

KNOWLTON TOWNSHIP SCHOOL DISTRICT
SCHOOL HEALTH PROGRAM

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INTRODUCTION

The purpose of this booklet is to acquaint everyone with the two areas of the school health program: health education and health services.

Although the primary responsibility for the child lies with the parent, the school strives to work with you to promote the education for a well-rounded, healthy and happy child.

This booklet is to inform you of School Health Policies and State Health mandates and to let you know what to do about some health concerns.

PHILOSOPHY

The purpose of a school health program is to help each child reach a full, happy and purposeful way of life. Therefore, the school must provide a healthy environment, health education and health services for each student.

A complete school health program consists of two broad areas: health education and health services. It cannot be emphasized too strongly that these two aspects of a complete health program are interdependent and necessary for either part to function properly and effectively.

The goal of the school health program is to help the child to realize that the body is each person's natural resource in life, that the body is uniquely one's own, that it is exquisitely beautiful and complex in its structure and functions, that it is influenced by one's own choices made throughout life; and that it has the potential of bringing experiences in life more exciting than anything imaginable because they will be one's own experiences.

A health curriculum is comprehensive, that is, life related. It is not only comprehensive of the subject matter of health and disease, but also in its approach of integrating classroom learning experiences with other life situations and activities and people contacts. It is designed not only to affect the child, but also to involve all aspects of his world – his classmates, teachers, family and community.

HEALTH EDUCATION

Health Education is taught to all grades, Kindergarten through sixth. The program consists of a Board approved Health Education curriculum. Details of the curriculum are available at the school or by contacting the health instructor.

HEALTH SERVICES

CONTAGIOUS DISEASES

Most of the childhood communicable diseases are disappearing due to mandatory immunizations.

It is extremely important that you do not send your child to school if she/he exhibits any signs or symptoms of illness or any "suspicious" rash. By sending your child to school with the above, you may not only be endangering her/his health, but also the health of other students. If you have any questions, please call your doctor or me.

The following is a list of some of the common communicable diseases/conditions.

CHICKEN POX

Even though a child has been immunized, he/she may still contract the disease, although usually they will have a milder case of it. If a student in your child's class has contracted chicken pox, a letter will be sent home informing you of such.

After exposure, it takes approximately 12 – 21 days, usually 14 days for symptoms to develop.

Symptoms: An eruption on the skin consisting of spots resembling pimples, which, within a few hours, become filled with fluid. These begin to dry up in 1 to 3 days and form crusts or scabs. They usually appear first on the body and later on the face, finally on the extremities. Caution must be exercised to prevent infection or impetigo developing in the lesions. If any of these symptoms appear, please keep your child home from school and consult your doctor.

Children usually stay home for approximately six days after the appearance of the first "water blister", once all the blisters have scabbed over the child may return to school. Please drive your child to school and have the school nurse check him or her for re-admittance.

IMPETIGO

Impetigo is a skin eruption caused by the Staph or Strep organism. It is spread by direct contact. A child with impetigo must get immediate medical treatment (which includes an antibiotic medication for a 10-day duration). The student is excluded until 24 hours after treatment has been initiated. Exposed lesions need to be covered with a watertight dressing.

LICE

Lice (pediculosis) have made an unwelcome return after lying dormant for many years. It is not just our community that has been affected but many other communities as well. Lice know no barriers; they do not discriminate. They choose their "home" at random – rich or poor, -- dirty or clean – they don't care – a head is a head.

What does it look like?

The louse itself is very small. It will appear as a small tannish-brown translucent bug about the size of a pinhead and will move about the head rapidly when exposed to light. The nits (eggs) are small, white "specks" which cling to the hair shaft. They will not move and cannot be brushed off as they cling tightly to the hair shaft. (Dandruff is a larger flake and brushes off.)

Lice are very contagious and will spread from one child to many children. Check your child's

head periodically throughout the year.

What does the school do?

1. Exclusion of children with confirmed cases.
2. Re-examination before readmission.
3. Instructions to staff members about how to take precautions in the classroom.
4. Examination of all classmates/recent contacts.

If head lice are detected:

1. Call your doctor for a recommended prescription shampoo (or ask your pharmacist).
2. Shampoo as directed.
3. Boil all combs and brushes.
4. Wash (in very hot water) all bedding and clothing your child has been in contact with. Dry clean clothing that can't be washed.
5. Spray all upholstered couches, chairs, rugs, car seats, etc., with a lice control insecticide.
6. For re-admission to school, all nits (eggs) must be removed. Please drive your child to school and have the school nurse check your child.

