

Van Alstyne Independent School District

Health Services Plan

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GOAL

The goal of the Van Alstyne Independent School District is for each student to be at his or her optimum state of good health. Good health is the prerequisite for a good education. A healthy child, is better able to learn and more likely to receive the full benefits of an education. An unhealthy child is often absent, distracted and deterred by health problems when at school and less likely to succeed academically. A child can reach his or her full educational potential if they are physically and mentally healthy.

Van Alstyne Independent School District Student Welfare: Health Requirements and Services

Health Service Program:

The Van Alstyne Independent School District shall establish, maintain, and periodically evaluate a health service program that meets state and local health requirements.

The Van Alstyne Independent School District conducts health-screening programs for vision, hearing, and spinal disorders as required by Texas state law. All students are required to have immunizations up to date. These records are checked and evaluated according to the requirements of the Texas Department of Health.

Pediculosis screenings are also done as necessary.

The program shall be coordinated with other student services and related instruction programs to focus on health-related needs of students and their families, including, but not limited to:

Special Education

Health Education

Health Counseling

The Superintendent and/or Assistant Superintendent periodically recommend to the Board, health program needs in terms of personnel, facilities, equipment and finance to maintain this program.

The District program shall maintain liaison with community health resources.

Health Requirements and Services: Physical Examinations

Vision and hearing screening purpose:

The purpose of a vision acuity and hearing screening program is to identify through mass screening any student with vision or hearing difficulty, to test further and evaluate those students who failed the initial screening and to refer for additional examination and possible treatment if indicated. Educators recognize that much learning is acquired through the sense of sight and hearing, and any undetected and uncorrected visual or hearing defect may affect a student's performance in schooling.

Vision and hearing screening at enrollment:

When a student's initial enrollment in the district is also the student's initial enrollment in any Texas school, the student shall be screened for possible vision and hearing problems. This screening shall occur prior to completion of the first semester of enrollment or within 120 calendar days of enrollment, whichever is longer. Student may meet this requirement by providing evidence of screening conducted one year prior to enrollment. The student or minor student's parent, managing conservator or guardian, may elect to substitute one or more professional examinations for the required screening test.

Routine Screening:

Students in Pre-K, Kindergarten, grades one, three, five, and seven shall be screened for vision and hearing problems annually at any time during the reporting year prior to May 31. (Preferably within the first semester)

Spinal Screen Purpose:

The purpose of spinal screening is the early detection and referral of abnormal spinal deviations or asymmetry. If detected early, a vertebral curvature may be controlled or corrected. Any spinal deviation of a student should be referred for follow-up care. The family physician, orthopedist, public clinic or hospital may follow the care.

Spinal Screening

Students in grades six and nine shall be screened for abnormal spinal curvature before the end of the school year. This requirement may be met by a professional examination performed by a state-licensed practitioner with expertise in diagnosing spinal deformities. Students entering the sixth and ninth grades not previously screened shall be screened within 120 days of enrollment. If the screening indicates the student may have an abnormal spinal curvature, the nurse shall send the original of the screening report to the student's parent, managing conservator, or guardian along with a letter advising of the parent's responsibility to select an appropriate health practitioner for an examination.

Ancanthosis Nigricans:

Students will receive an AN screening for the purpose of detecting a possible potential of developing Type 2 diabetes.

Students in grades Pre-K, Kindergarten, one, three, five, and seven will be annually screened by certified staff and report sent annually to the state.

Exemption:

A student is exempt from the screening requirements if the test conflicts with the tenets and practice of a recognized church or religious denomination of which the student is an adherent or a member. The student or minor student's parent, managing conservator, or guardian shall submit to the principal on or before the day of admission a notarized form from the State of Texas for "Reasons of conscience including religious belief".

Annual Report:

Each school shall submit to the Texas Department of Health, by June 30th of each year, an annual report on the screening status of the individuals in attendance during the reporting year and shall include in the report any other information required by the Board of Health. The report shall be on a form provided by the Health Department and submitted according to the Board of Health rules.

Pediculosis Capitis (head lice)

The Van Alstyne Independent School District shall follow the recommended guidelines for the control of Pediculosis in the school setting as set forth by the Texas Department of Health. An active case of head lice shall be defined as follows:

Nymphal or adult lice (1-2 mm long) are present and/or grayish-white oval eggs are found firmly attached to the hair shaft near the scalp. (Closer than ¼ in.)

