VIRGIN ISLANDS
MONTESSORI SCHOOL
& PETER GRUBER
INTERNATIONAL ACADEMY

VIMSIA HEALTH POLICY
2025-2026

"Education for Life"

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HEALTH POLICY

This policy provides guidance for parents and staff as to when students should or should not be in school if showing signs of illness. When children show any signs of being sick or are unable to participate in the normal school routine they are to be kept home and remain home for the remainder of the day and not to return for extracurricular activities.

The best authority on any disease and how it will affect your child is your family doctor. We understand the needs of working parents and do not aim to exclude students from school unnecessarily, however decisions will take into account the needs of the student and those of the other students and staff in school.

In the event a child becomes ill and needs to be picked up from school, the parent/guardian(s) will be called and expected to pick the child up within **1 hour**. If the parent/guardian(s) cannot be reached, or have not arrived within 1 hour, the emergency contact person will be called and asked to come pick up the child.

***Please remember to immediately report any illness or contagious disease/infection to the School Nurse at nurse@vimsia.org to help prevent illness spread to other students.**

Return to School After Injury

Students who have sustained an injury requiring the use of a mobility aid (e.g., crutches, wheelchair), cast, splint or diagnosed with a concussion must provide a written note from a healthcare provider before returning to school. The note should outline any necessary restrictions or accommodations to ensure the student's safety and well-being. This includes details on mobility limitations, any physical activity restrictions (e.g., no PE, recess, movement, no floor work), and any other adjustments required for the student to participate fully and safely in school activities. The school will work with the student and their family to implement these accommodations as appropriate.

Prescription Medication Administration

Students who require prescription medication during school hours must have their physician fill out this form including the name of the medication, dosage, frequency, and any special instructions. Additionally, the medication must be brought to the School Nurse by the parent in its original pharmacy-labeled container, clearly displaying the student's name, the prescribing doctor's name, and the medication details including any equipment needed (ie. nebulizer mask, tubing, etc). This ensures proper handling and administration of the medication while maintaining student safety and compliance with medical guidelines. Parents or guardians are responsible for delivering and picking up any medication from the School Nurse.

Emergency Action Plans for Chronic Diseases

Before the school year begins, it's essential for parents to work with the School Nurse and their child's doctor to create a comprehensive Emergency Action Plan (EAP) for conditions like anaphylactic allergies, seizures, asthma, and other medical emergencies. This plan ensures that school staff are equipped with clear, doctor-approved instructions on how to manage a potential crisis. Below are plans you can print and take to your child's pediatrician to have filled out if they are diagnosed with that condition.

Food Allergy and Anaphylaxis Care Plan

Asthma Action Care Plan

Seizure Action Care Plan

ANNUAL HEALTH FORMS FOR SCHOOL ENTRY

In preparation for the 2025-2026 school year, please make sure your child's health forms are updated and uploaded to your FACTS Family Portal by **Friday, August 15th, 2025 at 5pm. FORMS WILL NOT BE ACCEPTED THE FIRST DAY OF SCHOOL.** All forms that require uploading can be found on VIMSIA website's parent portal (*excluding the Immunization Record)*. Please read below and print all forms that apply. Make sure to bring all required printed forms to your child's pediatrician visit to avoid having to make multiple trips

1. *Universal Child Health Form
    a. This form is required annually for all students (*other forms/physicals will not be accepted)*
    b. Form must be filled out in entirety and **STAMPED** by the physician's office between 6/2025 and 8/15/2025. If the form is not stamped or signed by the physician, it will not be accepted.
    c. Parent completes Section 1; Physician completes Section in entirety (including height, weight, immunization review).

