheless, it is best to be alert and prepared for such emergencies. The outlined preliminary steps may prevent or hinder the progressive reaction to the point where the patient can be transferred to a nearby hospital for more definitive care. Foremost, do all you can to prevent anaphylaxis by:

1. **Carefully eliciting history of prior reactions.**
2. **Avoiding the administration of injections to persons with known prior reactions and specific allergies.**
3. **DO NOT ADMINISTER VACCINES TO PERSONS WITH KNOWN ALLERGIES TO THOSE SPECIFIC VACCINE COMPONENTS.**

**INSTRUCTIONS FOR TREATMENT OF ACUTE ANAPHYLAXIS  
AND/OR SEVERE ALLERGIC REACTIONS TO INJECTIONS  
(GIVEN IN THE COURSE OF NURSING DUTIES)**

The following steps should be performed as necessary in the order given:

1. **KEEP CALM AND START TREATMENT PROMPTLY.** If you think the allergic reaction is progressing a mild reaction at the injection site to involve the whole extremity and perhaps the entire body, **DO NOT WAIT FOR SYMPTOMS TO SUBSIDE. CALL 911 OR 322-5555 FOR HELP.**
2. For moderate to severe reactions (difficulty breathing, shock, laryngeal edema, wheezing, urticaria, and generalized pruritis): Administer Epipen or Epipen Jr. according to estimated weight of child into the limb opposite the injection site. See below for dosage by weight.
  - **EPIPEN JR.-FOR THOSE WEIGHING APPROXIMATELY 66 POUNDS AND UNDER.**
  - **EPIPEN-FOR THOSE WEIGHING APPROXIMATELY 66 POUNDS OR OVER.**

**Directions for administering Epipen:**

1. Check syringe for color of fluid (do not inject if fluid is brown).
  2. Pull off safety cap.
  3. Place tip on thigh at right angle to the leg.
  4. Press hard into thigh.
  5. Hold in place for 10 seconds.
  6. Remove and massage area for 10 seconds.
1. Write down the time of the injection. Lay the patient flat, with feet elevated, and keep warm with a blanket. If respiratory difficulty occurs, head and chest may be elevated slightly.
  2. Carefully monitor and record the patient's condition, including blood pressure, pulse, and respirations.
  3. If the reaction is severe, apply a tourniquet above the injection site to retard absorption. Do not cut off circulation to the limb. Check for pulse after applying tourniquet to make sure arterial flow has not been interrupted.
  4. Dosage may be repeated every 20-30 minutes as needed, but only with frequent monitoring of blood pressure and pulse. Many times, marked

tachycardia and excitability make further administration of the drug unwise.

5. **MAINTAINING AN ADEQUATE AIRWAY IS ESSENTIAL.** If at all possible and if the patient's condition warrants, he or she should be transferred immediately by ambulance to the nearest hospital emergency room. All nurses should be prepared to perform cardiopulmonary resuscitation if necessary, including chest compressions and mouth-to-mouth breathing. The primary concern should be to prepare the patient for transfer to a medical facility.

Tracheotomy may be required in cases of severe laryngeal edema. Endotracheal intubation and assisted ventilation may be necessary in severe, unrelenting bronchospasm.

6. Inject Benadryl intramuscularly to inhibit the effects of further histamine release. Benadryl is NOT the primary drug to use in a severe or life-threatening reaction, but it may shorten the duration of the reaction and prevent relapses.

<u>BODY WEIGHT</u>	<u>DOSAGE BENADRYL</u>
15 lbs. Or less	0.125 ml. (6.25mg.)
16 to 30 lbs.	0.25 ml (12.5mg.)
31 to 110 lbs.	0.5 ml. (25 mg.)
above 110 lbs.	1.0 ml. (50 mg.)

7. If the reaction is life-threatening (shock, laryngeal edema, wheezing), after above treatment has been completed, it may be necessary to administer medications intravenously. **DO NOT BEGIN AN INTRAVENOUS INFUSION OF IV MEDICATIONS UNLESS INSTRUCTED BY A PHYSICIAN.**
8. Continue to carefully monitor and record the patient's condition, including blood pressure, pulse, and respirations.

All nurses who provide immunization services must read, date, and sign the Statement governing Orders for Immunization Clinics and Treatment of Acute Anaphylaxis and Severe Allergic Reactions.

\_\_\_\_\_  
Brenda McGehee, FNP-C

DATE \_\_\_\_\_

## ***ORDERS FOR IMMUNIZATION CLINICS***

I hereby direct all East Carter County R-II health nurses, who are currently licensed Missouri Registered Professional Nurses, involved in immunization programs, working with Missouri Department of Health, to administer vaccines to protect against the communicable, contagious, dangerous or infectious diseases herein designated, to those persons presenting themselves for such immunizations, in accordance with guidelines set forth by the Immunization Practices Advisory Committee (ACIP) and directives accompanying the vaccine. This applies to vaccines against measles, mumps, rubella, diphtheria, pertussis, tetanus, polio, influenza, Haemophilus influenza Type B, hepatitis A, hepatitis B, meningitis, and varicella.

All health nurses who provide immunization services must read and sign the Statement governing Orders for Immunization Clinics and Treatment of Acute Anaphylaxis and/or Severe Allergic Reactions. Prior to administering any vaccine, each nurse must be fully aware of the local agency plan for obtaining medical care for emergencies.

\_\_\_\_\_  
Brenda McGehee FNP-C

\_\_\_\_\_  
DATE

## ***IMMUNIZATION GUIDELINES***

### **STATEMENT**

#### **ORDERS FOR IMMUNIZATION CLINICS AND TREATMENT OF ACUTE ANAPHYLAXIS AND/OR SEVERE ALLERGIC REACTIONS**

I have read the "Orders for Immunization Clinics" dated (\_\_\_\_\_), the Instructions for Treatment of Acute Anaphylaxis and/or Severe Allergic Reactions to Injections (Given in the Course of Nursing Duties) ". and the information accompanying the vaccine packages. I understand all of the above and I am capable of carrying out the duties ordered and following the protocol cited above.

Nurse's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Nurse's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **GUIDELINES FOR SHARPS DISPOSAL IN THE SCHOOL SETTING**

Sharps (lancets, syringes, needles, contaminated broken glass, etc.) must be placed in rigid, leak-proof and puncture-resistant containers. These containers will be supplied to the school by the Carter County Health Center.

Syringes should be placed in container without removal, or bending needle.

When container is nearly full, it should be sealed securely with tape. The container will then be returned to the Carter County Health Center for proper disposal.

## ADMINISTRATION OF MEDICATIONS TO STUDENTS

### Definitions

***Authorized Prescriber*** - Includes a healthcare provider licensed or otherwise authorized by state law to prescribe medication.

***Diabetes Medical Management Plan*** - A document developed by the student's personal healthcare team that sets out the health services needed by the student at school and that is signed by the student's personal healthcare team and parent/guardian.

***Medications*** B For the purposes of this policy, medications include prescription drugs and over-the-counter drugs, including herbal preparations and vitamins. Medications also include substances that claim or purport to be medicinal or performance enhancing, including essential oils.

### General

The East Carter R-II School District prohibits students from possessing or self-administering medications while on district grounds, on district transportation or during district activities unless explicitly authorized in accordance with this policy. However, the Board recognizes that some students may require medication for chronic or short-term illnesses to enable them to remain in school and participate in the district's education services. The Board directs the superintendent or designee to employ, contract with and train the necessary personnel to administer medications to students. Medications will be administered at school only when it is not possible or effective for the student to receive the medication at home.

Parents/Guardians are encouraged to submit any relevant information regarding the medications their student needs, including a diabetes medical management plan or other information the district may use to develop an individualized education program (IEP), Section 504 Plan or individualized health plan (IHP). The district will review all information submitted by the parents/guardians and work with them to create a plan to meet the student's medical needs while at school or school activities.

The superintendent, in collaboration with the district nursing staff, will establish administrative procedures for storing and administering medications in compliance with this policy and pursuant to state and federal law.

## **Nurses and Other Personnel**

The administration of medications is a nursing activity that must be performed by or under the supervision of a registered professional nurse (RN). Other district personnel may be required to administer medications to a student as long as they have been appropriately trained and are supervised by an RN. An appropriately licensed member of the nursing staff will be responsible for:

1. Developing procedures for the training of unlicensed personnel in the administration of medications;
2. Devising protocols for the administration of medications by unlicensed personnel; and
3. Training unlicensed personnel in the administration of medications.

District employees who administer medications must maintain documentation of all medications provided to students and stored on district property.

Nurses and other staff administering medications will take precautions when administering medications and, when necessary, will clarify authorized prescriber orders prior to administering medications.

In accordance with law, any trained or qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices. A qualified employee is one who has been trained to administer medication according to standard medical practices.

## **Over-the-Counter Medications**

The district may administer over-the-counter medication to a student if the district has received permission to do so from the parent/guardian. Over-the-counter medications must be delivered to the school principal or designee in the manufacturer's original packaging and will only be administered in accordance with the manufacturer's label.

## **Prescription Medications**

The district may administer prescription medication to a student if the district has received permission to do so from the parent/guardian and appropriate direction on how the medication is to be administered. The prescription label will be considered

the equivalent of a prescriber's written direction, and a separate document is not needed.

### **Medications District Personnel Will Not Administer**

Unless required by law to administer a medication to accommodate a disability, nurses who question the necessity of administering a particular medication during the school day may, after consultation with the superintendent or designee, require a written directive by the student's healthcare provider that states why the medication must be administered at school. The district may also refuse to administer any medication for other reasons listed in this policy. The district will not administer any medication that is not regulated by the U.S. Food and Drug Administration.

The district may refuse to administer medications in an amount exceeding the recommended daily dosage listed in the *Physician's Desk Reference (PDR)* or other recognized medical or pharmaceutical text unless the district has verified the dosage with the prescriber. Except for the medications that are used only in an emergency situation, the district will not knowingly administer the first dose of any medication. The district expects parents/guardians to administer medications at home or by coming to the school to administer the medications themselves when possible.

