

# Health Office Quick Reference Guide

**Important information regarding student health issues that you may encounter throughout the school year.**

## **When to Keep a Child at Home**

A student should remain at home if any of the following symptoms appear:

- rash or skin eruptions anywhere on the body,
- diarrhea,
- severe headaches
- excessive coughing,
- fever,
- vomiting,
- lice

## **Communicable Illnesses**

A student may return to school after having a common, communicable illness. These circumstances and guidelines will apply.

- Colds: Please keep your child home if he/she has a fever over 99.6 degrees or is experiencing discomfort that would interfere with his/her ability to perform in school and be a distraction to others. i.e. uncontrollable coughing, severe lack of energy, etc.
- Conjunctivitis (pink eye): Following a diagnosis of bacterial conjunctivitis, the child may return to school after the first 24 hours of prescribed medication. Students with a viral infection may return when eyes are clear.
- Chicken pox: Must remain home until all spots present on the skin are dry and crusted (usually seven days).
- Diarrhea/Vomiting: A child with diarrhea and/or vomiting should stay at home and return to school only after being symptom free for 24 hours.
- Fever: The child should remain at home with a fever greater than 99.6 degrees. The child can return to school after he/she has been fever free for 24 hours (without fever reducing medicine such as Tylenol or Motrin).
- Impetigo: The student may return to school 24 hours after treatment has begun. A doctor's note or proof of prescription is needed.
- Lice (pediculosis): a student may return to class after he/she has had appropriate treatment and been cleared by the school nurse. Once cleared, the child will submit a note to the teacher to be readmitted. The student must be nit free or must return home until nit free.

- Rashes: Common infectious diseases with rashes are most contagious in the early stages. A student with a suspicious rash should return to school only after being seen by a health care provider and cleared with a physician's note.
- Ringworm: Student may return if under medical treatment and the area is covered.
- Scarlet fever: a child may return seven days from the onset or 24 hours after appropriate antibiotic therapy under medical supervision.
- Strep Infection and Strep Throat: Student may return seven days from the onset or 24 hours after antibiotic treatment has begun under medical supervision.

These guidelines must be heeded for the well-being of the sick child and for the sake of the other students. After an absence of three or more days, the student must present a physician's note.

Please notify the school nurse/school office whenever there is a diagnosis of a contagious disease or lice. There is a better chance of controlling the spread of any disease if alerted to its presence in the school.

Any student in school suffering from fever, vomiting, skin eruption, or unusual swelling will be removed from the classroom until a diagnosis of non-communicable disease is made, or the child is fully recovered.

### **Medication**

All medication should be given at home by the parent whenever possible, such as at breakfast, after school, at dinner or at bedtime. This allows for up to four doses of prescribed medication. No medication is to be sent to school unless prescribed by a physician for an acute illness, chronic condition, or emergency use. Medication will be given to a student in school only when these items are provided to the school nurse:

1. The physician's order stating student's name, medication, amount and time of dosage and the diagnosis.
2. Medication must have the current prescription label on the container.
3. Any change to the medication regimen requires a physician's note.
4. A parent's note allowing the medication to be given. A week's supply of medication is adequate.

For the safety of all children, parents must ensure the safe delivery of medication to school. Students are not permitted to carry either prescription or over the counter medication on their person.

### **SKS Allergy Policy**

Increased incidence of life threatening food allergies in pediatric patients and the SKS student body calls us to implement a food allergy policy that protects both the students with food allergies and the SKS student body in its entirety.

This policy seeks to keep the SKS student body safe and help reduce the risk of anaphylactic reactions to food allergens. It also educates the entire extended school population on the importance of food allergy awareness

## **Identification /Safety Plan for Children with Allergies**

Children with known life threatening allergies will be identified by parents to school health office and food action plan will be provided by family to school nurse prior to start of school.

### **Food Action Plan Form**

- FAP form will be filled out by pediatrician of each child with identified food allergy. Form will state allergy, when to implement plan of care related to exposure and EPI pen order in case of exposure. This form is available on [sksschool.org](http://sksschool.org).
- EPI pen must be provided along with picture of student for use in nurse's office and in cafeteria. Please check for expiration dates before providing the EPI pen. All EPI pens are to be picked up by parent at close of the school year.

### **Student Safe Treat box**

- Allergy students are given the option to store "safe treats " in homeroom
- Treats will be used by student in event of a classroom party to avoid risk of allergen exposure. Use of "safe snack" is strongly recommended by school as safest option for allergy students.
- Allergy students may participate in classroom snack if parent gives written (email) permission of snack prior to gathering. Close communication between allergy parent, homeroom teachers and homeroom parents is essential for safety of students.

### **Allergy Safe Lunch Table**

- Sharing of food prohibited in cafeteria.
- Allergy safe table is set in cafeteria. This is strongly recommended by PA state allergy network for prevention of allergen exposure in cafeteria setting.
- Cafeteria staff will check in students to their assigned seats
- Students will be organized according to allergy
- Special care is taken by staff to clean allergen table after eating.
- Children may invite a friend or "buddy" to the allergy safe table with them. The buddy must have an approved allergen free lunch. This set up can be organized with help of homeroom teacher.
- Parents may opt out of allergen table by signing Opt Out form supplied by the school health office. Allergen table is strongly recommended by school especially for grades K-3.

## **Creation of safe school environment for prevention of allergen exposure**

- New **Guidelines for Food at School Events and Monthly Birthdays** must be followed precisely (see below for details)
- All staff, including teachers and employees in the cafeteria, are instructed on how to identify signs and symptoms of an anaphylactic reaction for those smaller children who may have difficulty communicating what is wrong.
- All staff are instructed by the school nurse on how to give EPI pen. Epi pens will be stored safely with picture in nurse's office with order from physician.  
Exception: Teachers will carry EPI pens for their students on school field trips.
- Allergy safe table in place in cafeteria
- No sharing of food recommended for all students
- Food Action Plan in place for each student with life threatening allergy
- Student safe treat box provided for each allergy child by family
- Continuing education will be provided on an annual or biannual basis for entire student body and staff on risks of food allergies and how to keep our space safe to prevent contamination