It is the policy of the Board of Education that any child with nits be excluded and may not return until he/she is examined by the school nurse and is found to be nit free.

MONONUCLEOSIS

Mononucleosis is an infectious disease characterized by a fever which increases daily, lack of appetite, tiredness and a sore throat. Enlargement of the cervical glands may be apparent. There may or may not be an itchy rash. The disease is transmitted by direct contact. Students diagnosed with mononucleosis need to have a MD note to return to school.

PINK EYE (CONJUNCTIVITIS)

Pinkeye is characterized by redness, swelling, burning or itching of the eye(s). The affected eye(s) may have sensitivity to light and a yellow discharge. On waking in the morning, the eye lid(s) may be "crusty" and difficult to open. Pink eye is easily spread to classmates (and other family members by touching and by wash cloths and towels). Good hand washing is a must! It is communicable the first 24 to 72 hours and until discharge has ceased.

PINWORMS

Pinworms are caused by a parasite. Symptoms are characterized by anal itching, irritability, restlessness. Pinworms are highly communicable. Proper treatment involves examination of the whole family and specific treatment of infected members.

RINGWORM

Ringworm is a fungus that may occur on the body or on the scalp. It begins as a small blister which spreads outward and appears as a red, scaly outer ring with a clear center. The lesions are itchy and can become infected with excessive scratching. Transmission is by direct contact with human or animal sources.

SCABIES

What is Scabies?

Scabies is a skin disease caused by an almost invisible organism the “itch mite” (*Sarcoptes Scabiei*). This disease has plagued man for thousands of years. By the 1950’s, the incidence of scabies declined rapidly to the point where one medical dictionary defined it as an organism, “now extinct”. In recent years, however, scabies has been making a vigorous comeback. No one knows why; all we do know is that mites seem to come and go in unexplainable cycles. Therefore, if your doctor tells you that your child has scabies, don’t be embarrassed; it’s a common condition your physician can easily treat.

How do you get scabies?

You can acquire scabies very easily because it’s a highly contagious condition. Scabies often spreads among school children quite rapidly, due to their close contact. Usually scabies spread by direct contact with another person who is infected. Anyone can get scabies.

What are the signs of scabies?

The only way to find out whether or not you have scabies is to see your doctor. A red, itchy rash, typical of scabies, is very common in other skin disorders, too. Your doctor can tell precisely what causes the rash. If it looks like scabies, he may want to confirm his diagnosis by scraping a few tiny specks of skin from the itchy area, placing the specimen on a slide and examining it under a microscope. This only takes a few moments and is virtually painless.

Your doctor will prescribe treatment for scabies and it should be used exactly according to his directions. Treatment is so effective that scabies is almost gone within 24 hours. However, the itch may last as long as two to three weeks.

Since scabies must be diagnosed by a doctor (all “suspicious rashes” are excluded from school to be diagnosed by a doctor), a return to school slip from the doctor must accompany your child upon his/her return.

STREP

Strep Throat and Scarlet Fever (which is caused by the Strep germ) is a serious problem because if the Strep germ is not treated, it may lead to complications such as Rheumatic Heart Disease or Kidney Disease.

The Strep germ can cause illness of different severity in different individuals. Some infections may be so mild as to be unrecognizable while others may cause severe sore throats, enlarged glands in the neck, Scarlet Fever and even bloodstream infections. The Strep germ is highly contagious!

Strep must be treated with an antibiotic drug – usually penicillin. But to kill the Strep germ completely, the medication must be given exactly according to the doctor’s orders. Even though the symptoms may disappear after a few days, the Strep germ is still in the body, so don’t stop giving the medication before the ten days are up.

The only way to diagnose Strep is to have a throat culture done. Your child may return to school **the morning following the completion of being on the antibiotic for 24 hours**. It is highly recommended that you replace tooth brushes and bathroom drinking cups as a way of preventing reinfection.

