

SJS Nursing/Health Services

School attendance is key to your child's success in school. Children should be in school if they are rested, eating well, and feeling good. **Please use your best judgment when sending your child to school and follow the guidelines below.**

REMEMBER: Your school nurse is an excellent resource if you need any guidance or direction when making this decision. Never hesitate to consult with your school nurse.

STAY HOME GUIDELINES

- Fever greater than or equal to (100.4 F)
- Vomiting/Diarrhea within the past 24 to 48 hours -also depending on additional symptoms if any.
- Diagnosed and placed on antibiotic in the past 24 hours
- Not able to manage profuse nasal secretions
- Persistent cough that kept your child awake all night

****Covid Positive/Flu/Pneumonia or any upper respiratory viral illness:**

May return to school once a student has been fever-free for 24 hours and respiratory viral symptoms are overall improved for at least 24 hours.

RETURN TO SCHOOL GUIDELINES

- Fever-free for 24 hours without fever reducing medication
- No vomiting/ Diarrhea for >24 hours
- Has been on antibiotic therapy for 24 hours (if indicated)
- Is generally feeling well, eating, drinking and able to participate in activities

Viral Symptoms

- Fever (100.4° Fahrenheit or higher), chills, or shaking chills
 - Difficulty breathing or shortness of breath
 - New loss of taste or smell
 - Muscle aches or body aches
 - Cough (not due to other known cause, such as chronic cough)
 - Sore throat, *when in combination with other symptoms*
 - Nausea, vomiting, *when in combination with other symptoms*
 - Headache, *when in combination with other symptoms*
 - Fatigue, *when in combination with other symptoms*
 - Nasal congestion or runny nose (not due to other known causes, such as allergies), *when in combination with other symptoms*
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GENERAL ILLNESS

Fever: An oral temperature of over 100.4°F is considered a fever. If your child has a temperature before school, your child should remain home. Children can return to school when their temperature has been normal for 24 hours without the use of fever-reducing medications, such as acetaminophen (Tylenol) or ibuprofen (Motrin). If your child develops a fever during school hours, they will remain in the nurse's office until dismissed to a parent/guardian or their designee.

Rash: If your child has an unusual rash and/or includes a fever, consider keeping your child at home until you have discussed the rash with your doctor or health care provider. Rashes are very difficult to diagnose and many are viral in origin and should not prevent your child from attending school. However, occasionally there are cases of breakthrough chickenpox disease and attendance at school could impact other students/faculty who may be medically compromised, therefore, consultation with your school nurse is

important. Children may return to the school setting once viral blisters have scabbed over and no discharge is present.

CONTAGIOUS AND NUISANCE DISEASES

Injury: Any student who has sustained an injury, that has been treated by a physician or in an emergency room, and will have restricted activity for a limited period of time (cast, stitches, sprains, fractures, concussions, etc.), must bring a note from the physician stating the nature of the restrictions and when the student can resume participation in health and fitness class, recess, and sports. The student will not be allowed to return to health and fitness classes and sports activities until this note is received. If your child sustains an injury, or you feel (s) he should limit her/his activity for 1 - 2 days; or that it will affect her/his school performance, you will need to send an explanatory note to the nurse.

Concussion/Head Injury Protocol: The school nurses work collaboratively with parents, teachers, physicians, and the student in order to support recovery from a traumatic head injury. Parents are encouraged to notify the nurse at their child's school once a concussion diagnosis has been made so that an individualized care plan can be developed in order to support their child during the recovery and healing process while attending school.

Dismissal Due to Illness or Injury: Students who become ill or injured at school will be dismissed to a parent/ guardian or their designee from the nurse's office. The student will not be allowed to walk home alone. It is the expectation that a sick or injured student will be picked up as soon as possible.

Emergency Information: Please keep the emergency information up to date in order to facilitate contacting you if your child is ill or injured. Work numbers, home telephone, and cell phone numbers change throughout the school year and the school needs to be informed of these changes so that you or your designee can be contacted quickly in the case of an emergency.

Vomiting: Students who vomit at school will be sent home provided it was not an "eating too fast" situation (to be determined by the school nurse). Students will be allowed to return to school the next day if they have not vomited in a 24 hour period, do not have a fever, have resumed normal eating habits, and are able to maintain a normal level of activity.

Immunizations: Massachusetts state law requires that students be fully immunized against DTP, Polio, Measles, Mumps, Rubella, Hepatitis B, and Varicella. The statute includes exemptions for medical and religious reasons -see Exemptions below. Please stay up to date with all vaccinations.