2. *Yellow Virgin Island Immunization Record
    a. All immunization records MUST be on the Virgin Islands yellow immunization card for ALL students per Department of Health (DOH) requirements
    b. New students must obtain a clearance slip from MCH/DOH. Upload this slip with the VI yellow immunization card ensuring not to cover the vaccine card.
    c. Immunization records are to be uploaded every school year even if nothing has changed
    d. Distribution of immunization cards are at Maternal Child Health (MCH) across from Nisky Center Monday through Thursday from 1:00pm to 3:30pm. Bring your child's birth certificate, vaccination record (in English), parent ID, and $7 per card. Contact MCH at 340-777-8804 ext 2600.
    e. Students may NOT attend the first day of school if they do not have the VI yellow immunization card and if the recommended immunization requirements are not met. Here you can find USVI required vaccines for school entry.
    f. Students who are behind on immunizations need a "catch up plan" submitted in writing from their physician before the start of school
    g. Students requesting immunization exemptions MUST obtain an approved waiver from the Virgin Islands Department of Health (Maternal and Child Health—MCH) **before the start of school** each year. It is recommended to obtain a receipt confirming that your exemption request has been submitted. To begin the process, contact the Department of Health (MCH) to schedule an in-person appointment by calling 777-8804, ext. 2641. At your appointment, please bring your child's birth certificate, a completed Universal Health Record (UHF), a parent photo ID, and a completed exemption form. Please note that a copy of your child's current Universal Health Record must also be uploaded to the FACTS Family Portal, as the original will be retained during the exemption process. Families are encouraged to apply early in the summer, as the approval process can take time and must be completed before the school year begins.

3. *Virgin Islands Immunization Registry Form
    a. DOH annual requirement for all students including those with immunization exemptions
    b. Facility: VIMSIA Reporting Period: 2025-2026

4. Prescription Medication Authorization Form
    a. Fill out this form **ONLY** if your child requires prescription medication during school hours (ie. inhaler, ADHD medications, seizure medication, etc.)
    b. This form needs to be completed by your child's physician every school year or a change in medication
    c. Medications are to be brought to the nurse's office with this completed form by the parent the week before school starts. Medication must have a prescription label with the child's name, medication, dosage, route, frequency or will not be accepted. If child requires equipment (ie. nebulizer mask, tubing, spacer, etc.) that must be brought in with the medication.

d. Prescription medications are not to be carried during the day by the student rather they must be left in the nurse's office. There are exceptions to this requirement depending on the student's age and ability to safely self-administer the medication; those exceptions may include prescription medication inhalers and epi-pens. In these cases, the self-medication portion of the form must be completed and kept on file.

5. Food Allergy and Anaphylaxis Care Plan
    a. This form is required **ONLY** if your child has an anaphylaxis reaction to food allergies and requires an EpiPen. Children are not to have food brought in from home that contains the allergen on this care plan.
    b. This form must be completed by your child's physician every year. Please include a picture of your child as indicated on the form.
    c. Medications listed on form (EpiPen, Zyrtec, Claritin, inhaler etc.) are to be brought into the nurse's office with the completed form by the parent the week before school starts. Epipen must have a prescription label to be accepted.

6. Asthma Action Care Plan
    a. Required for students with asthma.
    b. This form must be completed by your child's physician every year
    c. Medication and equipment (ie. nebulizers, tubing, masks, inhalers, spacers, etc.) required at school are to be brought in labeled with pharmacy label includes, name, medication, dosage, frequency with the completed form by the parent the week before school starts and must have a prescription label to be accepted.

7. Seizure Action Care Plan
    a. Required for students with seizures
    b. This form must be completed by your child's physician every year
    c. Medication required at school must be brought in labeled with pharmacy label includes, name, medication, dosage, frequency with the completed form by the parent the week before school starts and must have a prescription label to be accepted.

8. **Pre-Participation Physical Evaluation for Sports**
    a. This form is required for students in 3rd grade through 12th grade who plan on participating in IAA sanctioned school sports.
    b. This form needs to be completed by your child's physician every school year.
    c. Contact the Athletic Director at athleticdirector@vimsia.org for further questions.

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CHICKENPOX

Chickenpox is no longer a common childhood illness thanks to effective vaccines since the 1990s. However, transmission is still possible among young children who have not yet had the vaccine or who are exempt from vaccination.

Symptoms: Fever and skin rash that comes in crops; a rash that begins on the chest, back, underarms, neck and face, changes to blisters and then scabs.

Spread: By droplets, small particles of fluid that are expelled from the nose and mouth during sneezing and coughing, or by direct contact with the blisters.