Routine classroom screening for Pediculosis may be done throughout the school year.

General guidelines for the nurse or designee:

1. The nurse or other trained personnel will confirm the presence of active Pediculosis and make the initial contact with the parent.
2. The Pediculosis information and need for treatment initially and 7-10 days later will be given to the parent.
3. The nurse may inspect all classmates of the child with an active case on her or the principal's discretion.
4. Sibling(s) of the child having Pediculosis may be inspected at the time of the original case. Sibling(s) having Pediculosis will be sent home with the initial contact person.
5. The student is readmitted after an initial treatment of over-the-counter or prescription is used and there are no lice. This could include a re-inspection by the nurse.
6. The school nurse may re-inspect a student 1-10 days after treatment.

Having pediculosis infestation is a private health matter. Every effort will be taken to maintain confidentiality. At the same time, school personnel directly involved with the health issue need to be notified.

Health Requirements and Services: Immunizations

General Requirements:

No student may be admitted to any school in the District unless he/she has met the minimum vaccine requirements for the State of Texas listed below:

- DTP/DtaP: 5 doses unless 4th dose was given on or after the 4th birthday.
3 doses of DTP/DTAP/TD for children 7 years and older
Tetanus boosters are due every 10 years after the childhood series.
- Polio: 4 doses unless the 3rd dose was on or after 4th birthday
- MMR: 2 doses with the 1st on or after the 1st birthday and 2nd dose by age 5 or entry into kindergarten.
- Hepatitis B 3 doses of Hepatitis B K-12
- Hepatitis A 2 doses for children K-3rd grade
- Varicella 1 dose received on or after 1st birthday or
Proof of Chicken Pox from parent or Doctor is approved (month and year)
If child is 13 y/o or above and has not had chickenpox or injection, a series of 2 is required.

Day Care and Pre-K Admissions

- HIB 3 or more doses if under 5 years of age
- PCV7 1 dose when accepted into Day Care and Pre-School with the 2nd dose administered within 2 months
- 2-3 Mo. 1 dose polio
1 dose DTP/DTaP
1 dose HIB

4-5 Mo. 2 doses polio
 2 doses DTP/DtaP
 2 doses Hib

6-11 Mo 3 doses DTP/DtaP

12-14 Mo. 3 doses polio
 3 doses DTP/DtaP
 2 doses Hib
 1 dose MMR on or after 1st birthday
 1 dose Varcella on or after 1st birthday
 1 dose Hepatitis A

15 Mo. – 4 yr

 3 doses polio
 4 doses DTP/DtaP
 1 dose Hib on or after 15 mo unless primary series and booster have been completed.
 2nd dose of Hepatitis A separated by 6-18 months

Exemption:

Medical Reasons:

An affidavit is signed by a physician who is registered and licensed to practice medicine within the United States, stating that in the physician's opinion any immunization would be injurious to the health and well being of the applicant or any member of his or her family or household. Unless a life long condition is specified the affidavit is valid only one year from the date signed by the physician and must be renewed at that time for the exclusion to remain in effect.

Reason of Conscience exemption to include religious belief:

The State of Texas has amended these requirements to allow individuals to obtain exemptions from immunizations for "reasons of conscience including a religious belief". This form must be notarized and obtained from the State of Texas in order to be considered complete and authentic.

The form may be obtained by contacting Texas Department of Health to request an exemption in writing. There must be a form for each child. Schools have no responsibility or authority to provide forms to families. This form expires in 2 years and must be renewed.

Provisional Admittance

A person may be provisionally admitted to the district schools if the person has begun the required immunizations and continues to receive the necessary immunizations as rapidly as is medically feasible. The Board shall adhere to all rules and regulations prescribed by the Texas Department of Health relating to such provisional admittance.

If a student transfers from one school to another, a grace period of 30 days shall be allowed at the new school while awaiting the transfer of the immunization record, during which time the student may be provisionally enrolled.

Consent to Immunization

The principal or designee of the school in which the student is enrolled may consent to immunization of a minor if the school has received written or verbal authorization to consent from the parent or other person having the power to consent.

Acceptable Documents of Immunization

Since many types of personal immunization records are in use, any document will be acceptable, provided a physician or public health personnel have validated it. The month, day, and year that the vaccination was received must be recorded on all school immunization records created or updated after September 1, 1991. A copy of the records should be placed in the student's permanent record.

The district shall maintain an individual immunization record during the period of attendance for each student admitted. The records shall be open for inspection at all reasonable times by the Texas Education Agency or by representatives of local health departments of the Texas Department of Health. The nurse will keep health record cards.

Annual Report of Immunization Status

The Texas Education Agency and the Texas Department of Health shall develop the form for a required annual report of the immunization status of students, and such annual report shall be submitted by the District at such time and in such manner as indicated in the instructions printed on the state form.

Transfer of Records

The District shall cooperate with other districts in transferring student immunization records. Specific approval from students, parents, or guardians is not required prior to making such record transfer.

When a student transfers from one school or district to another, a copy of the immunization record and any serological test results from a physician should be sent within 30 days to the receiving school. A record received by mail or fax from school officials of another district or state may be considered a validated record.

Reporting Suspected Child Abuse and Neglect Cases

All suspicious injuries or circumstances indicating possible physical abuse, sexual abuse, emotional abuse, neglect or lack of supervision of a student must be reported to the Texas Children's Protective Services (CPS). CPS is the agency mandated to investigate and determine the validity of such allegations.

Procedures:

- 1) The nurse, counselor, teacher or principal on any campus is the appropriate person to notify regarding suspected abuse cases.
- 2) Any physical injuries or complaints should be examined and documented by the school nurse. This documentation may be required at a later date in the event of criminal/civil court proceedings.
- 3) In order to minimize trauma to the child, it is best that as few people as possible interview the child. The goal of the interview should be to gather enough data to make a clear, concise referral.
- 4) This is done by calling 1-800-252-5400 or on-line at www.reportabuse.ws/. Login: educator and password: report1. This report is for internet is for school staff only. Anyone that witness's child abuse may report to the 800 number.

The principal should be notified that a referral is being made to CPS and be aware that an investigation by a CPS caseworker or police officer includes visiting the child in the school setting. School personnel are expected to cooperate fully with CPS and or local police department in their investigation.

It is not desirable that parents be contacted by school personnel and alerted to the investigation. The responsibility for notification rests with CPS.

Confidentiality of information related to the abuse should be carefully guarded and discussed only with those who have the need to know.

Education of staff and students:

Van Alstyne Independent School District may provide educational programs for students with the goal of preventing child abuse and neglect and encourage children who are victims to disclose their abuse.

VAISD may provide staff development programs aimed at:

- 1) Making staff aware of prevalence of various types of child abuse and neglect.
- 2) Teaching dynamics of abuse and neglect.
- 3) Presenting various symptoms indicating child abuse and neglect.
- 4) Demonstrating relationship between child abuse/neglect and poor academic performance as well as discipline problems.

Medication Policy

Van Alstyne Independent School District employees may administer prescription medication in accordance with state law and the following guidelines:

- 1) The district must receive a written request to administer the medication from the parent, legal guardian or managing person having legal control of the student. Written request must include the name of the medication, the dosage and time to be given.
- 2) Prescription medication must be in the original bottle and properly labeled. (Medication, dosage, administration time, physician, and student's name)
- 3) The pharmacy may give an extra bottle so that only medication needed for the student at school is sent.
- 4) All non-prescription medications must be in their original container and must have a written consent from the parents with the same requirements as #1. This may be kept at the school for the entire school year.
- 5) Should a parent send medication to the school without the proper written request and instructions, every effort will be made to contact the parent. The parent may then give verbal permission. School employees have no legal immunity if they give medications without written or verbal parental instructions.
- 6) The school personnel must evaluate special circumstances of self-managed administration of medications individually. (Insulin, inhalers and epipen's)
- 7) A student may carry his/her inhaler or anaphylaxis medication at school or school related event. VAISD must have a copy of the request from their physician stating the child may carry their inhaler, have signed parent/legal guardian permission and nurse documentation of student ability to self-administer the medication.
- 8) All medication supplied by a parent, legal guardian, or managing person with the proper written request information, may be administered to a student.

- 9) If the substance is herbal or a dietary supplement, it must be provided by the parent and will be administered only if it is required by the student's Individualized Education Program (IEP), Section 504 Plan for a student with disabilities or a Physician's order.
- 10) In accordance with the Nurse Practice Act, Texas Code, Section 217.11, the school nurse has the responsibility and authority to refuse to administer medications that in the nurse's professional judgment is not in the best interest of the student.
- 11) In certain non-emergency situations, the District will maintain and administer to a student nonprescription medication. The parent must provide written consent to administer non-emergency treatment on the VAISD Demographic form, verbal order 1 time or a medication consent form.