Exclusion: (Child Protective Services) CPS, in accordance with Massachusetts State law and regulations, provides for exclusion of students from school, if immunizations are not up

to date, but exemptions *are* permitted at school entry for medical and religious reasons. The only exception for exclusion of unimmunized or partially immunized children, without medical or religious exemptions, is for homeless children: The federal McKinney-Vento Homeless Assistance Act of 2001 stipulates that homeless children cannot be denied entry to school for not possessing immunization records. CPHD is authorized to implement and enforce the requirements for isolation and quarantine pursuant to 105 C.M.R. 300.200.

Physical Examinations: Examinations by a licensed physician, nurse practitioner, or physician's assistant are required for preschool, pre-kindergarten, kindergarten students, and new entrants at any grade. These examinations shall be within one year prior to entrance to school or within 30 days after school entry. In order to participate in any interscholastic sports, documentation of a physical examination within the last 13 months by the student's primary health care provider must be on file with the school nurse prior to tryouts. A Massachusetts School Health Record is maintained for each student.

Managing life-threatening allergies at school: Eating in the school cafeteria is often stressful and can potentially be dangerous for students with food allergies. Hidden ingredients, cross-contamination risk between foods, and the fear of allergens left on lunch tables are often cause for concern. All tables and chairs will be washed down with soap and water or all-purpose cleaning agents before each meal period. Please note that antibacterial gels do not remove food allergens from surfaces. Hot lunches offered by outside vendors (Comella's) should be contacted directly if you have any questions or concerns regarding ingredients.

Staff will work to ensure that food provided by the school (i.e., hot lunches) will be verified by the school nurse to ensure the safety of all students/faculty with food allergies. ***When packing your child's lunch or snack, please do your best to avoid sending in products containing nuts.***

The only outside food accepted into school by families will be for a selected few class holiday parties- no exceptions will be made. If you have a child with a food allergy- please reach out to your child's teacher for holiday dates and to discuss what foods are appropriate. Halloween, Thanksgiving (early childhood), Christmas, Valentines, Easter, Mother's/Father's breakfast/tea (early childhood), Multicultural day, and Field Day, Catholic school's week. end of year celebration.

Exemptions: A student may be exempt from physical examination upon written request from the parent/ guardian, except with respect to communicable diseases per Massachusetts General Law (M.G.L. c.71,s.57) <http://www.mass.gov/eohhs/gov/departments/dph/>. Law in Massachusetts does not allow philosophical exemptions. There are only two situations in which children who are not fully immunized may be admitted to school: 1. Medical exemptions are allowed if a physician submits documentation stating that an immunization is medically contraindicated for the child. 2. Religious exemptions are allowed if a parent/ guardian submits a written statement that immunizations conflict with their sincere religious beliefs.

Medication administration while at school: There are times during the school day when students will require the administration of medication. When at all possible, medication should be given at home but there are circumstances when it is important to maintain

therapeutic levels or to keep a student pain free and comfortable during school hours. Students with medical conditions should have emergency medicine and *as needed* medication available at school.

Massachusetts Department of Public Health regulations on administration of medication in a school setting.

1. Prescription Medication orders *must* be renewed at the beginning of each school year.
2. All medications require a written order from a health care provider and signed parent/guardian consent. This includes all daily medications, both prescription and over the counter (OTC) medications.
3. If short-term antibiotic medication (10 days or less) is to be administered during the school day, the original pharmacy container may be used as the “written order” from the health care provider. A consent form signed by the parent/guardian is required.
4. For prescription medication: only a thirty (30) day supply will be accepted at any time and medication must be in the *appropriately labeled, original pharmacy container* in order to be accepted.
5. The nurse may administer allergy eye drops to an individual child once during the school day for treatment of allergy symptoms. The parent/guardian will provide written consent and the medication in its original container.
6. Complementary/Alternative medications such as homeopathic medications, herbal medications and dietary supplements require a written order from a licensed Massachusetts physician and written/signed parent/guardian consent. Medication must be FDA approved and provided in its original container. Medications that are not FDA approved, will not be administered in school.
7. Medications are administered only by the school nurse and are stored in a locked cabinet in the nurse’s office, with the exception of life-saving medications, such as an epinephrine auto injector or asthma inhalers. The nurse may delegate administration of student medication during a field trip.
8. For safety reasons, students should never transport medication to and from school or keep medicine in their possession during the school day. The parent/guardian or an authorized adult are requested to deliver medication to the health office, or hand it to the school office manager. Exception to this policy is the “self-administration” consent, which allows students to carry their personal inhaler and/or EpiPen and self-administer as directed. Consent from their health care provider and parent/guardian are required for the self-administration order.
9. School nurses and trained, non-nursing personnel may administer Epinephrine (Epi-Pen) by auto-injector to students with identified severe allergic reactions.
10. At the end of the year, all medications must be picked up by a parent/guardian. Any medications not picked up will be discarded.