Incubation Period: Usually 13-17 days. Observe your child for symptoms for a period of three weeks.

Period of Communicability: From 1-2 days before the rash develops until the blisters have turned into scabs; usually about 6 days after the rash appears.

Return to School: Children must have a note from the medical provider and all blisters are to have dried and formed scabs.

COMMON COLD

A cold is a viral infection of the upper respiratory tract including the nose, sinuses, throat and upper airways. The common cold is contagious and spreads easily.

Symptoms: Runny or stuffy nose, coughing, sneezing, scratchy throat, fever

Spread: Cold germs are spread mostly by hand contact. As you know, our students handle the numerous classroom materials. Coughing and sneezing on the materials result in unsanitary conditions. **We ask that you respect our policy and do not send your child to school if he/she has cold symptoms.**

Treatment: The following treatment suggestions will only make the child feel a little better while waiting for the body to cure itself. Give plenty of fluids to drink. Rest is helpful, but it is fine for the child to play if he/she feels well enough as long as it is not strenuous activity. Over-the-counter medicines may be helpful; always read the label and take as directed.

Return to School: When all symptoms - such as sneezing, nasal discharge (green, yellow or thick white) and/or persistent coughing resolve. If a student has a temperature of 100 F or higher, fever policy must be followed. For constant lingering coughs, a doctor's note may be requested to rule out a contagious disease.

CONJUNCTIVITIS "PINK EYE"

People often call conjunctivitis pink eye because it can cause the white of the eye to take on a pink or red color. Allergies, chemicals, viruses, or bacteria can cause conjunctivitis.

Symptoms: Watery, itching and burning eyes; swollen eyelids; sensitivity to light. A thick discharge may cause the eyelids to crust over and stick together during the night.

Spread: Viral and bacterial infections can be spread by contact with the secretions from the eyes, nose and throat.

Treatment: Contact your physician

Return to School: Return with a note from the medical provider and 24 hours after treatment begins. If your physician decides not to treat your child, a note from the provider is required. Eyes must be free of discharge and drainage before returning to school.

COVID-19

COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia. COVID-19 may attack more than your lungs and respiratory system. Other parts of your body may also be affected by the disease.

Effective 4/2024, there have been adjustments to our COVID-19 protocols, specifically regarding isolation requirements for individuals who have tested positive for the virus. In line with updated guidance from the Virgin Islands Department of Health and CDC are the following changes:

Modified Isolation Period: The isolation period for individuals who have tested positive for COVID-19 have been modified. Instead of the previous five-day isolation period, individuals are to stay home and away from others until for 24 hours they are fever-free without the use of medication and symptoms are getting better. We strongly urge you to keep your child home until they are improving to help prevent further spread to our school community.

Additional Prevention Strategies:

Hygiene Practices: Maintaining good hand hygiene through regular hand washing with soap and water, utilizing respiratory etiquette by covering coughs and sneezes, and cleaning high touch surfaces frequently.

Vaccination Awareness: Vaccination continues to be a key strategy in combating the spread of COVID-19. We encourage all eligible individuals, including parents and guardians, to get vaccinated and stay up to date with booster shots as recommended by health authorities.

Steps for Cleaner Air: In addition to existing cleaning and sanitation efforts, we maximize the use of outdoor air exchange and utilize air filtration systems to promote a healthier indoor environment.

Facemask Recommendations: While facemasks are NOT a requirement, the VI Department of Health recommends the use of a well-fitted mask over the next 5 days after returning to school after COVID or other respiratory illnesses to curb disease spread.

FEVER

A fever is an elevation of body temperature to 100 F or higher. Fever is most commonly caused by a viral or bacterial infection. It's one part of an overall response from the body's immune response.

Symptoms: Chills/shivering, flushing, sweating, irritability, decreased activity

Treatment: Rest, drink plenty of fluids, stay cool, don't over-bundle, too many layers and heavy blankets will raise the fever higher, take fever-reducing medications as needed as directed, consult medical provider as needed.

Return to School: Must be fever-free for at least 24 hours without use of fever-reducing medication.