Staff, students and all other individuals are prohibited from possessing or administering any medication that is illegal pursuant to state or federal law on district grounds, on district transportation or during district activities. The superintendent or designee is authorized to obtain a legal opinion from the district's attorney when there is a question regarding the legality of administering any medication.

### **Medical Marijuana and Cannabidiol (CBD) Oil**

The district does not permit the possession or administration of marijuana or marijuana-infused products for medicinal purposes on district property or at district events since these products are prohibited under federal law.

In accordance with state law, parents/guardians with a valid hemp extract registration card may possess CBD oil on district property for the purpose of administering it to their students who are less than 18 years old for the treatment of epilepsy. Students 18 and older with a valid hemp extract registration card may possess CBD oil on district property for the limited purpose of bringing it to the health office where it will be stored with other medications and administered to the



student by the nursing staff for the treatment of epilepsy. Students who have an actual prescription for a medication containing CBD will be permitted to possess and administer the prescription medication in accordance with this policy.

When applicable, district staff will administer prescription medication containing CBD in the same manner used to administer other prescription medication.

### **Student Possession and Self-Administration of Medications**

The district prohibits students from possessing or self-administering medications unless the student is allowed by law to do so and has been given permission in accordance with this section.

A student with an IEP or Section 504 plan may possess and self-administer medications in accordance with the IEP or Section 504 plan. Students who do not have an IEP or Section 504 plan may possess and self-administer medications in accordance with 1) or 2) below:

1. **Students with Diabetes:** Upon written request of the parent/guardian and upon authorization by a student's diabetes medical management plan, the district will permit a student with diabetes to perform blood glucose checks, administer insulin through the student's insulin delivery systems, treat hypoglycemia and hyperglycemia, and otherwise attend to the care and management of the student's diabetes. The district will permit the student to possess on his or her person at all times all necessary supplies and equipment to perform these monitoring and treatment functions. The student shall have access to a private area for performing diabetes care tasks should the parent/guardian or student request such access. Students with diabetes who wish to possess and self-administer medications are subject to the same requirements (below) as students with other health conditions.
2. **Students with Other Chronic Health Conditions:** Students may possess and self-administer medications for the treatment of asthma, anaphylaxis and other chronic health conditions in accordance with this policy and law. The district will not permit students to possess and self-administer medications unless all of the following requirements are met:
  - < The medication was prescribed or ordered by the student's physician.
  - < The physician has provided a written treatment plan for the condition for which the medication was prescribed or authorized that includes a certification that the student is capable of and has been instructed in

"

the correct and responsible use of the medication and has demonstrated to the physician or the physician's designee the skill level necessary to use the medication.

- < The student has demonstrated proper self-administration technique to the school nurse.
- < The student's parent/guardian has signed a statement authorizing self-administration and acknowledging that the district and its employees or agents will incur no liability as a result of any injury arising from the self-administration of such medication unless such injury is a result of negligence on the part of the district or its employees or agents.

Permission to possess and self-administer medications may be revisited if there is evidence that the student is not handling or administering the medication appropriately or that the student's actions may be harming his or her own health or the health and safety of others.

### **Emergency Medications**

All student-occupied buildings in this district are equipped with prefilled epinephrine auto syringes, asthma-related rescue medications and naloxone. The school nurse or another employee trained and supervised by the school nurse may administer these medications when they believe, based on training, that a student is having a serious or life-threatening reaction or episode. A prescription or written permission from a parent/guardian is not necessary to administer these medications in an emergency situation.

Epinephrine, naloxone and asthma-related rescue medications will be administered only in accordance with written protocols provided by an authorized prescriber. Naloxone (brand name Narcan) will be administered by nurses and other trained employees to students suspected of having an opioid-related drug overdose. The Board will purchase an adequate supply of prefilled epinephrine auto syringes, asthma-related rescue medications and naloxone based on the recommendation of the school nurse, who will be responsible for maintaining adequate supplies based on previous use levels and replacing expired syringes and medications.

The school principal or designee will maintain a list of students who cannot, according to their parents/guardians, receive epinephrine, naloxone or asthma-related rescue medications. A current copy of the list will be kept with the medications at all times.

## Consequences

Students who possess or consume medications in violation of this policy while on district grounds, on district transportation or during a district activity may be disciplined up to and including suspension or expulsion. Employees who violate this policy may be disciplined up to and including termination. District administrators will notify law enforcement when they believe a crime has occurred.

\* \* \* \* \*

***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Adopted: 9/25/18

Revised: 8/ 22 /2019

Cross Refs: AH, Use of Tobacco Products and Imitation Tobacco Products  
EBB, Communicable Diseases  
EBBA, Illness and Injury Response and Prevention  
KK, Visitors to District Property/Events

Legal Refs: Mo. Const., art. XVI ' 1  
' ' 167.621 - .635, .800 - .824, 192.945, .947, 335.016, .066, 338.059,  
577.625, .628, RSMo.  
*Davis v. Francis Howell Sch. Dist.*, 138 F.3d 754 (8th Cir. 1998)  
*DeBord v. Board of Educ. of Ferguson-Florissant Sch. Dist.*, 126 F.3d  
1102 (8th Cir. 1997)

East Carter R-II School District, Ellsinore, Missouri

## ADMINISTRATION OF MEDICATIONS TO STUDENTS

### *Medication Administration*

1. All medications must be delivered to the school principal or designee by the parent/guardian in a properly labeled container from the pharmacy or in the manufacturer's original packaging.
2. All medications must be accompanied by a written administration request from the parent/guardian.
3. Medications will be stored in an environmentally appropriate locked area to which the school nurse and school principal have keys.
4. The school nurse will maintain proper documentation of all medications and their administration. Documentation will minimally include the:
  - Student's name.
  - Prescriber's name.
  - Pharmacy.
  - Prescription number.
  - Name of the medication.
  - Dosage.
  - Date and time administered.
  - Reasons for *not* giving medications as prescribed (e.g., vomiting, spills, refusal), if applicable.
  - Name and signature of person who actually administered the medication.
5. To the extent practical, students shall be provided privacy when receiving medications.
6. The school nurse will work with the student, parents/guardians and teachers in determining how best to deliver the medication to the student during the school day.

7. Emergency medications provided by parents/guardians for students who may have severe allergic reactions or anaphylaxis must be accompanied by a standing order from a licensed healthcare provider.
8. If the district maintains naloxone, prefilled epinephrine auto syringes, or asthma-related rescue medications, a list of students whose parents/guardians indicate that they cannot receive such medications will be kept with the medications.

### ***Handling and Disposal of Medications***

1. All medications shall be inventoried upon receipt. Schedule II controlled substances shall also be inventoried daily by the person administering the drug.
2. The record of the drug count shall be maintained in a log or on the student's medication record. Any count discrepancies shall be reported to the school nurse for further investigation.
3. Controlled substances shall be kept in double-locked storage, such as a locked box within a locked cabinet, to which the school nurse and the school principal or designee shall have keys.
4. Expiration dates on all medications will be checked on a routine basis.
5. Parents/Guardians may retrieve their student's medications from the school at any time during school hours.
6. When possible, all unused, discontinued or expired medication shall be returned to the parent/guardian and the return documented.
7. The school nurse may destroy medications if the parent/guardian consents, if a witness observes and if the destruction is properly documented.
8. All medications shall be returned to the parent/guardian or destroyed at the end of the school year.

\* \* \* \* \*

***Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.***

Implemented:

Revised: 8/22/2019

East Carter R-II School District, Ellsinore, Missouri

## ***PROCEDURE FOR THE ADMINISTRATION OF EPINEPHRINE***

**TO:** School nurse and all designated non-professional first aid Providers trained by the school nurse.

**FROM:** Brenda McGehee FNP-C

**SUBJECT:** Standing order for use of Epipen and Epipen Jr. in East Carter R-II Schools for treatment of acute anaphylaxis and/or severe allergic reactions.

**DATE:** May 13, 2020

Anaphylaxis is an acute systemic reaction that occurs upon exposure to an antigen to which the individual has been previously sensitized. Symptoms usually develop rapidly and may begin with local or generalized itching or burning, flushing, sweating, apprehension, irritative cough, pallor, nausea and vomiting. Occasionally there is rapid progression of signs and symptoms primarily involving the respiratory system (laryngeal edema, chest tightness, wheezing, dyspnea, cyanosis, voice changes related to laryngeal edema) and the cardiovascular system (profound shock, rapid arrest and death may follow due to hypoxia).

The probability that such a reaction will occur is remote. Nevertheless, it is best to be alert and prepared for such emergencies. In the event of anaphylaxis (an allergic reaction that may be triggered by asthma, an insect bite, a drug allergy, or a food allergy), the Epipen or Epipen Jr. may be used for anyone who is suspected of having an allergic reaction. The following procedure should be followed by the school nurse or designated non-professional first aid provider trained by a school nurse:

Severe allergic reactions in children are usually caused by an insect sting (bees, wasps) or may be caused by drugs or foods.

<b>SYMPTOMS TO WATCH FOR:</b>	
<b>Mild reaction</b>	<b>Rash, itching, hives</b>
<b>Moderate reaction</b>	<b>Difficulty breathing, wheezing</b>
<b>Severe reaction (Anaphylaxis)</b>	<b>Severe difficulty breathing, difficulty swallowing, fainting, vascular collapse (shock), cardiac arrest</b>

**KEEP CALM AND START TREATMENT PROMPTLY.** If you think the allergic reaction is progressing a mild reaction at the injection site to involve the whole extremity and perhaps

1. the entire body, **DO NOT WAIT FOR SYMPTOMS TO SUBSIDE. CALL 911 OR 322-5555 FOR HELP.**
2. For moderate to severe reactions (difficulty breathing, shock, laryngeal edema, wheezing, urticaria, and generalized pruritis): Administer Epipen or Epipen Jr. according to estimated weight of child into the limb opposite the injection site.  
See below for dosage by weight.

**Epipen Jr.-for those weighing approximately 66 pounds and under.**  
**Epipen-for those weighing approximately 66 pounds or over.**

**Directions for administering Epipen:**

1. Check syringe for color of fluid (do not inject if fluid is brown).
2. Pull off safety cap.
3. Place tip on thigh at right angle to the leg.
4. Press hard into thigh.
5. Hold in place for 10 seconds.
6. Remove and massage area for 10 seconds.

Dosage may be repeated every 20-30 minutes as needed, based but only with frequent monitoring of blood pressure and pulse. Many times, marked tachycardia and excitability make further administration of the drug unwise.

3. Inject Benadryl intramuscularly to inhibit the effects of further histamine release. Benadryl is NOT the primary drug to use in a severe or life-threatening reaction, but it may shorten the duration of the reaction and prevent relapses.

<u>BODY WEIGHT</u>	<u>DOSAGE BENADRYL</u>
15 lbs. Or less	0.125 ml. (6.25 mg.)
16 to 30 lbs.	0.25 ml (12.5 mg.)
31 to 110 lbs.	0.5 ml. (25 mg.)
above 110 lbs.	1.0 ml. (50 mg.)

4. Write down the time of the injection. Lay the patient flat, with feet elevated, and keep warm with a blanket. If respiratory difficulty occurs, head and chest may be elevated slightly.
5. Carefully monitor and record the patient's condition, including blood pressure, pulse, and respirations.
6. Monitor until emergency professionals arrive. Be prepared to administer CPR if needed.

## **Naloxone Standardized Procedure**

**TO:** School nurse and all designated non-professional first aid Providers trained by the school nurse

**FROM:** Brenda McGehee FNP-C

**SUBJECT:** Standing order for use of Naloxone (Narcan) in East Carter R-II Schools for treatment of Opioid Overdose

**DATE:** May 17, 2020

This updated Naloxone Standardized Procedure outlines how entities may become authorized to obtain, dispense, and administer naloxone hydrochloride for the purpose of reversing an opioid overdose. This Procedure also presents the educational requirements for obtaining the Missouri Naloxone Standing Order and the technique for administering naloxone.

### **Introduction**

Naloxone may be used to reverse opioid overdoses, including those caused by heroin, fentanyl, and certain prescription pain medications. The law authorizes trained pharmacists and first responders to dispense naloxone as an opioid antagonist intervention.

### **Educational Requirement**

Under this standardized procedure, eligible entities must complete training in opioid overdose reversal, which includes the following:

- Opioid overdose recognition and prevention
- Naloxone administration techniques
- The importance of calling 911 for the care of the overdose victim after naloxone administration

Naloxone is indicated for the reversal of opioid overdose, induced by natural or synthetic opioids, relative to respiratory depression or unresponsiveness. It should not be given to anyone known to be allergic to naloxone hydrochloride. It may be delivered intranasally.



## **Signs of Symptoms of Opioid Overdose**

- Slowed, irregular, or no breathing
- Skin, nails turn blue
- Extreme sleepiness
- Unresponsive to sternal rub or when shaken
- Pinpoint pupils

## **Standardized Procedure for Naloxone Administration**

1. Confirm signs and symptoms of potential opioid overdose
2. Call 9-1-1 and administer naloxone as follows (select dispensed dosage form):

### **Multi-Step Intranasal Naloxone:**

- Pop off two colored caps from the delivery syringe and one from the naloxone vial
- Screw the naloxone vial gently into the delivery syringe
- Screw the mucosal atomizer device onto the top of the syringe
- Spray half (1 mL) of naloxone in one nostril and the other half (1 mL) in the other
- Repeat if there is no response after three minutes

### **Single-Step Intranasal Naloxone:**

- Peel back the package to remove the device
- Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle
- Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose
- Press the plunger firmly to release the dose into the patient's nose
- Repeat if there is no response after 3 minutes

3. Provide rescue breathing using a disposable rescue breathing device, chest compressions, or full cardiopulmonary resuscitation (CPR) based on the training and abilities of the responder<sup>1</sup> or follow the instructions of the 911 dispatcher.

4. If person becomes unresponsive again, administer another dose of naloxone. Stay with the person until emergency help arrives.

### **Contraindications**

- Patient is known to be hypersensitive to naloxone hydrochloride

### **Precautions**

- Pre-existing cardiac disease or seizure disorder
- Person is suspected to be physically dependent on opioids including newborns of mothers with opioid dependence (Reversal of opioid effect will precipitate acute abstinence syndrome)
- Use in Pregnancy:
  1. Teratogenic Effects: Pregnancy category C, no adequate or well controlled studies in pregnant women
  2. Non-teratogenic Effects: Pregnant women known or suspected to have opioid dependence often have associated fetal dependence. Naloxone crosses the placenta and may precipitate fetal withdrawal symptoms
  3. Naloxone should only be used in pregnant women with opioid dependence in situations of life-threatening overdose
- Nursing Mothers: Caution should be exercised when administering to nursing women due to transmission in human milk
- Geriatric Use: Caution should be exercised for potential decreased hepatic, renal and cardiac function, as well as concomitant disease and other pharmacotherapies

### **Adverse Reactions**

- Adverse reactions are related to precipitating opioid withdrawal. They include fever, hypertension, tachycardia, agitation, restlessness, diarrhea, nausea/vomiting, myalgias, diaphoresis, abdominal cramping, yawning, and sneezing.
- These symptoms may appear within minutes of naloxone administration and subside in approximately 2 hours.
- The severity and duration of the withdrawal syndrome is related to the dose of naloxone and the degree of opioid dependence.  
1As there is insufficient data to recommend one resuscitation method over another, naloxone entities will need to determine whether rescue breathing, chest compressions, both, or neither, is most appropriate for inclusion in their training curricula. (New York State Technical Working Group on Resuscitation Training in Naloxone Provision Programs. 2016)  
Adverse effects beyond opioid withdrawal are rare.

## **Naloxone Standing Order**

### **Naloxone Kits:**

**Multi-step Intranasal Naloxone Kits containing, at a minimum:** □ Two (2) Luer-Jet luer-lock sterile syringes prefilled with naloxone hydrochloride (2 mg/2 ml)(NDC 763293369-01) □ Two mucosal atomization devices □ Overdose prevention information pamphlet with step-by-step instructions for use.

**Single-step Intranasal Naloxone Kits containing, at minimum** □ One (1) box containing two (2) Narcan® Nasal Spray Devices (4 mg)(NDC 69547-353-02) □ Overdose prevention information pamphlet with step-by-step instructions for use.

**Dispense at minimum one (1) naloxone kit to the entity trained to receive the medication in accordance to the Naloxone Standardized Protocol. Unlimited refills are authorized.**

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**Brenda McGehee, FNP-C**

**Date:**\_\_\_\_\_

**Effective : May 30, 2020**

## ***DO NOT RESUSCITATE (DNR) ORDERS***

Each request for the district to honor a do not resuscitate order (DNR) will be dealt with individually.

The district will develop an individualized health plan (IHP), or modify an existing IHP, for any student subject to a DNR. The IHP will be developed in conjunction with the parents; the student if appropriate; a school nurse and other appropriate staff; the student's physician; emergency medical personnel, if possible; and other specialists as needed. If the student is receiving special education services pursuant to the Individuals with Disabilities Education Act (IDEA) or accommodations pursuant to Section 504 of the Rehabilitation Act of 1973, the Individualized Education Program (IEP) team or 504 team will be involved in the development of the IHP.

In addition to the usual contents of an IHP, the IHP of a student with a DNR order will specify which life-sustaining procedures will be used by district personnel in the case of an emergency. Emergency medical personnel will be summoned in all emergency situations as required in Board policy. A copy of the DNR will be attached to the IHP and provided to emergency medical personnel.

\* \* \* \* \*

***Note: The reader is encouraged to check the index located at the beginning of this section for other pertinent policies and to review administrative procedures and/or forms for related information.***

Tentatively Approved: 4/16/09

Adopted: 5/21/09

Revised:

Legal Refs: Individuals with Disabilities Education Act, 20 U.S.C. §§ 1400 – 1487

The Rehabilitation Act of 1973, Section 504, 29 U.S.C. § 794

Americans with Disabilities Act, 42 U.S.C. §§ 12101 - 12213

East Carter County R-II School District, Ellsinore, Missouri

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## **STUDENT ALLERGY PREVENTION AND RESPONSE**

The purpose of this policy is to create an organized system for preventing and responding to allergic reactions. This policy is not a guarantee of an allergen-free environment; instead, it is designed to increase awareness, provide education and training, reduce the chance of exposure and outline responses to allergic reactions. The best form of prevention for life-threatening allergies is avoidance of the allergen.

Research shows that allergies can negatively impact student achievement by affecting concentration, auditory processing and attendance. Further, healthy students are better learners. In addition to posing health risks, allergies can be potentially deadly for some individuals.

This policy applies to district facilities to which students have access and includes transportation provided by the district. The Board instructs the superintendent or designee to develop procedures to implement this policy.

### **Identification**

Each school will attempt to identify students with life-threatening allergies, including food allergies. An allergic reaction is an immune system response to a substance that itself is not harmful but that the body interprets as being harmful. Allergic reactions can range from mild to severe and can even be life threatening. At enrollment, the person enrolling the student will be asked to provide information on any allergies the student may have.

### **Prevention**

Students with allergies that rise to the level of a disability as defined by law will be accommodated in accordance with district policies and procedures pertaining to the identification and accommodation of students with disabilities. An individualized health plan (IHP), including an emergency action plan (EAP), may be developed for students with allergies that do not rise to the level of a disability.

All staff members are required to follow any Section 504 plan or IHP/EAP developed for a student by the district. Staff members who do not follow an existing Section 504 plan or IHP/EAP will be disciplined, and such discipline may include termination.

Staff members shall not use air fresheners, oils, candles or other such items intended to add fragrance in any district facilities. This provision will not be construed to prohibit the use of personal care items that contain added fragrance, but the principal may require staff members to refrain from the use of personal care items with added fragrance under particular circumstances.

Staff members are prohibited from using cleaning materials, disinfectants, pesticides or other chemicals except those provided by the district.

The district will not serve any processed foods, including foods sold in vending machines, that are not labeled with a complete list of ingredients. Vended items must

include a list of ingredients on the individual package. The food service director will create an ingredient list for all foods provided by the district as part of the district's nutrition program, including food provided during the school day and in before- and after-school programs. This list will be available upon request.