IMMUNIZATIONS

IMMUNIZATIONS REQUIRED of all Students Entering or Attending School:

- 1 **Diphtheria and tetanus toxoids and pertussis vaccine** - Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 4 doses. A booster dose is needed on or after the fourth birthday, to be in compliance with Kindergarten attendance requirements. Pupils after the seventh birthday should receive adult type Td. Please note: there is no acceptable titer test for pertussis.
- 2 **Tdap** - For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. A child is not required to have a Tdap dose until FIVE years after the last DTP/DTaP or Td dose.
- 3 **Poliovirus vaccine** - Any child entering pre-school, and/or pre-Kindergarten needs a minimum of 3 doses. A booster dose is needed on or after the fourth birthday to be in compliance with Kindergarten attendance requirements. Either Inactivated polio vaccine (IPV) or oral polio vaccine (OPV) separately or in combination is acceptable. Polio vaccine is not required of pupils 18 years or older.
- 4 **Measles virus vaccine** – Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs a minimum of 1 dose of measles vaccine. Any child entering Kindergarten needs 2 doses. Intervals between first and second measles-containing vaccine doses cannot be less than 1 month. Laboratory evidence of immunity is acceptable.*
- 5 **Rubella and Mumps vaccine** - Any child over 15 months of age entering child care, pre-school, or pre-Kindergarten needs 1 dose of rubella and mumps vaccine. Any child entering Kindergarten needs 1 dose each. Laboratory evidence of immunity is acceptable. *
- 6 **Varicella** - All children 19 months of age and older enrolled into a child care/pre-school center after 9-1-04 or children born on or after 1-1-98 entering the school for the first time in Kindergarten or Grade 1 need 1 dose of varicella vaccine. Laboratory evidence of immunity, physician's statement or a parental statement of previous varicella disease is acceptable.
- 7 **Haemophilus influenzae B (Hib)** - Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of Hib-containing vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of Hib-containing vaccine is needed after the first birthday. **
- 8 **Hepatitis B** - If a child is between 11-15 years of age and has not received 3 prior doses of Hepatitis B then the child is eligible to receive 2-dose Hepatitis B Adolescent formulation.
- 9 **Pneumococcal** - Mandated only for children enrolled in child care, pre-school, or pre-Kindergarten: Minimum of 2 doses of pneumococcal conjugate vaccine is needed if between the ages of 2-11 months. Minimum of 1 dose of pneumococcal conjugate vaccine is needed after the first birthday.
- 10 **Meningococcal** - For pupils entering Grade 6 on or after 9-1-08 and born on or after 1-1-97. ** This applies to students when they turn 11 years of age and attending Grade 6.
- 11 **Influenza** - For children enrolled in child care, pre-school, or pre-Kindergarten on or after 9-1-08. 1 dose to be given between September 1 and December 31 of each year. Students entering school after December 31 up until March 31 must receive 1 dose since it is still flu season during this time period.

*Antibody titer Law (Holly's Law) –this law specifies that a titer test demonstrating immunity be accepted in lieu of receiving the second dose of measles-containing vaccine. The tests used to document immunity must be approved by the U.S. Food and Drug Administration (FDA) for this purpose and performed by a laboratory that is CLIA certified.

**No acceptable immunity tests currently exist for Haemophilus Influenzae type B, Pneumococcal and Meningococcal.

PHYSICAL EXAMINATIONS

New Jersey State Law requires that every child have a physical examination at certain intervals during his/her school years. All students entering kindergarten; transferring into any grade; or entering 6th grade must have a physical examination. A letter, with the physical form attached, will be sent home to parents. Please have your child's doctor complete the form and return it to the School Nurse.

HEALTH SCREENINGS

The New Jersey Statutes mandate that "the medical inspector or the nurse, under the direction of the medical inspector, shall examine every pupil to determine if any physical defects exist", or in lieu thereof, the medical inspector may accept the report of such an examination by a physician licensed to practice medicine and surgery within the state (N.J.S.A. 18A: 40-A).

The following screening procedures are included in this section:

- Growth and Development
- Audiometric Screening
- Vision Screening
- Blood Pressure Screening
- Scoliosis Screening (ages 10 and up)

Every year, every child will have their height, weight and blood pressure measured and recorded. Students will have vision and hearing screenings done according to N.J.A.C.

6A:16-2.2. If he or she does not pass a screening, you will be notified to have your child examined by your doctor. Please let us know the results of the doctor's exam. This will become part of your child's permanent health record.

SCOLIOSIS

The State of New Jersey has mandated that all school children between the ages of ten through eighteen are to be screened biannually for scoliosis. Scoliosis is defined as a lateral curvature of the spine, most commonly found during the adolescent growth period. It is estimated that between five and ten per cent of school children have a curvature in varying degrees. The effect of scoliosis depends upon its severity, how early it's detected and how promptly treatment is received.