Student in Crisis: When an administrator determines that a child is in crisis, she/he will contact the parent/guardian. If an administrator deems that a student's safety is in

immediate jeopardy, emergency services may be called and the student may be transported to the nearest emergency room. The administrator may require that the student undergo an emergency psychiatric evaluation. The administrator may request a written confirmation from a professional evaluator that the student is not a danger to him/herself and/or others. When a parent/guardian has notified the student's Principal that they have received safety assurance for their child, a re-entry meeting will be scheduled. The re-entry meeting will include the parent/guardian, student, school psychologist if applicable, school nurse, and/or other school support personnel.

Extended absence: Upon receipt of a physician's written order verifying that any student enrolled in a public school or in a private school setting must remain at home or in a hospital on a day or overnight basis, or any combination of both, for medical reasons and for a period of not less than fourteen school days in any school year, the Principal shall arrange for provision of educational services in the home or hospital. Such services shall be provided with sufficient frequency to allow the student to continue his or her educational program, as long as such services do not interfere with the medical needs of the student. The Principal shall coordinate such services with the Director of Student Services for eligible students. Such educational services shall not be considered special education unless the student has been determined eligible for such services, and the services include services on the student's IEP (Individual Education Plan). Absences fall into the following categories:

1. Excused: Students and parents should make every attempt to avoid any absence from school other than for:
 - a. personal illness of the student
 - b. serious illness or death in the family
 - c. religious observance
 - d. extraordinary circumstances for which an absence has been pre-approved by the student's Principal.

Exclusion During Disease Outbreaks: In situations when one or more cases of disease are present in a school, all susceptible students and staff, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105 C.M.R. 300.000). The reporting and control of diseases, identified as posing a risk to the public health, is prescribed by state regulations and law.

Reporting Requirements: The School Nurse will promptly report to the local health department (DPH) if a documented case of any of the diseases listed below occurs in the school (105 C.M.R. 300.000).

Diseases that must be reported:

- chickenpox (varicella)
- Covid-19
- diphtheria
- Haemophilus influenzae type b (Hib)

- hepatitis A
- hepatitis B
- pertussis
- polio
- measles
- mumps
- rubella
- other, as directed by public health authorities

Topical Ointments and Sprays: Topical ointments and sprays such as petroleum jelly, sunscreen, and bug spray, etc., ideally, should be applied before school, however, if a second application is desired, sunscreen may be applied at school with written parental permission. Please note any specific requests (time, topical application area, etc.) in your consent. The signed statement from the parent will be valid for one year and include a list of topical non-prescription medication. Please label all products with your child's name and hand them to the teacher so he/she can store them in a secure location.

Pediculosis (head lice): Most cases of head lice are acquired outside of school. In a report (A clinical report by the American Academy of Pediatrics (AAP) "Head Lice," in the May 2015 issue of Pediatrics (published online April 27), the AAP continues to recommend *that a healthy child should not be restricted from attending school because of head lice or nits (eggs).* Pediatricians encourage education in school communities, that no-nit policies are unjust and should be abandoned. *Children can finish the school day, be treated, and return to school.* The nurse will notify families when a case of head lice has occurred in their child's class. No child will be identified. The nurse may follow-up with periodic checks of individual children who had lice to make sure the treatment has been effective. The school nurse is available to educate parents, teachers, and children regarding the detection and treatment of head lice.

Changing and Supporting Continence in Children: While all children at SJS should be toilet trained upon school entry, situations may arise where children require changing due to a toilet accident or activities as a result of water play, messy play, weather etc. On these occasions, the children will be encouraged to change themselves, enabling them to build upon their personal intimate care skills. However, there may be times when a child will need some assistance in the changing process. If this happens, the teacher or assistant will assist the child with their bathroom needs. If a child has regular soiling issues during the school year, parents will be notified to pick up their child as this may indicate a medical issue. A child who soils their clothes on a regular basis may have an underlying problem that needs to be discussed with their pediatrician/parents/caregiver.

Conjunctivitis (“Pink Eye”): Conjunctivitis can result from many causes, including viruses, bacteria, allergens, contact lens use chemicals, fungi, and certain diseases. Viral conjunctivitis is highly contagious. Most viruses that cause conjunctivitis spread through hand-to-eye contact by hands or objects that are contaminated with the infectious virus. Viral conjunctivitis can also spread by large respiratory tract droplets. Bacterial conjunctivitis can spread from person to person, from hand-to-eye contact, or via eye contact with contaminated objects.

If the school nurse suspects a child is exhibiting symptoms consistent with conjunctivitis, the parent/guardian will be notified and strongly encouraged to take their child to their primary health care provider to see if treatment is necessary. **Children diagnosed with conjunctivitis may return to school once they have been taking antibiotic eye ointment/drops for 24 hours.**