

16.7 Preventative Health Care

Learning Prep School health policy focuses on preventative health care.

Physical/Dental Exam

All returning students **are required to** have a physical exam from the current calendar year and up to date immunizations on record. A completed Health Examination Form or one comparable must be completed by student's licensed health care provider. All new students **are required to** present documentation of required immunizations and a physical exam from the current calendar year before they will be allowed to attend LEARNING PREP SCHOOL. (Please complete the enclosed Health Examination Form or submit one comparable completed by student's licensed health care provider.) Included on this form is a written report from the student's licensed health care provider of the results of the examination and any recommendation and/or modification of the student's activity.

All students **are required to** have **two** comprehensive dental examinations within a year, and to submit the dates of each examination. Student's parent/guardian is responsible for payment of the exam.

Annual Screenings

Each year students are screened for a variety of health conditions. Learning Prep School follows the Massachusetts State Regulations and public schools with health screenings. According to the *Massachusetts School Health Manual*, by detecting previously unrecognized conditions or preclinical illnesses as early as possible, population-based screening enables timely intervention and remediation, which can limit potential disability, medical costs, and negative impact on scholastic performance. Parents/Guardians will receive written notification if their child is unable to successfully complete a screening along with a referral to their health care provider for follow up. The Nursing Department performs all screenings, with the assistance of the hearing screenings, which is performed by the Speech Department Staff.

According to Massachusetts State Regulations, the following screenings will be performed based on the student's age/grade.

- 2nd Grade ---- vision and hearing
- 3rd Grade --- vision and hearing
- 4th Grade --- growth screening(BMI), vision and hearing
- 5th Grade --- vision and postural screening
- 6th Grade --- vision, postural screening and hearing
- 7th Grade --- growth screening(BMI), vision, hearing and postural screening
- 8th Grade --- postural screening
- 9th Grade --- vision, postural screening, and hearing
- 10thGrade ---- growth screening (BMI)

Completed health screening referral forms, by parent/guardian, need to be returned to the nurse as soon as possible. Accurate and timely follow up to these screenings ensures the best result for your school age child.

If a parent does not want their child screened at school, written documentation from their child's health care provider stating that screenings have been performed over the last year, including results and follow up if necessary. This form must include the health care provider's signature. A note from the child's parent/guardian needs to be included as well.

The Individual Health Care Plan (IHCP)

An individual health care plan (IHCP) is designed to ensure that the child receives the health services he or she needs during the school day (such as health assessments, treatments, or administration of medication). The IHCP should allow for the coordination of needed health care services and emergency planning for the student within the school setting. Like the IEP, an IHCP should be developed to support the child's participation in classroom activities and other school-related events such as sports and field trips. The IHCP will also address any training needs for school staff, so that the plan is understood and implemented appropriately. To the extent possible, the plan should provide for the performance of health care procedures in a manner that minimizes disruption of the educational process both for the individual student and for other students present.

The development of the Individual Health Care Plan is a collaborative process that should involve the child's family, the child (when appropriate), the school nurse, information provided on the student's yearly physical exam and in when appropriate the student's licensed health care provider. Because the IHCP becomes the guide for meeting a student's health-related needs, the school nurse is responsible for coordinating and developing the IHCP. The school nurse serves as the link between child/family and other school personnel, as well as between school personnel and community health care providers in primary and tertiary care settings.

The IHCP is developed in compliance with state, federal, and local health laws; state and federal education laws; state and federal confidentiality laws; and standards of practice for nursing and medicine. As with any communication, a child's right to privacy should be protected. See Massachusetts Student Records Regulations 603 CMR 23 at <http://www.doe.mass.edu/lawsregs/603cmr23.html?section=all>.

Life Threatening Allergies of any kind will be discussed by a nurse with the student, parent including medical orders from the student's licensed health care provider in order to develop an IHCP for the student's safety at school.

16.7 STUDENT HEALTH POLICIES AND PROCEDURES

Students may be sent to the nursing office during school hours for health assessment and care. Students present with a range of concerns, from potentially life-threatening situations to more common problems like colds and coughs. Students also seek advice, support, and time out from stress or therapeutic quiet time.

When assessing a student, the school nurse obtains both *subjective* data (the history of the complaint) and *objective* data (information about signs of an illness, e.g. temperature). In addition, the initial person –assessing the student explores the presenting symptoms and evaluates the student's complaint. Information on the location, frequency, duration and severity, quality, quantity, setting, associated symptoms, and factors that make the symptom better or worse will guide the action taken, including referral to a health care provider, observation in the nursing office, and/or notifying parents.

Assessment includes a physical assessment (e.g., temperature, vital signs) and taking appropriate measures, such as having the student rest in the health office and either returning to class or calling parents if student is to be sent home, suggesting any follow-up with the primary health care provider, or calling emergency services.

A Student May Be Sent Home For the Following Reasons:

Fever: 100.0 or higher. The student needs to be fever free for 24 hours before returning to school.

Diarrhea: Frequent episodes (2 or more times) of loose, watery, or bloody stools. Students may return to school 24 hours after last episode of diarrhea.

Vomiting: One or more occurrences of vomiting. Student may return to school 24 hours after the last episode of vomiting.

Cold: (active stage) A constant cough, productive cough, and /or continuous thick nasal discharge (yellowish/greenish), causing inability to stay in class.