HAND-FOOT-MOUTH DISEASE

Hand, foot, and mouth disease is a common viral illness in children under five years old, but anyone can get it. The illness is usually not serious, but it is very contagious. It spreads quickly at schools and daycare centers.

You can get hand, foot, and mouth disease by

- Contact with respiratory droplets containing virus particles after a sick person coughs or sneezes
- Touching an infected person or making other close contact, like kissing, hugging, or sharing cups or eating utensils
- Touching an infected person's feces, such as changing diapers, then touching your eyes, nose, or mouth
- Touching objects and surfaces that have the virus on them, like doorknobs or toys, then touching your eyes, nose, or mouth

Symptoms: Fever and blisters/rash hand, foot, mouth

Children often get a fever and other flu-like symptoms three to six days after they catch the virus.

Symptoms may include:

- Fever
- Painful mouth sores that blister
- Sore throat
- Rash commonly found on hands and feet

Mouth sores: One or two days after the fever starts, your child may get painful mouth sores (herpangina). These sores usually start as small red spots, often in the back of their mouth, that blister and can become painful.

Signs that swallowing may be painful for your child:

- Not eating or drinking
- Drooling more than usual
- Only wanting to drink cold fluids

Skin rash: Your child may get a skin rash on the palms of the hands and soles of the feet. It may also appear on the knees, elbows, buttocks, or genital area. The rash usually looks like flat, red spots, sometimes with blisters. Fluid in the blister and the resulting scab that forms as the blister heals may contain the virus that causes hand, foot, and mouth disease. Keep blisters or scabs clean and avoid touching them.

Prevention:

- **Wash your hands often** with soap and water for at least 20 seconds, especially after changing diapers, using the toilet, and coughing, sneezing, or blowing your nose.
- **Help children wash their hands** and keep blisters clean.
- **Avoid touching your face** with unwashed hands, especially your eyes, nose, and mouth.
- **Clean and disinfect** frequently touched surfaces and shared items, including toys and doorknobs.
- **Avoid close contact** with an infected person, such as hugging or kissing them

Treatment: Most people get better on their own within 7-10 days. Consult your physician when:

- Your child is not drinking enough to stay hydrated
- Symptoms do not improve after 10 days
- Your child has a weakened immune system
- Symptoms are severe
- Your child is very young, especially younger than 6 months.

Return to School: Obtain clearance note from medical provider. Your child should stay home from school until they are fever-free for 24 hours without use of medication, any open blisters have healed/crusted, and there is no excessive/uncontrolled drooling with mouth sores, and are well enough to participate in classroom activities.

HEAD LICE - PEDICULOSIS

Pediculosis is a common problem in school-aged children. Head lice poses no real health risk to the population and is viewed as no more than a nuisance by health care professionals. However, proper and successful treatment is essential since the condition can be transmitted to others. Therefore, our goal is to educate the students and parents on the proper identification and elimination of head lice and nits as quickly as possible to minimize interruption of classroom time.

Head Lice: tiny (size of a sesame seed), wingless insects that move quickly are a gray/brownish color. As a result, they are difficult to see. They have size legs for holding on to the hair. They can crawl from head to head, but do not fly or jump

Head Lice Eggs (Nits): are the eggs of head lice. They are oval, or tear-drop shaped, and are often mistaken for dandruff. They are found close to the scalp, behind the ears and at the nape of the neck and are firmly stuck to the hair shaft. Once a nit is laid, it will hatch in 7-10 days.

Procedure: Any student suspected of having head lice should be sent to the health room for inspection by the school health staff

If the student has evidence of head lice the school nurse will take the following steps:

- Siblings will be called to health room for head check
- Parents/guardians will be contacted to treat child for lice
- Note: Classroom checks are not done for individual cases as they are no longer recommended per CDC and AAP guidelines.

Re-entry to school will be allowed once the student is inspected by school health staff:

- Parents must tell the school nurse which treatment option was chosen.
- If the student has been treated with a chemical treatment (medicated shampoo), s/he will be allowed to return with nits provided that the parent/guardian continues to remove the nits daily.
- If the student has not used a chemical treatment, all lice and eggs (nits) must be removed manually before reentry into the classroom.
- The child needs to be brought to the nurse's office before re-entry to class.