Prepackaged items used in concessions, fundraisers and classroom activities must include a list of ingredients on the package. If the package does not contain a list of ingredients, the list of ingredients must be available at the location where the package is sold or provided.

### **Education and Training**

All staff members will be regularly trained on the causes and symptoms of and responses to allergic reactions. Training will include instruction on the use of epinephrine premeasured auto-injection devices.

In accordance with law, qualified employees will be held harmless and immune from civil liability for administering epinephrine in good faith and according to standard medical practices. A qualified employee is one who has been trained to administer medication, including epinephrine, in accordance with standard medical practice.

Age-appropriate education on allergies and allergic reactions will be provided to students as such education aligns with state Grade-Level Expectations (GLEs) for health education. Education will include potential causes, signs and symptoms of allergic reactions; information on avoiding allergens; and simple steps students can take to keep classmates safe.

### **Confidentiality**

Information about individual students with allergies will be provided to all staff members and others who need to know the information to provide a safe learning environment for the student. Information about individual students with allergies will not be shared with students and others who do not have a legitimate educational interest in the information unless authorized by the parent/guardian or as otherwise permitted by law, including the Family Educational Rights and Privacy Act (FERPA).

### **Response**

Response to an allergic reaction shall be in accordance with established procedures, including application of the student's Section 504 plan or IHP/EAP. Information about known allergies will be shared in accordance with FERPA. Each building will maintain an adequate supply of epinephrine premeasured auto-injection devices to be administered in accordance with Board policy.

\* \* \* \* \*

Adopted: May 26, 2011

Revised: April 25, 2013

## STUDENT ALLERGY PREVENTION AND RESPONSE

The school nurse shall oversee the administration of these procedures in consultation with the food service director, the School Health Advisory Council (SHAC), the wellness committee, the transportation director, local health authorities and, where appropriate, the special education director or 504 coordinator.

### Definitions

*Allergen* – A substance that triggers an allergic reaction.

*Allergic Reaction* – An immune system response to a substance that itself is not harmful but that the body interprets as being harmful. Allergic reactions trigger inflammation in the skin (hives, itching, a rash); in the respiratory system (coughing, wheezing, difficulty breathing); in the gastrointestinal tract (vomiting, diarrhea, stomach pain); and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). Anaphylaxis is another type of allergic reaction.

*Anaphylaxis* – A life-threatening allergic reaction that involves the entire body. It may be characterized by symptoms such as lowered blood pressure, wheezing, nausea, vomiting or diarrhea and swelling and hives. Anaphylaxis may result in shock or death.

*Emergency Action Plan* – An EAP is a written plan for students who have life-threatening conditions, such as an allergy. This plan is designed to inform school district personnel who may be called upon to respond.

*Individualized Health Plan* – An IHP is a document created by the district in cooperation with the parents and, when appropriate, a student's health care provider for students who have specific health care needs. It is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals.

*Life-Threatening Allergy* – An allergic reaction that is severe enough to potentially cause death.

### General

In accordance with Board policy, the nurse or designee will provide training to all staff members about the causes and symptoms of and responses to allergic reactions. This training will be provided to current staff members within thirty (90) days of the adoption of the Allergy Prevention and Response policy. Staff members who are hired after this training has been conducted will be provided the information within ten (10) work days of the first day of employment.

Pursuant to Board policy, students may carry medication for the treatment of allergies. In addition, epinephrine premeasured auto-injection devices are available in each building and stored in the following locations:

Building: HEALTH OFFICE Locations: MEDICINE CABINET  
 Building: \_\_\_\_\_ Locations: \_\_\_\_\_  
 Building: \_\_\_\_\_ Locations: \_\_\_\_\_

Staff will respond to allegations of harassment or bullying on the basis of an allergy in accordance with the district's policy on bullying.

All staff will be instructed in approved cleaning methods, including the use of soap and hot water, and required to use approved methods in any location in which food is served.

### **Response to an Allergic Reaction**

Any staff member who becomes aware that a student is having an allergic reaction must:

1. Stay with the student
2. Notify the nurse immediately
3. Contact the parents

If a staff member determines that the allergic reaction is potentially life-threatening the staff member will implement the student's 504 Plan, Individualized Health Plan (IHP) or Emergency Action Plan(EAP) if the staff member is familiar with the plan.

If the student does not have a 504 Plan, IHP or EAP, the staff member is not familiar with the 504 Plan, IHP or EAP or such plan is not immediately available, the staff member will immediately take or direct another person to take the following actions.

1. Call 911.
2. Notify the school nurse or, if the nurse is not available, notify\_\_\_\_HEALTH CLERK\_\_\_\_ (designee).
3. Administer epinephrine, if available, at the direction of the school nurse or designee. If the school nurse is not present, the staff member may administer epinephrine, if available, if the staff member determines it is necessary to safeguard the health of the student.



4. Notify the parents.

5. Provide first responders with information about the student's allergy and reaction and any actions already taken.

6. A staff member will remain with the student until a parent/guardian or emergency contact arrives or until the student is transported from the district by first responders.

As soon as possible after the allergic reaction, the nurse will consult with the 504 compliance coordinator and the student's parent/guardian to determine whether a 504 Plan or IHP/EAP would be appropriate for the student.

### **Instructional Areas**

No food preparation or consumption will take place in any instructional area unless the instructor has permission from the building administrator. Courses that include food preparation or consumption as a regular part of the curriculum are exempt from this provision, but instructors in these courses have an increased responsibility to monitor student adherence to prevention procedures.

### **Dining Areas**

The school nurse or designee will provide the food service director with a copy of any 504 Plan or IHP that concerns diet, along with a photograph of the student. In lieu of providing a copy of the actual plan, the nurse or designee may provide a document with all the pertinent information. Any 504 Plan or IHP that requires food substitutions must include a written statement from a licensed physician that:

1. Describes the disability or condition.
2. Explains how the student is restricted as a result of the disability or condition.
3. Identifies the major life activities affected by the disability or condition.
4. Lists omitted and permitted foods.

The food service director will provide information to food service personnel as necessary. Food service personnel will not act on individual requests for dietary accommodations. If a student or parent/guardian of a student who does not have a 504 Plan or IHP/EAP on file with the food service director requests an accommodation, he or she will be referred to the school nurse for assistance. The food service director will arrange for all food service staff to be trained in food label reading, cross-contamination avoidance, safe food handling and food item labeling requirements.

If there is any change in the menu after the menu has been posted, the food service director will notify the school nurse or designee. The nurse or designee will notify parents of students with a 504 Plan or IHP/EAP for food allergies if necessary.

The principal may designate one (1) or more tables in the dining area as peanut and nut-free areas. Students who use these tables may not have any food or beverage that contains or may contain peanuts or other nuts. If any student has been identified as having life-threatening allergies to a food or beverage other than peanuts or nuts, the principal may designate one (1) or more tables as allergen-free areas and specify the prohibited foods and beverages. Staff responsible for cleaning dining areas will clean any such designated tables prior to each use according to United States Department of Agriculture (USDA) recommendations using separate cleaning supplies. No student will be required to sit at the designated table.

Staff members supervising dining areas will promote a "no sharing/no trading" environment to prevent students from trading food, beverages or dining utensils.

### **Transportation and Off-Site Activities**

Except as otherwise outlined in this procedure, drivers will not allow students to eat or drink on district transportation unless the student has written permission from his or her building principal. Written permission will be provided if the student has a medical need to consume food or beverages during the time the student is transported. A student who has a medical need to consume food or beverages on district transportation must have a 504 Plan or IHP that addresses which foods or beverages the student may consume if he or she is transported with any other student who has a life-threatening food allergy.

Students being transported to and from activities on district transportation may be allowed to consume food and beverages if the staff member serving as sponsor has verified that none of the students being transported have documented life-threatening food allergies.

Staff members must submit a list of students taking part in off-site activities, such as competitions and field trips, to the nurse at least five (5) days prior to the activity. The nurse will verify which, if any, students have allergies and provide the staff member with a copy of the relevant 504 Plans or IHPs or EAPs and any medications that may be needed in the case of an allergic reaction.

***Note: The reader is encouraged to review policies and/or forms for related information in this administrative area.***

Implemented: June 7, 2011

Revised:

## Training of Staff

Staff training need not be lengthy, but should cover the various types of allergic reactions and how to identify and respond to a life-threatening reaction. Staff members who have responsibility for students who have an emergency action plan (EAP) should be trained on the plan annually. Training materials and assistance are available on the Missouri Department of Health and Senior Services (DHSS) website; including the *Manual for School Health*. House Bill 922 did not specify how often staff should be trained, but presumably training should be frequent enough that all staff members have at least been introduced to the subject. This model procedure requires training within thirty (30) days after the initial adoption of the policy, but this is just a suggestion. The school district may want to train at the beginning of the school year immediately following the adoption of the policy, annually, or on some other schedule. The key is to make sure that staff members are trained quickly and at least once. No school district wants the tragedy of a student dying from an allergic reaction because the district did not get around to providing training.

## Nut-Free and Allergen-Free Areas

Please note that the nut-free and allergen-free tables may be occupied by any student. These tables should not be restricted so that only students with allergies sit at the tables.

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## REPORTING AND INVESTIGATING CHILD ABUSE/NEGLECT

The East Carter R-II School District and its employees will take action to protect students and other children from harm including, but not limited to, abuse and neglect, and will respond immediately when discovering evidence of harm to a child. Employees must cooperate fully with investigations of child abuse and neglect. The district prohibits discrimination, negative job action or retaliation against any district employee who, in good faith, reports alleged child abuse or neglect, including alleged misconduct by another district employee.

Employees failing to follow the directives of this policy or state or federal law will be subject to discipline including, but not limited to, termination, and may be subject to criminal prosecution.

### Definitions

**Abuse B** Any physical injury, sexual abuse or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody and control or by any other person, except that discipline including spanking, administered in a reasonable manner, shall not be construed as abuse. Physical injury, sexual abuse and emotional abuse are defined by the Children's Division (CD) of the Department of Social Services in 13 C.S.R. 35-31.010.

**Child B** Any person under 18 years of age.

**Neglect B** The failure to provide, by those responsible for the care, custody and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical or any other care necessary for the child's well-being.