Rash: Any rash of unknown cause, blistered, or with discharge/drainage needs to be evaluated by a physician. Your child will be sent home if a rash is noticed during school hours in order to be evaluated by their health care provider. Students need to be **rash free**, or have a health care provider's note stating that they are not contagious before returning to school.

Students will be sent home if the school nurse determines that s (he) is too ill to stay until the end of the day. The parent/guardian will need to pick up or make other arrangements for picking up their child.

EXCLUSION POLICY FOR COMMUNICABLE CONDITIONS

Learning Prep School Nursing Department follows guidelines set by The Massachusetts Department of Public Health and the Comprehensive School Health Manual

All contagious health conditions need to be reported immediately to the nurse so that the proper persons can be notified and appropriate policies can be implemented.

Any student or staff member who is suspected to have a contagious health condition may be restricted from school at the discretion of the school nurse.

A student or staff member will not be permitted to re-enter school until the condition has resolved and/or evidence of medical intervention is obtained.

A note from the student/staff member's health care provider will be required in order for re-entry to school.

Procedure:

Each presenting condition will be assessed on an individual basis. Some conditions (e.g. conjunctivitis, head lice or a febrile illness) require the student to go home immediately.

Impetigo: Student/staff member may return to school after 24 hours of antibiotic treatment.

Chicken Pox (Varicella): Student/staff member may return to school six days after rash appears AND when all blisters are crusted over and dry.

Lice/Nit Policy:

1. If a student is identified as having a case of pediculosis (nits and/or live lice), he or she will be assessed and returned to class and/or dismissed at the nurse's discretion. The Parent/Guardian will be notified at this time.
2. The nurse will assess siblings and close contacts who attend Learning Prep School.
3. Notification will be sent home at the nurse's discretion.
4. The Parent/Guardian will be given information regarding treatment of head lice to be followed, including chemical treatment and manual removal lice and nits.
5. Before re-entry to school, the student is inspected by the nurse and parent will be notified if further treatment is required.

6. If nits are found after treatment, the student may attend class at the nurse's discretion.
7. A no nit policy may be instituted by the school nurse in the case of a persistent infestation or evidence of lack of compliance to this policy. The school nurse will consult with the Nursing Supervisor, Principal and Director before excluding the student from school.

Strep Throat: Student/staff member may return 24 hours after beginning antibiotic treatment.

Conjunctivitis (Pink Eye): Signs and symptoms of pink eye include, red itchy eyes, often accompanied by yellow discharge. Pink eye needs to be seen and treated by a health care provider. A student/staff member may return with a health care provider's note after receiving three doses of prescription eye ointment or 4 doses of prescription eye drops.

Please notify the school nurse if your child will be absent and/or has a contagious health condition.

Staff members will notify school nurse if they are out do to a contagious health condition/communicable disease.

Learning Prep Nursing Staff will follow Massachusetts Department of Public Health guidelines for reporting communicable diseases.

Immunizations

The following are the immunization requirements for students at **LEARNING PREP SCHOOL**, according to the 2017-2018 Massachusetts State Regulations Guidelines. Documentation of the following immunizations and screenings **MUST** be submitted **PRIOR** to the first day of school. The Department of Public Health of Massachusetts requires documentation of the following immunizations for 2nd grade through 12th grade.

2nd Grade through 6th Grade

- **Hepatitis B** : 3 doses; laboratory evidence of immunity acceptable
- **DTaP**: 5 doses; 4 doses are acceptable if the 4th dose is given on or after the 4th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
- **Polio** : 4 doses; 4th dose must be given on or after the 4th birthday and ≥6 months after the previous dose, or a 5th dose is required. 3 doses are acceptable

if the 3rd dose is given on or after the 4th birthday and ≥ 6 months after the previous dose.

- **MMR** : 2 doses; first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
- **Varicella** : 2 doses; first dose must be given on or after the 1st birthday and 2nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant or designee.

¶ Meningococcal vaccine requirements (see Grades 7-12 table) also apply to residential students in grade pre-K through 8, but only if the school combines these grades in the same school with students in the grades 9-12. †Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian, if the student is

Grades 7 – 12† Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. In ungraded classrooms, grade 7 requirements apply to all students ≥ 12 years. Requirements apply to all students, even if over 18 years of age.

- **Tdap**: 1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
- **Polio**: 4 doses; 4th dose must be given on or after the 4th birthday and ≥ 6 months after the previous dose, or a 5th dose is required. 3 doses are acceptable if the 3rd dose is given on or after the 4th birthday and ≥ 6 months after the previous dose.
- **Hepatitis B**: 3 doses; laboratory evidence of immunity acceptable
- **MMR**: 2 doses; first dose must be given on or after the 1st birthday and the 2nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
- **Varicella**: 2 doses; first dose must be given on or after the 1st birthday and 2nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

- **Meningococcal:** 1 dose; 1 dose MenACWY (formerly MCV4) required for newly enrolled full-time students attending a secondary school with grades 9-12 (in ungraded classrooms, those with students ≥ 13 years) who live in a congregate living arrangement approved by the secondary school (e.g., dormitory). Students may decline MenACWY vaccine after they have read and signed the MDPH Meningococcal Information and Waiver Form provided by their institution. Meningococcal B vaccine is not required and does not meet this requirement

†Medical exemptions (dated statement signed by a physician stating that a vaccine(s) are medically contraindicated for a student) and religious exemptions (dated statement signed by a student or parent/guardian, if the student is <18 years of age, stating that a vaccine(s) are against sincerely held religious beliefs) must be renewed annually, at the start of the school year.