Treatment of individuals with lice: Chemical treatment with the use of a medicated shampoo is an option after consulting your healthcare provider. Manual removal is necessary with either treatment option.

Chemical Treatment (after consulting with healthcare provider):

- Apply as directed. Follow the directions on package insert carefully. Re-treat as directed to kill lice that may have hatched later.
- Do not apply in the bathtub or shower. Apply over sink to minimize the exposure of the chemical to the rest of the body. Avoid contact with the eyes.
- Do not use the products on babies or pregnant women
- Do not treat individuals who do not have evidence of head lice unless co-sleeping

Manual Removal:

- Sit in comfortable chair with a good source of light (natural sunlight is preferred)
- Thoroughly clean and comb out wet hair removing all tangles and debris
- Comb each section away from scalp using a fine tooth metal comb
- Clean off the comb after each stroke to remove any caught lice or eggs
- Repeat this technique throughout the head carefully inspecting the hair

Treatment of personal articles and clothing: Heat is lethal to lice and their eggs. Therefore, many personal articles can be disinfected by machine washing in **HOT water and/or machine drying using the hot cycle of the dryer.** Non-washable items may be disinfected in the dryer, provided that heat will not harm them if total reliance is placed on the clothes dryer for disinfection, dry articles for at least 20 minutes at the high heat setting.

1. Machine wash all washable clothing and bed linens that have been in contact with the infested individual within the previous two days.
2. Non-washable items can be vacuumed, dry-cleaned or placed in a plastic bag and sealed for 14 days. 3. Combs, brushes, similar items can be disinfected by soaking them in one of the pediculicide shampoos for one hour or by soaking them in a pan of water heated on the stove to about 150 degrees for 5-10 minutes (caution: heat may damage some combs and brushes.
3. Because lice can live only a short time if they fall off the head, environmental clean-up is limited to simple vacuuming of carpets, upholstered furniture, etc. Use of insecticides or fumigants on upholstered furniture, carpets, bedding, etc. is not recommended.

For more information about head lice and tips for successful treatment please refer to the following websites:

Centers for Disease Control and Prevention www.cdc.gov/parasites/lice/head/parents.html

IMPETIGO

Impetigo is a contagious skin infection often occurring on the nose, arms and legs or around the mouth.

Symptoms: Sores that form an oozing, sticky yellow crust and itching.

Spread: Most often by contact with the sores; sometimes through secretions from the nose and throat.

Prevention/Control: Careful hand washing with soap and water by persons who have come into contact with the sores. When possible, cover sores as a barrier to prevent spread.

Treatment: If you suspect impetigo, contact your physician for diagnosis and treatment with antibiotics.

Return to School: A child may return to school once on medication for 24 hours and a note from the medical provider. All lesions are to be kept covered as possible.

INFLUENZA "FLU"

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lung. Best way to prevent flu is by getting a flu vaccine every year.

Symptoms: Fever (not everyone will have a fever) or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches, fatigue, vomiting, and diarrhea

Spread: Tiny droplets made when people with flu cough, sneeze, or talk. Less often, a person might get flu by touching a surface or object that has flu virus on it

Return to School: With a note from the medical provider or symptoms resolved.

PINWORM

Pinworm is the most common intestinal worm infection in the United States. They live only in the human large intestine and crawl out of the rectum at night to lay their eggs.

Symptoms: Rectal itching, especially at night; irritability; disturbed sleep.

Spread: Pinworm eggs are taken into the mouth when a person fails to wash hands well after scratching the rectal area, using the toilet, or handling contaminated pajamas, underwear or bedding. Food or other items can be contaminated in the same way.

Prevention and Control: Wash hands thoroughly with soap and water after using the toilet, after contact with the rectal area, and before eating or preparing food. Keep nails short and discourage nail biting. Bathe/shower every morning followed by a clean change of underclothing (avoid co-bathing and reuse of washcloths). Change contaminated bedding and clothing daily; wash in hot water. Clean and vacuum house daily for several days after treatment.

Diagnosis: In the morning, you may see the worms around the rectal area or in the stool. If you suspect pinworm, contact your physician. He/she may advise examining the whole family.