**Those Responsible for the Care, Custody and Control of the Child B** Includes, but is not limited to, any person exercising supervision over a child for any part of a 24-hour day as well as any adult who has access to the child.

### Public School District Liaison

The superintendent shall designate a specific person or persons to serve as the public school district liaison(s) and forward that information to the local division office of the CD. The liaison(s) shall develop protocols in conjunction with the chief investigator of the local division office to ensure information regarding the status of a child abuse or neglect investigation is shared with appropriate school personnel.

The liaison(s) will also serve on multidisciplinary teams used in providing protective or preventive social services along with law enforcement, the juvenile officer, the juvenile court and other agencies, both public and private.

## **Training**

The superintendent or designee shall implement annual training necessary to assist staff members in identifying possible instances of child abuse and neglect, including annual updates regarding any changes in the law. Such training shall:

1. Provide current and reliable information on identifying signs of sexual abuse in children and danger signals of potentially abusive relationships between children and adults.
2. Emphasize how to establish an atmosphere of trust so that students feel that their school has concerned adults with whom they feel comfortable discussing matters related to abuse.
3. Emphasize that all mandatory reporters shall, upon finding reasonable cause, directly and immediately report suspected child abuse or neglect. These reports must be made even if the person suspected of abusing the child is another mandated reporter, such as another school employee.
4. Emphasize that no supervisor or administrator may impede or inhibit any reporting under state law.
5. Emphasize that no person making a report in accordance with law shall be subject to any sanction, including any adverse employment action, for making such a report.

## **Reporting Child Abuse/Neglect**

The Board of Education requires its staff members to comply with the state child abuse and neglect laws and the mandatory reporting of suspected neglect and/or abuse. Any school official or employee acting in his or her official capacity who knows or has reasonable cause to suspect that a child has been subjected to abuse or neglect, or who observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, shall directly and immediately make a report to the CD, including any report of excessive absences that may indicate educational neglect. No internal investigation shall be initiated until such a report has been made, and even then the investigation may be limited if the report involves sexual misconduct by a school employee. Employees who make such reports to the CD must notify the school principal or designee that a report has been made. The principal or designee will notify the superintendent or designee and the district liaison(s) about the report.

The school principal or designee may also notify law enforcement or the juvenile office when appropriate. If an employee has reason to believe that a victim of such abuse or neglect is a resident of another state or was injured as a result of

an act that occurred in another state, then, in addition to notifying the Missouri CD pursuant to this policy, he or she may also make a report to the child protection agency with the authority to receive such reports, pursuant to law, in the other state.

The reporting requirements are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No employee making a report in accordance with law shall be subject to any sanction, including any adverse employment action, for making such a report. Further, the superintendent and other district administrators shall ensure that any employee mandated by law to make a report shall have immediate and unrestricted access to the communication technology necessary to make an immediate report. Employees shall also be temporarily relieved of other work duties for such time as is required to make any mandated report.

### **Reporting Allegations of Sexual Misconduct by a School Employee**

The district takes all allegations of sexual misconduct seriously, regardless of the source. However, an allegation of sexual misconduct by a school employee is particularly serious. In accordance with law, if a student reports alleged sexual misconduct on the part of a school district employee to an employee of this district, the employee who receives the report and the superintendent shall immediately report the allegation to the CD as set forth in law, regardless of whether the employee or superintendent has reasonable cause to suspect abuse. For the purposes of this policy, the term "sexual misconduct" is defined as engaging in any conduct with a student, on or off district property, that constitutes 1) the crime of sexual misconduct; 2) illegal sexual harassment as defined in policy AC, as determined by the district; or 3) child abuse involving sexual behavior, as determined by the CD.

The CD will investigate all allegations of sexual misconduct involving district employees. The district may investigate the allegations for the purpose of making employment decisions.

### **Investigating Child Abuse/Neglect**

In general, the CD investigates reports of child abuse and neglect. However, state statute requires the district to initially investigate allegations of child abuse by district employees in situations other than sexual misconduct to ensure that the allegations are not made for the purpose of harassing district staff.

When the CD receives a child abuse report alleging that an employee of the district has abused a student in situations other than those involving sexual misconduct, the report shall be immediately referred to the superintendent (or the president of the School Board in situations concerning the superintendent),

who will conduct an initial investigation. If the initial investigation determines that the report relates to a spanking by a certificated district employee or the use of reasonable physical force against a student for the protection of persons or property by any district personnel administered pursuant to district policy, or if it is determined that the sole purpose of the report is to harass a district employee, the report will be investigated as detailed below in accordance with law. All other reports of any nature will be immediately returned to the CD for investigation.

#### **Harassment, Spanking or Protection of Persons or Property by District Staff**

If a report to the CD relates to a spanking by a certificated district employee or the use of reasonable physical force against a student for the protection of persons or property by any district personnel administered pursuant to district policy, or if it is determined that the sole purpose of the report is to harass a district employee, the superintendent, Board president or a designee of either will notify law enforcement of the county in which the alleged incident occurred. The district will jointly investigate the matter with the law enforcement officer. The superintendent, Board president and their designees are authorized to contact and utilize the district's attorney to assist in the investigation.

Once the investigation is concluded, the law enforcement officer and the investigating district personnel will issue separate reports of their findings, no later than seven days after the district receives notice of the allegation from the CD. The reports must contain a statement of conclusion as to whether the preponderance of evidence supports a finding that the alleged incident of child abuse is substantiated or unsubstantiated. The Board will consider the separate reports and will issue its findings and conclusions, if any, within seven days after receiving the last of the two reports. The findings and conclusions will be made as required by state law and will be sent to the CD.

#### **Referral to the Office of Child Advocate for Children's Protection and Services**

If the CD determines that a report of child abuse or neglect is unsubstantiated, the district or a district employee may request that the report be referred to the Office of Child Advocate for Children's Protection and Services for additional review.

#### **Information from the Children's Division**

In accordance with law, as mandated reporters district employees reporting child abuse and neglect are entitled upon request to information on the general disposition of a report of child abuse or neglect and may receive findings and information concerning the case at the discretion of the CD. The CD will also notify the district when a student is under judicial custody or when a case is active regarding a student.

Any information received from the CD will be kept strictly confidential in accordance with law and will only be shared with district employees who need to know the information to appropriately supervise the student or for intervention and counseling purposes. All written information received by any public school district liaison or the district shall be subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Information received from the CD will not be included in the student's permanent record.

### **Immunity**

In accordance with law, any person who in good faith reports child abuse or neglect; cooperates with the CD or any law enforcement agency, juvenile office, court, or child-protective service agency of this or any other state in reporting or investigating child abuse or neglect; or participates in any judicial proceeding resulting from the report will be immune from civil or criminal liability.

Any person who is not an employee of the district and who in good faith reports to a district employee a case of alleged child abuse by any district employee will be immune from civil or criminal liability for making such a report or for participating in any judicial proceedings resulting from the report.

**Adopted: July 28, 2016**

**Revised:**

**Cross Refs: AC, Prohibition against  
Discrimination, Harassment and Retaliation GBH, Staff/Student Relations GBLB,  
References GCPD, Suspension of Professional Staff Members GCPE,  
Termination of Professional Staff Members GCPF, Renewal of Professional Staff  
Members GDPD, Nonrenewal, Suspension and Termination of Support Staff  
Memb**



## **STUDENT RECORDS (K-12 Districts)**

In order to provide students with appropriate instruction and educational services, it is necessary for the district to maintain extensive and sometimes personal information about students and families. These records must be kept confidential in accordance with law, but must also be readily available to district personnel who need the records to effectively serve district students.

The superintendent or designee will provide for the proper administration of student records in accordance with law, develop appropriate procedures for maintaining student records and standardize procedures for the collection and transmittal of necessary information about individual students throughout the district. The superintendent and building principals will develop a student records system that includes protocols for releasing student education records. Principals are responsible for maintaining and protecting the student education records in each school. The superintendent or designee will make arrangements so that all district employees are trained annually on the confidentiality of student education records, as applicable for each employee classification.

### **Definitions**

*Eligible Student B* A student or former student who has reached age 18 or is attending a postsecondary school.

*Parent B* A biological or adoptive parent of a student, a guardian of a student, or an individual acting as a parent or guardian in the absence of the student's parent or guardian.

*Student B* Any person who attends or has attended a school in the school district and for whom the district maintains education records.

### **Health Information**

Student health information is a type of student record that is particularly sensitive and protected by numerous state and federal laws. Student health information shall be protected from unauthorized, illegal or inappropriate disclosure by adherence to the principles of confidentiality and privacy. The information shall be protected regardless of whether the information is received

orally, in writing or electronically and regardless of the type of record or method of storage.

### **Parent and Eligible Student Access**

All parents may inspect and review their student's education records, seek amendments, consent to disclosures and file complaints regarding the records as allowed by law. These rights transfer from the parent to the student once the student becomes an eligible student; however, under the Missouri Sunshine Law, parents maintain some rights to inspect student records even after a student turns 18. The district will extend the same access to records to either parent, regardless of divorce, custody or visitation rights, unless the district is provided with evidence that the parent's rights to inspect records have been legally modified.

If a parent or eligible student believes an education record related to the student contains information that is inaccurate, misleading or in violation of the student's privacy, the parent or eligible student may use the appeals procedures created by the superintendent or designee to request that the district amend the record.

The district will annually notify parents and eligible students of their rights in accordance with law.

### **Directory Information**

Directory information is information contained in an education record of a student that generally would not be considered harmful or an invasion of privacy if disclosed without the consent of a parent or eligible student. The district will designate the types of information included in directory information and release this information without first obtaining consent from a parent or eligible student unless a parent or eligible student notifies the district in writing as directed. Parents and eligible students will be notified annually of the information the district has designated as directory information and the process for notifying the district if they do not want the information released.

Even if parents or eligible students notify the district in writing that they do not want directory information disclosed, the district may still disclose the information if required or allowed to do so by law. For example, the district may require students to disclose their names, identifiers or district e-mail addresses in classes in which they are enrolled, or students may be required to wear, publicly display or disclose a student identification card or badge that exhibits information that is designated as directory information.

The school district designates the following items as directory information.

***General Directory Information*** - The following information the district maintains about a personally identifiable student may be disclosed by the district to the school community through, for example, district publications, or to any person without first obtaining written consent from a parent or eligible student:

Student's name; date and place of birth; parents' names; grade level; enrollment status (e.g., full-time or part-time); student identification number; user identification or other unique personal identifier used by the student for the purposes of accessing or communicating in electronic systems as long as that information alone cannot be used to access protected educational records; participation in district-sponsored or district-recognized activities and sports; weight and height of members of athletic teams; athletic performance data; dates of attendance; degrees, honors and awards received; artwork or course work displayed by the district; schools or school districts previously attended; and photographs, videotapes, digital images and recorded sound unless such records would be considered harmful or an invasion of privacy.

***Limited Directory Information*** - In addition to general directory information, the following information the district maintains about a personally identifiable student may be disclosed to: parent groups or booster clubs that are recognized by the Board and are created solely to work with the district, its staff, students and parents and to raise funds for district activities; parents of other students enrolled in the same school as the student whose information is released; students enrolled in the same school as the student whose information is released; governmental entities including, but not limited to, law enforcement, the juvenile office and the Children's Division (CD) of the Department of Social Services:

The student's address, telephone number and e-mail address and the parents' addresses, telephone numbers and e-mail addresses.

## **Law Enforcement Access**

The district may report or disclose education records to law enforcement and juvenile justice authorities if the disclosure concerns law enforcement's or juvenile justice authorities' ability to effectively serve, prior to adjudication, the student whose records are released. The officials and authorities to whom such information is disclosed must comply with applicable restrictions set forth in federal law.

If the district reports a crime committed by a student with a disability as defined in the Individuals with Disabilities Education Act (IDEA), the district will transmit

copies of the special education and disciplinary records to the authorities to whom the district reported the crime as allowed by law.

Law enforcement officials also have access to directory information and may obtain access to student education records in emergency situations as allowed by law. Otherwise, law enforcement officials must obtain a subpoena or consent from the parent or eligible student before a student's education records will be disclosed.

### **Children's Division Access**

The district may disclose education records to representatives of the CD when reporting child abuse and neglect in accordance with law. Once the CD obtains custody of a student, CD representatives may also have access to education records in accordance with law. CD representatives may also have access to directory information and may obtain access to student education records in emergency situations, as allowed by law.

### **Military and Higher Education Access**

The district will disclose the names, addresses and telephone numbers of secondary school students to military recruiters or institutions of higher education as required by law. However, if a parent, or a secondary school student who is at least 18, submits a written request, the district will not release the information without first obtaining written consent from the parent or the student. The district will notify parents, and secondary school students who are at least 18, that they may opt out of these disclosures.

Adopted:

Revised: May 25, 2017

Cross Refs: BBFA, Board Member Conflict of Interest and Financial Disclosure  
EFB, Free and Reduced-Price Food Service EHB, Technology Usage EHBC,  
Privacy Protection GBCB, Staff Conduct IGBA, Programs for Students with  
Disabilities IGBE, Students in Foster Care IGDB, Student Publications IIAC,  
Instructional Media Centers/School Libraries IL, Assessment Program KB,  
Public Information Program KBA, Public's Right to Know KDA, Custodial and  
Noncustodial Parents

## ***CONFIDENTIALITY***

Student health information shall be protected from unauthorized, illegal or inappropriate disclosure by universal adherence to the principles of confidentiality and privacy by all employees and volunteers. The information shall be protected regardless of source, i.e., oral, printed or electronic means, and regardless of type of record, record keeping or method of storage. These requirements of confidentiality shall apply to all student information including, but not limited to academic, family, social, economic and health. Health services personnel shall be knowledgeable about the district's implementation of the Family Education Rights and Privacy Act (FERPA), i.e., who can access health records, under what circumstances, and when information may be disclosed appropriately.

Local district procedures on confidentiality should:

1. Identify those who have access to student health records consistent with the Family Education Rights and Privacy Act (FERPA). For school staff, this would include those with a "legitimate educational interest" in order to fulfill his or her professional responsibilities. Except as permitted by FERPA, the district may not share information contained in student records, including medical and health information, without informed written consent from the parent(s)/guardian(s).
2. Health office staff is charged with maintaining student health records. The principal must always have access.
3. Student health records shall be maintained in a secure location, but accessible to those with a legitimate educational or medical need to know. Access to electronic records should be controlled by means of passwords to allow access to the appropriate level of information.
4. The district shall have parental consent before student health records are released unless such release is permitted pursuant to FERPA, the Missouri Sunshine Law, or other applicable state or federal law.
5. The discussion of health information in the hallways or other common areas where such discussions could be overheard is prohibited.
6. Any volunteer that has access to any student records must sign a statement acknowledging the volunteer's obligation to protect the confidentiality of student records in accordance with the law and Board policy.
7. Health records will be maintained in accordance with the records retention schedule developed by the Missouri Secretary of State's office.
8. The district's staff is trained annually on confidentiality by the Special Ed. Director

## Retention of Health Records

<b>Record</b>	<b>Retention</b>
<b>Individualized Student Records –</b> <ul style="list-style-type: none"> <li>• Cumulative health record – record specific to a student with health history, immunization records, including immunization exemptions – medical and religious, screening results, etc.</li> <li>• Clinic record – documentation of student visit, assessment, and care.</li> </ul>	<p>10 years or age 23 then destroy</p> <p>23 years-of-age Rev. 8/12</p>
<b>Clinic Records</b> <b>Nursing Documentation – detail of assessment and care to individual student:</b> <ul style="list-style-type: none"> <li>• Physician orders for medications, treatments, procedures; • Parent(s)/guardian(s) consent for medication, treatments, procedures;</li> <li>• Medication records and parent consents (parent/guardian, physician);</li> <li>• Treatment records and parent consents (flow charts for asthma peak flow readings, seizure logs, blood glucose, catheterizations, tube feedings, etc.);</li> <li>• Behavioral Assessment Tools (assessment of drug or alcohol use, observations for medication effects (ADD/ADHD);</li> <li>• Injury reports from health care provider (ie: care and activity restrictions, physician releases, or exclusion from sports/school); hospital records;</li> <li>• Child abuse and neglect documentation – notes, graphics;</li> <li>• Audiology reports;</li> </ul>	<p>Stored in student's individual health record until 23 years- of-age then destroy Rev. 8/13</p>
<ul style="list-style-type: none"> <li>• Individual healthcare plans;</li> <li>• Asthma action plans;</li> <li>• Emergency action plans;</li> <li>• Screening reports of medical professionals;</li> <li>• Emergency Cards (renewed annually);</li> <li>• Daily clinic log (with entry of name, date, time of visit – not considered adequate to document individualized care – recommend individual records, i.e., notebook, card file, etc.);</li> <li>• Head injury note;</li> </ul>	<p>May be discarded after one year. Any pertinent information should be summarized on cumulative health record. Destroy</p>
<ul style="list-style-type: none"> <li>• Immunization Records;</li> </ul>	<p>3 years after leaving school or graduating Destroy Rev. 8/12</p>
<ul style="list-style-type: none"> <li>• Immunization “in progress” forms;</li> </ul>	<p>Until next dose is given. Rev. 8/09</p>
<ul style="list-style-type: none"> <li>• Incident reports – record of internal concerns, medication errors, injury reports.</li> </ul>	<p>Stored separately from student records</p>

Retrieved April 2014 from: <http://sos.mo.gov/archives/localrecs/schedules/>- listed under Health

## ***SCHOOL HEALTH FACILITIES AND SUPPLIES***

It is the responsibility of the school administration to provide the most desirable work setting possible in which to carry out effective health services. The school nurse must utilize what is provided in a way that communicates an attitude toward health promotion and disease prevention.

The school's health facilities should accommodate all school health activities, such as emergency care of illness and injury, health appraisals, routine screenings, conferences, private interviews, etc. Lavatory and toilet facilities are essential for infection control. The facility should be located on the ground floor, near an entrance, to expedite the transportation of the sick and injured.

The number of students served and the components of the health services program will determine the number of individual areas in the health facility. There should be space for isolation of students, as well as a resting area. It is helpful to have a large enough area in which to carry out routine screenings. A private office and a separate waiting room are desirable.

The health records should be kept in locked file cabinets in the health room that should also be locked when not in use. Medications must be kept in locked cabinets. Controlled substances should be kept in locked boxes in a locked cabinet or room. The nurse and administrator should control access to keys. A refrigerator is needed in which to store medication that needs to be refrigerated, and a freezing compartment is helpful in which to store readily accessible ice packs.

Suggested equipment and supplies include:

### **Reception Area**

#### **and Office:**

Clock with second hand

Desks and chairs

Lockable filing cabinet(s)

Telephone with access to outside line

### **Assessment Area:**

Thermometers

Stethoscope

Sphygmomanometer with assorted cuffs

Throat illuminator or flashlight

Balanced beam scales Vinyl disposable gloves

Measuring device attached to wall

Gooseneck lamp

Otoscope

Vision testing equipment

(charts and/or vision testing machines)

Puretone audiometer  
 Tympanometer  
 Blood glucose monitoring equipment  
 Wastebasket(s) with cover

**Some schools may be equipped with special care equipment:**

Sharps disposal system  
 Peak flow monitoring devices  
 Suction equipment  
 Automatic external defibrillator (AED)  
 C-Spine Immobilizer

**Infirmiry Area**

Antiseptic soap	Safety pins
Ace bandages	Sanitary napkins (individually wrapped)
Activated charcoal	Scissors (bandage, cuticle, and all-purpose)
Bandages with nonstick pads, assorted sizes	Splints
Basin for soaking	Sterile petroleum jelly (Vaseline)
Biohazard bags	Storage cabinet for health room supplies
Bleach	Tape in assorted widths
Box/cabinet with lock for medications	Tongue blades in closed container
Cots (low, flat, with washable surfaces)	Triangular bandages
Cotton balls in container	Ice packs
Elastic wrap	Nebulizer
Emergency blankets	Paper cups and dispenser
Emergency medications	Paper towels
Emesis basin	Refrigerator
Epi pens	Resealable plastic bags
Flashlight	Roller gauze in several widths
Folding screen for privacy (or curtains)	
Forceps	
Gauze pads in assorted sizes	
Hot water bottle	



## ***LAWS, RULES AND REGULATIONS RELATING TO SCHOOL HEALTH PROGRAMS***

Personnel working in the area of school health should be aware of the following legal guidelines:

### **Federal**

Individuals with Disabilities Education Act (IDEA), which originally was Public Law 94-142 mandating free and appropriate education for all children with disabilities, and its subsequent amendments. A significant amendment, Public Law 99-457, 1986, required all school districts to serve children with disabilities, beginning at age three, and to be planning a statewide system of service from birth. All components have now been incorporated into the current version of IDEA. Part B covers children from ages 3-21 years, and Part C covers infants and toddlers, birth to age three.