Authorized Personnel

Employees authorized by this policy to administer medication to students shall include superintendents, principals, counselors, secretaries, registered nurses or other classified personnel employed by the district designated by the principal or nurse.

Civil Liability

The District, the Board and its employees shall be immune from civil liability, except for acts constituting gross negligence for damage or injuries resulting from the administration of medication to a student. All administration of medication shall conform to the requirements of this policy.

Plan of Action for an Emergency Situation

Generally, the following plan will be followed. Under certain circumstances, it may be necessary for an ambulance to be called immediately.

Action

- 1) Administer first aid (teacher or available employee)
- 2) Call office and request emergency first aid assistance
- 3) Notify principal and or superintendent
- 4) Call parent or request office to call parent
- 5) Call ambulance

****Van Alstyne Independent School District will not assume responsibility for the ambulance expense.

The following guidelines detail a procedure to be used by the school in event of an emergency:

- 1) The employee at the scene shall delegate an individual to inform the principal of the location of the accident and give any pertinent information. An employee trained in first aid should be sent and if possible the nurse.
- 2) The designated individual should turn on intercom in the area where the accident has occurred (if possible) and arrange for messenger to transmit information.
- 3) The secretary/designated person should pull the student's Emergency Information and Permission Slip form, make a copy and prepare to send with the child.
- 4) Any known pertinent health information should be relayed via the messenger.
- 5) If serious injury is apparent, parent contact should begin immediately.
- 6) First Aid responder/ Nurse will remain with the student at all times and report findings/condition to messenger/ ambulance personnel.
- 7) An ambulance may be requested if the first aid responder/nurse deems it warranted.
- 8) The designated person should request an ambulance and give exact location and a school employee should wait outside to direct the ambulance personnel.

Minor Accidents

When a minor injury occurs at the school, any available personnel may render first aid. The employee should feel free to consult the nurse concerning first aid and minor injuries when at the school.

In the case of a possible fracture, or other questionable injury, the parents are to be contacted as soon as possible. It is the responsibility of the parents, guardian, or managing person to transport the injured student to a medical facility of their choice. The school nurse should be called in questionable situations.

Parents should be notified by phone and /or writing of all head injuries.

Emergency Procedures

Emergency procedures and telephone numbers are to be reviewed at the beginning of each year. Faculty should be familiar with procedures for obtaining emergency care.

An emergency is considered to be any condition of a student or staff member, which may result in loss of life or produce significant morbidity if measures are not instituted within a short period of time. If there is a serious injury at school and the parents, guardian or managing person cannot be contacted or at a significant distance and not available for some time, an ambulance should be called to take the student to the emergency room. The decision to call an ambulance involves judgment as to the person's status. In the event that the nurse is not in attendance, the principal or responsible person judges the child to be in a life or death situation or the child's condition worsens and the passage of time is likely to affect the outcome, an ambulance should be called. When in doubt, err on the side of caution.

Examples of emergency condition, which an ambulance may be, needed include:

- Suspicion of internal or head injury
- Excruciating pain
- Profuse bleeding
- Inability to breathe
- Severe allergic reactions
- Medication overdose
- Severe breakage of lower extremity bones
- Other conditions which appear to need immediate medical attention and the parent is unable to be contacted.

The designated individual will calmly alert the parents of the situation. Notify the parent if ambulance transport is expected and inform as to where they will be sent. This way the parent may ride with the ambulance or meet the child at the facility. A school faculty member must accompany the child to the medical facility and remain with him/her until the parent arrives and assumes responsibility.

If the school nurse is not in the building, the designee should provide information to the nurse regarding the nature of the emergency and procedures followed. The nurse should follow up the incident by checking on the condition of the student. An accident report should be completed.

It is recommended that several employees located at various areas of the campus be trained in First Aid and CPR, and use of the AED. Such person should remain with the child until the nurse or ambulance arrives.

A person on each campus shall be trained in first aid diabetic care when a nurse is assigned on that campus. If no nurse is assigned to school at least 3 shall be trained.

The school nurse shall be trained in CPR and First Aid Teaching and will conduct several classes a year to keep staff updated in CPR/First Aid.