

School Health Services

Handbook

A medical guide for parents of students at
Community Academy of Philadelphia, CS



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Dear Parents,

It is a pleasure to welcome you and your child to Community Academy of Philadelphia. We extend a very special greeting to those who are attending our school for the first time.

We hope this booklet will answer some of your questions and familiarize you with the role of the nurse and the school health services provided.

If you have any questions, please don't hesitate to contact the health office. We believe that open communication is the key to working together to keep our children healthy and learning to their fullest potential at Community Academy of Philadelphia.

Sincerely,

The Nursing Staff

School Health Services

The primary purpose of the School Health Program is the optimal maintenance, promotion, protection, and improvement of student, staff, and community health. The school nurse collaborates with students, parents, educators, staff members, and other community resources to assist the student to develop competence to confidently cope with the complexities of life.

The school nurse works daily to address the physical, emotional, educational, developmental, and social challenges facing our students. For some, chronic health problems may impact student achievement and success. To assist the students' school adjustment, the school nurse staff helps other staff members understand the special needs of these students.

Changes in family structure, parental work patterns, finances and health care access have contributed to the increasing number of students arriving at school ill or injured. The school health office provides immediate primary care and strives to help parents find available community resources for any continuing student health problems.

The nurse participates in meetings with teachers, guidance counselors, administrators and parents regarding students' educational, physical and social needs. In addition to teaching on an individual and classroom basis, the school nurse acts as a resource person when any question on a medical or health related matter arises.

The following are some of the questions that nurses hear most frequently from parents. It is hoped that this will serve as a useful guide.

Does my child need a physical to start school?

The medical physical is to be completed within 4 months prior to the start of the school year. In addition, the law requires the completion of medical questionnaires which are to become part of the student's health record. This requirement may be completed by the student's primary care provider (MD, DO, CRNP, PA) or by the school provider.

The school medical examination may be conducted by the family physician and reported to the school on forms supplied by the school. If you are unable to see your own pediatrician, please notify the school. Your child will need a physical exam done at entry into school (usually kindergarten or first grade), in sixth/seventh grade and eleventh grade and upon transferring from another school district if no previous documentation is provided. Physical examinations must be completed within 1 year of the school start date for those grades requiring physicals (KG/1st, 6th, 11th).

Does my child need a dental exam?

Your child will need a dental exam done at entry into school (usually kindergarten or first grade), third grade and seventh grade. The school dental examination may be conducted by the family dentist and reported to the school on forms supplied by the school. If you are unable to get a dentist, please notify the school so we can contact the school provider. Dental examinations must be completed within 1 year of the school start date for those grades requiring dentals (KG/1st, 3rd, 7th).

Can my child have health exams/screenings conducted at school?

CAP urges parents/guardians to have their children examined by a family physician/dentist for continuity of medical care. If you are unable to get a required exam completed please notify the school. We will contact our school provider. CAP provides opportunities throughout the school

year with community partners to provide health exams, including our partnership with the Ronald McDonald Care Mobile. Our school nurse conducts annual vision screenings. The Snellen Chart or other screening device approved by the Department of Health shall be utilized for vision screening.

Are school nurses required to report any specific medical conditions?

Yes, the school nurse is required to report certain infectious diseases to the local health department. The health department assists the school nurse in managing a suspected outbreak and computing statistical data for our county. Incidences of dog bites are also reportable to the local health department to ensure community safety.

Are immunizations necessary?

Immunizations must be submitted at the time of enrollment. The school nurse will monitor each child's immunizations and updates to ensure they are current with the state's guidelines. Please provide the nurse with documentation from your health care provider anytime your child receives an additional immunization.

The Pennsylvania School Health Code requires that the following immunizations (effective school year 2017-18) be completed within 5 days of the start of school for a student to attend school:

~DTaP (diphtheria, tetanus and acellular pertussis) – 4 doses, one given after the fourth birthday
~Polio – 4 doses, one given after the fourth birthday and at least 6 months after previous dose
~MMR (measles, mumps and rubella) – two doses after 12 months of age, ~Hepatitis B
3 properly spaced doses, with the last dose given after age 24 weeks
~Varicella (chicken pox) – 2 doses after 12 months of age or written proof of the disease from your health care provider

additional 7th grade requirements

~Tdap (tetanus, diphtheria and acellular pertussis) ~Meningococcal Conjugate

additional 12th grade requirement

~Meningococcal Conjugate – 2nd dose if first dose given before age 16

What is Tuberculosis?

Tuberculosis or TB is a disease that, in most cases, affects the lungs. TB is spread from one person to another through the air when people who are sick with TB disease cough, laugh, or sing.

Is Tuberculosis (TB) testing necessary?

The Pennsylvania School Health Code, requires that students be tested for TB. Testing is required upon original entry (Kindergarten) into the school and in ninth grade. The tuberculin test may be administered by either the multiple puncture method or by the Mantoux test using intermediate strength tuberculin.