Family Education Rights and Privacy Act (FERPA) requires all school districts to adopt a policy regarding confidentiality of school records, identifying a process for access for parent(s)/guardian(s), and student who have reached age 18.

Health Insurance Portability and Accountability Act (HIPAA) guarantees privacy of health information and requires written consent to share health information among certain parties.

Americans with Disabilities Act and the Rehabilitation Act of 1973 (Section 504) both allow a school to reject or exclude an employee or student who poses a "direct threat" to the health and safety of others. In addition, it requires schools to make reasonable accommodations for students who have disabilities that interfere with life activities, including learning. These students may require the development of a Section 504 Accommodation Plan.

Safe and Drug Free Schools and Communities Act of 1986 (Public Law 101-226) and the Anti-Drug Abuse Act of 1988 (Public Law 100-694) established grants for drug abuse education and prevention coordinated with community efforts and resources.

### **Missouri State Laws**

**Section 167.181, RSMo, Immunization of School Children**

**Section 210.003, RSMo, Immunization of Children in Day Care Settings**

**Section 167.191, RSMo, Exclusion of Children with Communicable Diseases**

**Section 191.640, RSMo, Blood-Borne Pathogen Standard governing public employers with employees at occupational risk**

**Section 431.060, RSMo, Consent for surgical or medical treatment for a minor in an emergency**

**Section 431.061, RSMo, Minor consent for treatment, care of pregnancy, venereal disease, drug or substance use without parental consent**

**Section 336.210, RSMo, Recommending services of a professional**

**Chapter 191**, Confidentiality of records, release of information, etc., includes issues related to HIV

**Chapter 335**, Missouri Nurse Practice Act (nursing scope of practice, delegation)

**Chapter 334**, Missouri Medical Practice Act (physician delegation to nurses)

**Chapter 210**, Child Protection and Reformation (child abuse and neglect, reporting system)

**Chapter 160**, Schools (general provisions) Health Care Access in Schools (HB 564, funding school health services programs)

**Chapter 161**, State Department of Elementary and Secondary Education (general provisions)

Outstanding Schools Act (SB 380)

Safe Schools Act (provision for self-administration of asthma medications)

Smoke Free Schools

Sexuality Education (SB 163)

Drug Abuse Education

HIV/AIDS Education

**Chapter 162**, Special Education

**Chapter 167**, Services in Schools (self-administered medications, distribution of contraceptives and drugs prohibited, immunity for school staff administering medications and first aid, right to refuse) Allergy prevention and response policy required, contents--model policy authorized. 167.208. 1. By July 1, 2011, each school district shall adopt a policy on allergy prevention and response, with priority given to addressing potentially deadly food-borne allergies. Such policy shall contain, but shall not be limited to, the following elements:

**Chapter 178**, Special Schools and Instruction and Special Districts

**Chapter 188**, Abortion

**Chapter 191**, Smoking Regulations

### **Missouri Department of Health and Senior Services Rules**

**13 CSR 40-62.010-192** Rules relating to health issues in day care centers, including those operated by public school districts.

**19 CSR 20-101-060** Rules regarding prevention, control, and reporting of communicable diseases in schools.

**19 CSR 20-28-010** Rules establishing minimum requirements for immunizations and enforcement of the immunization statute by schools.

**29 CSR 20-20.092** Rule requires state blood-borne pathogen be consistent with OSHA standard as codified in 29 CFR 1910.1030.

**29 CFR 1910.1030** Standards for occupational exposure to blood or other potentially infectious materials.

For complete text of Missouri Statutes and Rules, see

<http://www.moga.state.mo.us> and click on "Missouri Revised Statutes."

The Code of Federal Regulations can be located on the website of the National Archives and Records

Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.htm>

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# **MISSOURI STATE BOARD OF NURSING**

## **Position Statement**

### **Utilization Of Unlicensed Health Care Personnel**

The mission of the Missouri State Board of Nursing is to assure safe and effective nursing care in the interest of public protection. The Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding the utilization of unlicensed health care personnel. The Board acknowledges that there is a need and a place for competent, appropriately supervised unlicensed health care personnel to assist, but not replace, licensed nurses.

Unlicensed health care personnel who perform specific nursing tasks without benefit of instruction, delegation, and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066 (10), RSMo]. Unlicensed health care personnel remain personally accountable for their own actions.

The Missouri Board of Nursing recognizes that activities of unlicensed health care personnel need to be monitored to protect the health, welfare and safety of the public. Registered nurses may teach, delegate, and supervise licensed practical nurses and unlicensed health care personnel in the performance of certain nursing care tasks [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Under the direction/supervision of registered professional nurses or persons licensed by a state regulatory board to prescribe medications and treatments, licensed practical nurses may teach, delegate, and supervise unlicensed health care personnel in the performance of specific nursing care tasks [335.016 (8), RSMo; 4 CSR 200-5.010 Definitions].

Registered professional nurses and licensed practical nurses must make reasonable and prudent judgements regarding the appropriateness of delegated selected nursing care tasks to unlicensed health care workers. Licensed nurses must ensure that unlicensed health care personnel have documented, demonstrated evidence of appropriate education, training, skills, and experience to accomplish the task safely. Carrying out responsible and accountable supervisory behavior after specific nursing tasks are delegated to unlicensed health care personnel is critical to the health, welfare, and safety of patients [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Licensed nurses who delegate retain accountability for the tasks delegated.

To assist licensed nurses to competently perform processes involved in delegating, the Missouri State Board of Nursing subscribes to the use of the National Council of State Boards of Nursing's concept paper on delegation and delegation decision-making tree available at the National Council of State Boards of Nursing's web site address.

[Http://www.ncsbn.org/files/delegation.html](http://www.ncsbn.org/files/delegation.html)

**THE NATIONAL ASSOCIATION OF STATE SCHOOL NURSE  
CONSULTANTS  
Position Statement  
Delegation of School Health Services to Unlicensed Assistive Personnel**

The National Association of State School Nurse Consultants' position on delegation of school health services in schools includes the following beliefs:

1. In order to benefit from educational programs and to maximize energy for learning, students with chronic health conditions must maintain their health at an optimal level at school. This requires access to safe environments and to health care services provided by professional registered nurses (RNs) and when appropriate, by qualified unlicensed assistive personnel (UAPs) to whom RNs safely delegate aspects of student care.
2. Safe delegation of nursing activities in schools requires that:
  - The primary goal is to maximize the independence, learning and health of students;
  - Individualized student health care plans are developed by the RN in collaboration with the student, family, health care providers, and school team;
  - School nurses receive standardized education related to delegation to, and supervision of unlicensed assistive personnel (UAPs);
  - Unlicensed assistive personnel (UAPs) successfully complete standardized training and child-specific training prior to participating in delegated care; and
  - The RN has sufficient decision-making authority, administrative support, supervisory responsibility and necessary resources to ensure safe care for students.
3. The RN uses professional judgment to decide which [student] care activities may be delegated, to whom and under what circumstances. "This professional judgment is framed by the state nursing practice act and national standards of nursing. Institutional policies cannot contradict state law" American Nurses' Association, 1994, p.11).

**Definitions**

Delegation is "the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome" (American Nurse's Association (ANA), 1994, p. 11).

While some state rules, regulations or guidelines may use different terms for delegation of nursing care activities, the critical concept is that when the RN determines that someone who is not licensed to practice nursing can safely provide a selected nursing activity or task for an individual student and

delegates that activity to the individual, the RN remains responsible and accountable for the care provided.

Unlicensed assistive personnel (UAP) are “individuals who are trained to function in an assistive role to the registered professional nurse in the provision of [student] care activities as delegated by and under the supervision of the registered professional nurse” (ANA, 1994, p. 2).

Supervision “is the active process of directing, guiding and influencing the outcome of an individual’s performance of an activity” (ANA, 1994, p.10).

## **Rationale**

Across the nation today, students with special health care needs are attending school and placing new demands on school districts. Local school boards must provide sufficient staff and resources to ensure a level of school health services not previously required. The reasons include:

1. Changes in the health care system resulting in the medical treatment of children, even those with complex medical problems, in out-patient community settings rather than in-patient, acute care settings
2. Advances in medical technology resulting in far greater mobility of those who are technology dependent, allowing them to live at home and attend school
3. Federal mandates ensuring students with health-related disabilities access to appropriate educational programs and related services in the least restrictive environment
4. Parents’ expectations regarding their children’s rights to health care at school

These trends raise issues regarding educational placement and maintenance of student health and student safety, as well as school and professional accountability. In making decisions about the educational placement of students with health care needs and the provision of nursing services, the primary concern must be the health and safety of the students. A secondary concern is the liability of all involved parties (e.g., the school board, school administrators, school staff and the school RN). School administrators are legally responsible for the safety of all students, including the provision of required health services by qualified staff. Using non-qualified staff risks harm to students. In addition, non-licensed school staff are liable for their actions if they practice nursing or medicine without a license.

## **Nurses’ Responsibility for Quality Care**

By professional and legal mandate, school RNs are ultimately responsible to the student for the quality of nursing care rendered. If a nurse errs in making decisions regarding care or who can safely perform it, the student suffers. In

addition, the RN can be personally and professionally liable for errors in nursing judgment. If the RNs actions violate the requirements of the nursing practice act, the state board of nursing can take disciplinary action against the RN, including revocation of his/her license to practice.