Treatment: Your physician will prescribe the proper medication.

Return to School: Child may return to school with a note from the medical provider and that treatment has been started.

RASH

A rash is an abnormal change in the skin that appears red, inflamed, and bumpy. Some rashes are dry, itchy, and painful. Many things can bring on a skin rash, including viruses, bacteria, allergens, and skin conditions.

Return to School: May return to school when Health Care Provider determines that illness is not communicable, and parent brings in note f

rom Health Care Provider with return date, or rash completely resolves.

RINGWORM

Ringworm is a common skin infection caused by a fungus.

Symptoms: Ring-shaped lesions; edges of the lesion may be dry and scaly or moist and crusted. As the lesion spreads outward, the center often becomes clear. Ringworm is hard to detect on the scalp in its early stages. It often begins as a small scaly patch on the scalp. Mild redness and swelling may occur. Infected hairs become brittle and break off easily.

Spread: By direct contact with the lesions of infected people, pets and contaminated objects. To prevent spread of infection, children should not exchange hats, combs, towels, clothing or personal articles that may be contaminated.

Treatment: Anti-fungal ointments are often used for treating ringworm. Oral medications may also be necessary when infection of the hair or scalp is more extensive. Treatment should be started as soon as possible.

Return to School: With a letter from a healthcare provider and 24 hours after starting treatment. Athletes with ringworm on the body in sports with person-to-person contact cannot participate for 72 hours after starting treatment unless area can be covered. All lesions are to be kept covered as possible.

RSV

RSV or respiratory syncytial virus, is a virus that causes cold-like and other respiratory symptoms, mostly in children under 2. Most common in winter and early spring.

Signs: runny nose, congestion, cough, in smaller children: irritability, poor feeding, lethargy, cyanosis (skin or mucous membranes turn blue usually with coughing)

Spread: respiratory droplets

Notify physician: difficulty breathing, not drinking enough fluids, any signs of dehydration

Prevention: good hand hygiene, covering nose and mouth when sneezing or coughing, sanitize commonly touched surfaces

Return to school: child is able to participate, symptoms subsiding, fever-free for 24 hours without use of medication. For constant lingering coughs, a doctor's note may be requested to rule out a contagious disease

STREP THROAT

Strep throat is an infection in the throat and tonsils caused by bacteria called group A Streptococcus (group A strep). Group A bacteria often live in the nose and throat.

Spread: By talking, coughing, or sneezing, which creates respiratory droplets.

Symptoms: Fever, pain when swallowing, sore throat that can start very quickly and may look red, red and swollen tonsils, white patches or streaks of pus on the tonsils, tiny, red spots, on the roof of the mouth, swollen lymph nodes in the front of the neck. Less common symptoms: headache, stomach pain, nausea, vomiting, rash

Treatment: Antibiotics

Return to School: May return after 24 hours of antibiotic treatment with a note from the medical provider. If a student has a temperature of 100 F or higher, fever policy must be followed.

VOMITING AND DIARRHEA

Vomiting and diarrhea are common in childhood and can result from many causes; most common are viruses in the stomach and intestines (gastroenteritis) and other infections (colds, ear infections). If no specific cause other than gastroenteritis has been found, the vomiting and diarrhea are likely to last only one to two days. The major short-term danger is dehydration from fluid loss and inability to replace it by oral intake; signs of dehydration include decreased urine output, sunken eyes, dried lips and tongue, inability to make tears when crying and listlessness.

Notify Physician immediately if:

- Vomiting does not stop in 24 hours
- Diarrhea does not stop in 48 hours
- High fever occurs
- Blood appears in vomit or stool
- Any signs of dehydration appear (dry mouth, decrease urine, sunken eyes)
- Shortness of breath
- Child becomes weak, listless or ill-appearing
- Vomiting becomes forceful
- Abdomen becomes swollen
- Abdominal pain appears or intensifies, especially if unrelieved by vomiting or diarrhea

Return to School: Students who have vomited and/or had diarrhea are to remain at home for at least 24 hours after the vomiting and/or diarrhea has ceased without the use of medication.