The goal of a mass screening – program mandated by this law is early identification in the critical age group. If detected early, a curvature can often be controlled with a corrective brace. If it is too severe when identified or the curvature has progressed, corrective surgery may be indicated.

The State of Delaware has had this program for a number of years and it has dramatically cut down the number of children requiring surgery. All fifth graders will be screened when they come to my office – one at a time – to have the other screenings done (i.e. hearing, vision, height and weight). Permission to do this screening on your child is given by each parent on the *Health Information Update Form*, which is completed at the beginning of each school year.

POLICIES AND PROCEDURES

AIDS/HIV

The highly controversial issue of A.I.D.S. and school age children is currently unresolved. The Commissioner of Health of the State of New Jersey issued a policy statement which states:

Children entering grades K through 12 with AIDS/ARC or HTLV-III antibody shall not be excluded from attending school unless the following exceptional conditions are evident.

- a. The student is not toilet-trained or is incontinent, or otherwise is unable to control drooling.
- b. Is unusually physically aggressive, with a documented history of biting or harming others.

The New Jersey State Department of Health will establish an Expert Medical Advisory Panel. School districts, based upon advice to the school medical inspector must seek an evaluation by the Panel to individually evaluate those AIDS/ARC or HTLV-III antibody positive children whom a local school board deems has any of the exceptional conditions described above, through application to the County Superintendent of Schools, unless the child's personal physician concurs. School districts seeking review by the Panel will bear the burden of proof of demonstrating that the child exhibits the behavior or manifests the symptoms which would justify exclusion. Between the time of referral and the rendering by the Panel, the child shall be excluded from school but shall be provided with an alternate educational program. The Panel shall render its appraisal as rapidly as possible after referral by the County Superintendent of Schools, with copies to the Commissioner of Education and the Commissioner of Health. If the Panel concludes that the child should attend school, the child shall immediately be admitted to school.

ATTENDANCE PROCEDURES

In order to improve student attendance, as well as keeping parents fully aware of their child's whereabouts, the following attendance procedures will be employed.

1. It is the policy of the Board of Education that parents call the school between 8:00 – 9:00 a.m. each day on which their child is absent for the purpose of reporting their child's absence, as well as the reason.
2. If the school is not notified by 9 a.m., it will be necessary for the school nurse to contact the parent by phone, either at home or at the parent's workplace.
3. For students who have been absent and whose parents have not contacted the school by telephone, a note explaining the reason for the child's absence must be sent to school on the first day that the student returns to school.
4. Students who are absent from school are responsible for making up missed work. When they call in their child's absence to the school parents are advised to request that the child's homework assignments and the materials needed to complete the assignments be sent home with a child who lives nearby.

5. Students whose absence rate exceeds 5% (9 school days) will be reported to the administration for further review.

CONCUSSION and HEAD INJURY

A concussion is a traumatic brain injury (TBI) caused by a direct or indirect blow to the head or body that causes a sudden jarring of the head. Children and adolescents are among those at greatest risk for concussion. The potential for a concussion is greatest during activities where collisions can occur such as during physical education class, play time, or school-based sports activities. Allowing a student/athlete to return to play before recovering from a concussion increases the chance of a more serious brain injury that can result in severe disability and/or a death. Proper recognition and response to concussion can prevent further injury and help with recovery.

A Possible Signs and Symptoms of Concussion

1. Signs (Could be observed by School Nurse, Physical Education Teacher, Coaches):
 - a Appears dazed, stunned, or disoriented;
 - b Forgets or demonstrates short term memory difficulty;
 - c Exhibits difficulties with balance or coordination;
 - d Answers questions slowly or inaccurately;
 - e Loses consciousness;
2. Symptoms (reported by the student/athlete to School Nurse, Physical Education Teacher, Parent/Guardian, Coaches):
 - a Headache;
 - b Nausea/Vomiting;
 - c Balance problems or dizziness;
 - d Double vision or changes in vision;
 - e Sensitivity to light or sound/noise;
 - f Feeling sluggish or foggy;
 - g Difficulty with concentration and short term memory;
 - h Sleep disturbance.
 - i Irritability

B. Emergency Medical Attention for Concussion or Other Head Injury

1. Any student/athlete who is exhibiting the signs or symptoms of a concussion or other head injury shall be immediately removed from play and activities and may not return to the activity on that day.
2. The School Nurse or Coach should make contact with the student/athletes parent/guardian and inform them of the suspected concussion or head injury;
3. Student/athlete must receive written clearance from their physician or licensed health care provider that student is asymptomatic and may return to play. Play includes Physical Education class, sports practices or games, physical activity clubs or physical activity at recess.