Will my child's hearing be tested in school?

Yes. Hearing screenings are done in kindergarten, first, second, third, seventh and eleventh grades. A referral will be sent home if any problems are detected. If your child has frequent ear infections

or you have concerns at any other time, please contact the health office.

Are there other screenings done at school?

All students' heights and weights are checked yearly. A BMI (body mass index) percentile will be calculated for each student using his/her height and weight measurements. BMI percentile is used as a guideline to help assess whether a person may be overweight or underweight. A written report of your child's BMI percentile will be sent home to you.

A screening for scoliosis (an abnormal curvature of the spine) is done in sixth and seventh grades. You will be notified of any abnormal findings.

The following chart may assist you in keeping track of health screenings.

	K	1	2	3	4	5	6	7	8	9	10	11	12
Physical Exam*	X			X				X				X	
Dental Exam	X	X		X				X				X	
Vision Screening	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing Screening	X	X	X	X				X				X	
Height & Weight/BMI	X	X	X	X	X	X	X	X	X	X	X	X	X
Scoliosis Screening							X	X					

**or upon original school entry or if transferring from another school and the required exams were not received*

My child has a bee sting allergy and/or a food allergy. How would this or other allergies be handled at school?

It is necessary to provide the nurse with detailed written information regarding an allergy from your medical provider. Information must include what your child is allergic to, the date and description of the last allergic reaction and any medication used during allergic reactions. If medication is required for an allergic reaction, your medical provider will need to complete the Medication Dispensing Form and deliver the medication to school in the original pharmacy container. **Please note that a new Medication Dispensing Form will need to be completed and sent to school each year.** All food allergy information will be sent to our food service department.

When should I keep my child home from school?

When a child has any of the following symptoms during the night or in the morning, he/she should be kept home:

- Chills
- Cough
- Fever (100.0 degrees or greater) and until fever free without medication for 72 hours
- Gastrointestinal Symptoms (nausea, vomiting until ceased for 24 hours, diarrhea)
- Muscle Pain
- New loss of taste or smell
- Severe headache
- Shortness of Breath or difficulty breathing
- Sore Throat
- Untreated rash or skin eruption anywhere on the body.
- Under the influence of prescription pain medicine
- If you have had close contact with someone with COVID-19

My child has a contagious disease. When may he/she return to school?

Please see the following list and call the nurse with any questions.

CONTAGIOUS DISEASES

Children with the following diseases must remain at home for the designated number of days or longer if there are complications. A written excuse from the health care provider is required for any student who is absent for 3 consecutive days.

- Chicken Pox After last blister has crusted over (usually 5 – 7 days).
- Conjunctivitis (Pink Eye) After 12 hours with proof of medical treatment and discharge has ceased.
- E-coli After 2 negative stools.
- Fifth's Disease Free from fever, generally no exclusion.
- German Measles 4 days from onset.
- Hand, Foot, & Mouth Disease Free from fever, after all blisters have dried.
- Hepatitis Symptom free and MD note to return to school.
- Herpes Simplex No general exclusion. Students with obvious skin or oral lesions should be excluded from wrestling.
- Impetigo (crusty sores) When all lesions are dry.
- Influenza No fever for 24 hours.
- Measles 4 days from onset.
- Meningitis After 48 hours of antibiotic therapy and MD note to return to school.
- Mumps 9 days or until swelling subsides.
- Novel Coronavirus Must not return to school until student receives a negative test result and MD note
- Pharyngitis / Strep Throat / Tonsillitis 24 hours after antibiotic therapy begun.
- Pediculosis (Head Lice) After treatment and no visibly live lice. (Call the nurse to report your child's case).
- Ringworm Readmitted with proof of treatment.
- Salmonella / Shigella After 1 negative stool.

- Scabies (itch) After 12 hours with proof of medical treatment.
- Scarlet Fever 24 hours after antibiotic therapy has begun.
- Tuberculosis 2 weeks after starting treatment and MD note verifying clinical improvement.
- Whooping Cough (Pertussis) After 5 days of appropriate antibiotic therapy and MD note.

If your child was born in or visited (for 90 days or more) a country designated as high risk for tuberculosis, the results of a tuberculosis test must be provided before the child can start or re-enter school.

My child is returning to school after an illness and is taking medication. Can this be given at school? What should I do if my child needs medication at school on a daily basis?

Students are not allowed to transport any medication, either over-the counter or prescription, to or from school. A parent or guardian must deliver the medication to the school nursing office personally. A parent or guardian must also personally pick up all medications from school once the medication is discontinued, or at the end of the school year.

Any medication that a parent delivers to school, either over the counter or prescription, requires the Medication Dispensing Form to be signed by both a parent/guardian AND the attending physician. