

WASHINGTON BOROUGH SCHOOL DISTRICT
Washington, New Jersey

SCHOOL NURSE HEALTH SERVICES

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SCHOOL NURSING PRACTICE

School nursing practice embraces two professional disciplines – nursing and education.

The School Nurse is a health services specialist who assists pupils, families, and staff in attaining and/or maintaining optimum health and health attitudes. School Health Services extends into the community, uses the resources of the community, and encompasses all supportive health resources and agencies.

School Nurses are most interested in working with you in the best interests of your children. A sound health program, which protects the welfare of your children, requires your participation and cooperation.

This publication explains the policies and services offered by the School Nurse in the state of New Jersey.

ABSENCES

A note is to be provided by the parent explaining each day of absence for every student. This is to be brought in on the first day of return.

Parents are requested to notify school personnel about each absence by calling the school on each day of their absence.

ASSESSMENT

Informal daily contacts with students provide the School Nurse with the opportunity to assess individual health status on an ongoing basis. Formal assessment consists of the following:

Health Histories:

Comprehensive health histories are obtained for:
Elementary school students

Screenings:

Periodic assessment of each child's health status is regularly conducted as follows:

Yearly height, weight, hearing, blood pressure and vision.

Physical screening for 5th grade students without a medical home.

Scoliosis for grades 4 & 6

Assessments are also conducted upon special requests of parents/guardians.

CHILD STUDY TEAM EVALUATIONS

The School Nurse participates in the evaluation process when a pupil is formally referred to Child Study Services, identified as possibly having serious learning problems.

COMMUNICABLE AND NUISANCE DISEASES

Any child who becomes ill with one or more of the following children's diseases will not be permitted to attend school for the indicated time period. Upon returning to school after one of these illnesses, the child must be checked by the School Nurse before being readmitted.

REPORTABLE DISEASES TO BOARD OF HEALTH:

CONDITION:

MAY RETURN:

Hepatitis A Seven days from the first appearance of jaundice and after clinical recovery, with signed permission from the attending physician.

Hepatitis B Upon clinical recovery, with signed permission from the attending physician.

OTHER DISEASES:

Chickenpox Six days from the first appearance of the rash, or after lesions become dry.

Conjunctivitis
(pink eye) When under treatment one to three days and after any discharge has ceased.

Coxsackie Virus (Hand, Foot and Mouth Disease) When no fever for 24 hours without fever reducing medication. No longer drooling steadily due to mouth sores.

Impetigo 24 hours after beginning antimicrobial therapy and when lesions are dry, with signed permission from the attending physician.

Lice/Pediculosis Upon elimination of all lice and nits- must be cleared by an examination by the School Nurse. An attending physician's permission is not sufficient if nits (eggs) are present, even though treatment may have been administered.

Mononucleosis Upon clinical recovery, with signed permission from the attending physician.

MRSA
(Staph Skin Infection) Cover Skin infections with dry sterile dressing. Wear clothing that covers the infected area. Students with wound drainage(pus) that can not be covered and contained with dry sterile dressing are excluded from school.

Pinworm When under treatment, with signed permission from the attending physician.

Salmonella When free from infection, with signed permission from the attending physician. Family members attending school are also required to have signed permission from the attending physician.

Scabies When free from infection, with signed permission from the attending physician.

Streptococcal (Strep throat, Scarlet Fever, Scarlatina) – after 24 hours on antibiotics and fever free may return to school.

DIRECT HEALTH CARE

First Aid

According to State regulations, treatment by the School Nurse is limited to first aid care for injuries occurring at school. Injuries incurred other than at school must be cared for at home. The Chief School Medical Inspector has approved the district's First Aid Procedures, and they are reviewed and approved annually by the Board of Education. Expenses related to injuries incurred in school are the responsibility of the parents.

HEALTH SERVICES

Our health services are prevention oriented. In the first year of school children are adjusting to larger groups. Since they are in closer contact with the common cold, they are more susceptible to disease. In order to prevent the spread of communicable disease and the common cold, it is wise to keep a child home with any of the following symptoms:

rash or skin eruption	fever of 100 and over
nausea/diarrhea	severe coughing
inflammation of eyes	severe earache
severe headaches	enlarged glands

When these conditions are seen in the classroom, your child will be sent to the Health Office. Many of the above conditions should be reported to your physician and treated promptly. Please call the school nurse if you have any questions regarding your child's health or health policies.

A physician's note may be required if your child has been absent due to:

- surgery
- serious accident
- casts, crutches or other unusual apparatus
- extended illness
- communicable disease such as: impetigo, conjunctivitis, chicken pox, strep throat, ringworm and scabies

Please notify the Health Office of any of the above. It is in the best interest of your child and others.

* In order to help us take better care of your child please provide us with any medical testing results.

ILLNESS

Children should not be sent to school when there are symptoms of illness. We suggest good health practice is to keep your child at home until an elevated temperature has returned to normal for twenty-four hours. Children who vomit or have diarrhea should be excluded from school and should not return until vomiting and diarrhea has ceased for 24 hours. For any exceptions to this directive, the nurse is to be consulted.

EMERGENCIES

In cases of medical emergencies, the district will call the nearest ambulance service and will make every effort to immediately contact the parent/guardian in order to facilitate necessary care.

Student Emergency Cards

At the beginning of each school year, the pupil is given an emergency card to be completed by the parent/guardian. It is extremely important for your child's welfare that at least TWO local persons, other than the parents, be designated as alternates who are available and do not work outside the home. It is important that emergency telephone numbers be kept up-to-date. The school should be notified immediately of any changes.

HOME INSTRUCTION

A student is eligible for Home Instruction when a temporary health condition requires lengthy confinement to home or hospital. It must be predicted in advance by a physician that the student will be confined for at least a two-week period (10 consecutive days). The 10 school day period must follow the day the parent brings the APPLICATION to the school with the attending physician's report.

Tutoring will begin as soon as arrangements can be made once approval is given.

The student is not permitted to return to school until the RELEASE form is signed by the attending physician and accepted by the School Nurse.

IMMUNIZATIONS

Immunizations for certain communicable diseases are required by State law for every child entering and attending school. To assure continued protection, these immunizations must be renewed at certain intervals. When notified of any immunization requirements, your prompt action will assure your child's uninterrupted school attendance.

Failure to provide completed immunizations in a timely manner will result in expulsion from school until done.

The following immunizations are required by Chapter 14 of the New Jersey Sanitary Code: "Immunizations of Pupils in School."

<u>DISEASE</u>	<u>IMMUNIZATION REQUIREMENTS</u>		<u>COMMENTS</u>
DIPHTHERIA	(Age 1-6 years)	(Age 7 or older)	In a pupil, after the seventh birthday, adult type Td vaccine may be substituted for D.P.T. A booster dose of Td is recommended every 10 years.*
TETANUS	4 Doses (including	3 doses (including	
PERTUSSIS	booster, with 1 dose given after 4 th birthday	booster)	

Every child born on or after January 1, 1997, and entering or attending Grade Six, or a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of Tdap (Tetanus, diphtheria, acellular pertussis) given no earlier than the 10th birthday.

Children entering or attending Grade Six on or after September 1, 2008, who received a Td booster dose less than five years prior to entry or attendance shall not be required to receive a Tdap dose until five years have elapsed from the last DTP/DTaP or Td dose.

Children born on or after January 1, 1997, and transferring into a New Jersey school from another state or country after September 1, 2008, shall have received one dose of Tdap, provided at least five years have elapsed from the last documented Td dose.

POLIOVIRUS	Every child less than seven years of age shall have received at least three doses of live, trivalent, oral poliovirus vaccine (OPV), or inactivated poliovirus vaccine (IPV) either separately or in combination, one dose of which shall have been given on or after the child's 4th birthday or, alternatively, any appropriately spaced combination of four doses.	
MEASLES (RUBEOLA)	Every child born on or after January 1, 1990, shall have received two doses of a live measles-containing vaccine, or any vaccine combination containing live measles vaccine, such as the preferred measles, mumps, rubella (MMR) vaccine, prior to school entrance for the first time into Kindergarten, Grade One, or a comparable age entry level special education program with an unassigned grade. The first dose shall have been administered on or after the child's first birthday, and the second dose shall have been administered no less than one month after the first dose. Pupils who received measles (Rubeola) vaccine prior to one year certified of age must be reimmunized.	
MENINGOCOCCAL VACCINE	Every child born on or after January 1, 1997, and entering or attending Grade Six a comparable age level special education program with an unassigned grade on or after September 1, 2008, shall have received one dose of a meningococcal-containing vaccine, such as the medically-preferred meningococcal conjugate vaccine.	
	*Please note: This applies to students when they turn 11 years of age and attending Grade Six.	
	Every child born on or after January 1, 1997, and transferring into a New Jersey school from another state or country on or after September 1, 2008, shall have received one dose of meningococcal vaccine.	
RUBELLA	1 dose live vaccine on or after 1 st birthday, <u>or</u> laboratory evidence of immunity.	Must be given after 1 year of age
MUMPS	1 dose Live Vaccine on or after	Must be given after 1 year of age

1st birthday, or laboratory evidence of immunity, or history of disease documented by physician

HEPATITIS B	Every child born on or after January 1, 1996, shall have received three doses of hepatitis B vaccine, or any vaccine combination containing hepatitis B virus, prior to school entrance for the first time into a Kindergarten, Grade 1, or a comparable age entry level special education program with an unassigned grade. K-Grade 12= 3 doses for Age 11-15 years = 2 doses	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.
VARICELLA	One dose of varicella vaccine on or after the first birthday or proof of disease immunity for pupils entering Kindergarten or grade 1 born on or after January 1, 1998.	

*BOOSTER: A booster dose of a vaccine is considered one administered not less than six (6) months after the previous dose.

PRESCHOOL IMMUNIZATION REQUIREMENT

18 Months-4 Years:	4 Doses of DTP or DTaP; 3 Doses of Polio, 1 Dose MMR, 1 Dose Hib, 1 Dose Varicella
Pneumococcal Conjugate Vaccine:	Every child 12 months through 59 months of age enrolling in or attending a licensed child-care center on or after September 1, 2008, shall have received at least one dose of PCV on or after their first birthday.
Influenza Vaccine: child-	Children six months through 59 months of a age attending any licensed care center or preschool facility on or after September 1, 2008, shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of each year.

MEDICATION

The administration of medication in the schools is to be avoided whenever possible. No medication shall be administered to pupils in school except by the School Nurse, after all necessary approvals have been secured. "Medications" shall include all medicines prescribed by a physician for a particular pupil, including prescription and non-prescription drugs.

It should be remembered that non-prescription, over-the-counter remedies (aspirins, creams, etc.) are medicines. Any use in school must be prescribed by a physician and requested via the above

procedure. Cough drops, lozenges and the like may be used in elementary schools only upon a parent's written request.

Before any medication may be administered during school hours, the Board shall require the written request of the parent/guardian, which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication. This request shall be accompanied by the written order of the prescribing physician, and must have the approval of the Chief School Medical Inspector before implementation.

The written order of a prescribing physician shall include: (a) the purpose of the medication; (b) the dosage; (c) the time at which or the special circumstances under which medication shall be administered; (d) the length of time for which the medication is prescribed; (e) possible side effects of the medication.

The REQUEST FOR ADMINISTRATION OF MEDICATION form can be obtained from the school's Health Office.

Medication must be delivered to the School Nurse in its original container by the parent/guardian. A limited supply of medication should be kept in the school. Medication no longer required must be removed by the parent/guardian. All medications will be appropriately maintained and secured by the School Nurse. Parental permission allows the nurse to provide the principal and other teaching staff members who are concerned with the pupil's educational progress with such information about the medication and its administration as may be in the pupil's best interests.

There is also a N.J. law that allows students to carry and self-administer medication for asthma or other potentially life threatening illness, i.e. severe allergy to bee sting or insect bites, with permission from the physician and parents. Special forms are available in the health office.

The School Nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication, a notation of each instance of administration, and the written approval of the Chief School Medical Inspector.

The sole responsibility of the Board of Education and the Chief School Medical Inspector shall be limited to the provision of adequate and proper supervision in the administration of said medication.

- The parent/guardian is invited to come to the school to medicate the student if the above procedure is not convenient.
- Please consult with the principal or School Nurse concerning a student in need of medication while on a field trip.

REFERRALS AND FOLLOW-UP

The School Nurse makes contact with the parent/guardian about conditions identified through screenings, observations, and medical examinations by:

- telephone, or
- a referral notice sent home, when appropriate.

Prompt investigation of these matters assures your student better opportunities for development. Should you require assistance in meeting these needs, you are encouraged to contact your School Nurse.

Please share with the School Nurse any conditions or special examinations as they may occur to your child so that optimum health services can be provided. All information is treated with confidentiality.

TRANSPORTATION

It is the responsibility of the parent/guardian to make transportation arrangements for a child who needs to be taken home during school hours because of injury or illness.

In case of an injury or illness, the School's Health Office will first try to notify the parent/guardian. If the parent/guardian cannot be contacted, the person(s) designated to be alternately responsible for the child will be notified.

TUBERCULIN TESTING

Pupils are required by the State to be given tuberculin skin tests or quantiferon TB blood test (QFT gold) only under the following conditions:

1. Students born in a country that is not approved by NJDOH and entering school in the U.S. for the first time, regardless of age or grade.
2. Students transferring into the New Jersey school system directly from a country not approved by NJDOH, regardless of age or grade.
3. Any student who traveled for an extended period of time outside of the United States will be evaluated by the school nurse in conjunction with the Health Department to determine if tuberculin testing is required.

The parent will be notified if Tuberculosis testing is required. The State does not exempt a pupil from Tuberculosis testing because of having had a BCG vaccination. Neither does it recognize a Tine tuberculin test as satisfactory.

PHILOSOPHY AND GOALS OF SCHOOL HEALTH SERVICES

Health may be defined as that state in which an individual functions to the best of his/her capabilities – physically, intellectually, emotionally and socially. The school has the responsibility and opportunity to influence the health of school children and therefore that of our future generations. School health services, an integral part of the school system in New Jersey, are designed to maximize an individual's health potential and provide a broad spectrum of health services for children and adults in both public and private sectors of the community.

The quantity and quality of pupil learning is in direct proportion to their health status and to their abilities to improve or adapt to any limitations. While it is recognized that all members of the school staff and other professionals contribute expertise in specialized health areas, the major responsibilities for pupil health are in the hands of the health service specialists – the school nurse and school physician.

The goals of the school health services program are to:

1. identify health problems and needs of pupils and staff;
2. assist pupils in becoming increasingly responsible for their own health;
3. promote the optimal level of health for pupils and staff;
4. promote environmental safety and health within the school and during school-related activities;
5. provide health education and health counseling for pupils, parents and staff;
6. provide direct health services in an efficient and cost-effective manner; and;
7. maintain a liaison with primary health care providers.

RESOURCES

New Jersey Department of Education, Guidelines for School Health Services, Trenton, New Jersey, 1986.

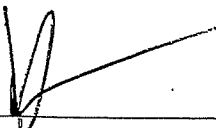
New Jersey Department of Education, The T & E Process: Guidelines for Developing Goals and Objectives for School Health Services. Educational Improvement Center, Sewell, New Jersey, April, 1979.

New Jersey Statutes and Administrative Code.

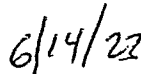
New Jersey Department of Health and Senior Services, Division of Epidemiology, Environmental and Occupational Health, Mantoux Tuberculin Testing in Public Schools, Trenton, NJ, November 18, 2016.

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Reviewed By School Physician:



Dr. Victor Rodriguez



Date