HEALTH INFORMATION UPDATE FORM

Each year a health information update form is sent home for you to complete. Please fill out all the requested information and return it to school. If any information should change, please call the school nurse with the new information. It is very important that the nurse is aware of any allergies or medical problems. Permission for scoliosis screening is also on this form.

EMERGENCY CARDS/CONTACT VERIFICATION DATA FORM

Each September we send home either an emergency card (preschool, kindergarten and new students) or a contact verification form for parents to fill out or review. Please provide all the requested information and return it to school. Please number each contact, including parents in the order that we should call in case of illness or injury. If any of this information should change during the school year, please notify the school so that we may update our records.

It cannot be stressed enough, the importance of current phone numbers – both of home and/or work and cell and also two emergency numbers. Please include cell phone numbers. Also, be mindful of clearing phone messages on your mobile/home phone on a routine basis so it is possible to leave a message if you cannot be reached directly. If your child is ill or injured, the school must be able to contact you!

FREE/REDUCED LUNCH PROGRAM

In the beginning of each school year, each child receives an application for free or reduced lunches. If you wish to apply, please complete all required sections, sign and return it. You will be notified within ten working days of your eligibility. If your income changes at any time during the school year, you may re-apply.

The Federal school lunch program regulations require school districts to verify a certain percentage of the approved free and reduced applications on file. If your household is selected for verification, you will be notified of the documentation of income to be submitted. Failure to provide documentation of income can result in termination of benefits.

Federal law insures all information to be held in strict confidence.

MEDICATION

Whenever possible, medication for students should be administered by the parent/guardian at home. However, if your physician decides it is necessary for your child to receive medication during the school day, the specific directions for administration must be provided to the school.

The school policy requires:

1. The parent/guardian must bring the medication to the school in the original container with the current prescription label on the container which includes the child's name, medicine name, dosage, time administered, physician name, and date issued. Upon request your pharmacist will label an extra container to be used for school.
2. Over the counter medications must be in the original container and may be administered only with a written statement from your physician.

3. No staff member is permitted to change medication times at the request of parent or pupil. The child's physician is the only one who can make that change. **If there is flexibility in the time the medication can be administered when a child attends a field trip, this should be written into the child's prescription from the physician.**
4. Children who must use inhalers on a regular basis, as well as students who require immediate medication due to severe allergic reactions, are permitted to carry their own medication and self-administer it when needed. However, self-medication is only permitted in accordance with strict guidelines established by the State and the Knowlton Township Board of Education. Please contact the school nurse if you are interested in allowing your child to self-medicate.
5. All medication needs to be brought into school by the parent/guardian or responsible adult. Children are not allowed to carry medication to school unless they are able to self-administer per doctor's order. When getting a prescription filled ask pharmacist for a duplicate bottle for student to have in school.

PE EXCUSES

Students who are not able to participate in PE due to injury/illness (whether they have a MD/parent note or an excuse from the nurse) will not be allowed to participate in outdoor recess. Students who are exempted from PE with a MD note, must have a MD clearance note to return to PE.

STUDENT ABSENCES

We have noticed an increase in the number of student absences, tardiness, and removing students prior to dismissal time for "personal days", family vacations, appointments and other personal reasons. Frequent absences and/or tardiness disrupt the continuity of instruction and limit the ability of pupils to complete curriculum requirements. Excessive absence is defined as 10 or more absences during the school year and is now directly related to individual school funding. All absences from school are considered unexcused except those for a disabling illness, accident, injury or procedure that is substantiated by physician or dentist note, required court appearance, observance of a religious holiday in accordance with statute, or a death in the family. Vacations taken during the school year are considered unexcused absences. A student with unexcused absences is considered truant.

STUDENT INSURANCE

The Board of Education provides accident insurance for every student during school time hours and school sponsored events.

The above are some of the major concerns, policies and procedures. If at any time a question arises, please do not hesitate to contact the School Nurse at 908-475-5118 x121.