While school district administrators have certain responsibilities regarding the educational placement of students, they cannot legally be responsible for deciding the level of care required by an individual student with special health care needs. The RN, based on the state's nurse practice act and related rules and regulations, determines whether the care should be provided by a licensed nurse or delegated to trained and supervised unlicensed assistive personnel.

The registered professional school nurse is responsible to determine whether delegation of nursing care is appropriate in each individual situation even if a physician or other health professional states or "orders" that such care should be provided by an UAP (unless a physician or other professional takes full responsibility for the training and supervision of the UAP). Furthermore, it must be both legally and professionally appropriate for that professional to engage in delegating the specific health care activity to unlicensed individuals.

While parents sometimes believe that they should determine the level of care required for their child, it is critical for parents to distinguish between themselves as care takers at home and employed school personnel as care providers at school. Among other variables, the school setting is an environment entirely different from the home: school personnel have different responsibilities in their positions and different obligations under the law, school personnel change, and the parent does not have the authority in the school to make administrative decisions or to supervise school staff. In addition, while nursing practice acts make exceptions for parents or family members who provide nursing care to a family member in their homes, this is an exception to the licensure provisions does not empower families to extend that right to other individuals in other settings. It is essential that the family, school RN, school team and health care providers work in collaboration to plan and provide the student with high-quality care in an environment that is not only least restrictive, but also safe for all students and staff.

### **Questions About Delegating Care**

There are two critical questions involved in delegating and supervising a nursing care activity:

1. Is the activity a nursing task under the state's definition of nursing?

Nursing activities are defined by state statute and interpreted by the state board of nursing. A state's attorney general's opinion, court decision or other mandate may modify the state's definition of nursing or interpretation of its scope of practice. Based on these definitions and interpretations, the nurse decides whether or not the activity or procedure is one that can only be performed by a registered nurse.

**2. Can the activity be performed by unlicensed assistive personnel under the supervision of a registered nurse?**

The delegation of nursing activities to UAPs may be appropriate if:

- It is not otherwise prohibited by state statute or regulations, legal interpretations, or agency policies
- The activity does not require the exercising of nursing judgment
- It is delegated and supervised by a registered nurse

### **Determinations Required in Each Case**

The delegating and supervising registered nurse makes the following determinations, on a case-by-case basis, for each student with health care needs and each required nursing activity:

1. The RN validates the necessary physician orders (including emergency orders), parent/guardian authorization, and any other legal documentation necessary for implementing the nursing care.
2. The RN conducts an initial nursing assessment.
3. Consistent with the state's nursing practice act and the RN's assessment of the student, the RN determines what level of care is required: registered professional nursing, licensed practical or vocational nursing, other professional services, or care by unlicensed assistive personnel (UAP).
4. Consistent with the state board of nursing regulations, the RN determines the amount of training required for the UAP. If the individual to whom the nurse will delegate care has not completed standardized training, the RN must ensure that the UAP obtains such training in addition to receiving child-specific training.
5. Prior to delegation, the nurse evaluates the competence of the individual to safely perform the task.
6. The RN provides a written care plan to be followed by the unlicensed staff member.
7. The RN indicates, within the written care plan, when RN notification, reassessment, and intervention are warranted, due to changes in the student's condition, the performance of the procedure, or other circumstance.
8. The RN determines the amount and type of RN supervision necessary.

9. The RN determines the frequency and type of student health reassessment necessary for on-going safety and efficacy.
10. The RN trains the UAP to document the delegated care according to the standards and requirements of the state's board of nursing and agency procedures.
11. The RN documents activities appropriate to each of the nursing actions listed above.

### **If Care Cannot Be Safely Provided in School**

After consultation with the family, student's physicians, or other health care providers, other members of the school team, and appropriate consultants, the RN may determine that the level of care required by the student cannot be safely provided under current circumstances in the school. In that event, the school nurse should refer the student back to the initial assessment team and assist the team to reassess the student's total needs and explore alternative options for a safe and appropriate program. If such a program is not designed and the student continues in an unsafe situation, the RN should:

1. Write a memorandum to his/her immediate supervisor explaining the situation in specific detail, including:
  - Recommendations for safe provisions of care in the schools
  - The reason the care or procedure should not be performed in school and a rationale to support this
2. Maintain a copy of the memo for the RN's personal file.
3. Allow the supervisor a reasonable period of time to initiate action to safeguard the student.
4. If such action does not occur, forward a copy of the memo to the following, as indicated: the state board of nursing, the district superintendent, the state school nurse consultant, and the division of special education, department of education.
5. Regularly notify his/her supervisor and others, as appropriate, that the unsafe situation continues to exist until such time as the issue is resolved.

Revised July 1995

Reference: American Nurse's Association (1994). Registered professional nurses and unlicensed assistive personnel. Washington, DC: American Nurses Publishing.



## ***HEALTH SERVICES OFFERED***

- 1. First Aid Service**
- 2. Emergency Care (AED)**
- 3. Vision Screening**
- 4. Hearing Screening**
- 5. Blood Pressure Screening**
- 6. Nutritional Screening**
- 7. Headlice Screening and Education**
- 8. Dental Screening**
- 9. Dental Sealant to children with consent**
- 10. Fluoride Varnish Program**
- 11. Health Guidance**
- 12. Referral for counseling**
- 13. Flu Inoculation Clinic (On-Site)**
- 14. Handwashing Program**
- 15. Puberty Program**
- 16. Gun Safety (Eddie Eagle Program)**
- 17. Nutrition Education**
- 18. CPR Training**
- 19. First Aid Training**
- 20. Asthma Education**
- 21. Diabetes Education**
- 22. Seizure Education**
- 23. Health Screenings for Employees**
- 24. Violence Prevention & Drug-Free Education**
- 25. Individual Health Plans (As needed)**
- 26. Emergency Action Plans (as needed)**
- 27. Bicycle Safety /Helmet program**
- 28. Serve as DFS liaison**
- 29. Fire Safety**
- 30. Postponing Sexual Involvement Program (Teen Led)**
- 31. Sports Physicals (on site)**
- 32. Health In-services to Staff**
- 33. AED (Automated External Defibrillator) in Health office, elementary gym and high school lobby**
- 34. Clothes Closet for children in need**
- 35. Smokebuster Program (Teen led)**
- 36. Resource for Health Ed. Materials**
- 37. Body Walk (every 2 years)**
- 38. ADD\ADHD Education**
- 39. Sexual Harrassment Ed.**
- 40. STD\HIV\AIDS Education**
- 41. Universal Precautions**
- 42. Suicide prevention**
- 43. Allergy prevention and response training**

**Compliance with MSIP standards**  
**Health Services Evaluation**  
**Health Coordinator-Ladeana Crowley, RN**

**PERFORMANCE**

<b>STANDARD</b>	<b>PERFORMANCE INDICATOR</b>	<b>ALL OF THE TIME</b>	<b>PART OF THE TIME</b>	<b>SOME OF THE TIME</b>	<b>NOT AT ALL</b>
8.12.1 Establish school district health policies and philosophy related to school health program consistent with school district policy and philosophy and meets Missouri Standards	The district has a Health Services Policy and Procedure Manuel that is used to plan and evaluate the health services program	X			
	The Health Service Policy and Procedure Manuel(plan) is reviewed annually and revised as needed	X			
8.12.1 Establish policies for complying with regulations on medication administration, communicable disease, immunizations of school children, confidentiality of health records and child abuse reporting	The district has a communicable disease policy in place for students and employees. In-service for Universal Precautions is conducted yearly. Communicable disease policy is enforced by health staff and administration.	X			
	The district has in place a policy regarding immunization of students that is compliant with state law. Several onsite immunization clinics are conducted yearly. The district is 100% compliant with state guidelines regarding immunizations.	X			
	The district keeps medication s in a legal locked medicine cabinet. A policy is in place for giving medications in school and it is followed by the health staff.	X			
8.12.1 Establish procedures for conducting health screenings, emergency care, maintaining	The Health staff has policies and procedures in place for conducting health screenings. Health screenings and follow up is completed and	X			

health records and immunization records, maintaining the confidentiality of medical records, and maintaining emergency records for students and staff.	documented.	X			
	The health staff has policies in place to provide emergency care to students and staff. CPR and First Aid Training are offered to staff at least every 2 years.	X			
	Current health records, including immunization records, are kept on each student	X			
	All medical records are kept confidential and are kept in a locked filing cabinet.	X			
	Emergency information is maintained on all students in the appropriate office. The health staff maintains emergency numbers to call. Each staff member is given an emergency form to complete and these are kept in the health office.	X			
8.12.1 Promote optimal health and well-being of students and school personnel.	Student encounters are structured to provide a learning opportunity for self-care.	X			
	Health educational information is available to all personnel.	X			
8.12.1 Implement an IHP when indicated for student with special health care needs.	Children with related needs receive appropriate services.	X			
	When indicated an IHP, HAP is on file and reviewed annually	X			
8.12.1 Establish procedures for providing comprehensive health services	The Health Services Policy and Procedure Manual contain guidelines, job descriptions, and plans for providing comprehensive health services. The health service staff works with all staff members including teachers, administrators, cafeteria staff, maintenance and janitorial staff.	X			
8.12.1 Provide adequate	The district has adequate facilities to provide appropriate	X			

facilities to support the delivery of appropriate care and supervision of ill students until released to parent /guardian.	care for ill and injured students. Parents/guardians are notified when a student needs to be picked up and they must sign out when leaving the student.	X			
8.12.1 Health care staff should serve as a resource in the development and implementation of the District's health curriculum	The health staff works with the health education staff in establishing and /or reviewing the Comprehensive K-12 Health Curriculum. The health staff provides and /or assists with health education for students on a variety of health topics.		X		
8.12.2 The health services plan and program should be reviewed by a registered nurse and/or consulting physician annually	Meets the required contract goals for the DHSS grant. These goals are cumulative, increases each year to show improvement. The goals are tied to the health services plan	X			
	Complete a program assessment: School Health index-CDC, Program assessment tool-Dhss to identify areas of weakness or strengths		X		
8.12.3 Program improvement strategies will be identified and implemented	Develop improvement strategies and implement	X			

School year 2019-2020

Health Services Coordinator \_\_\_\_\_

Administrator \_\_\_\_\_

Date \_\_\_\_\_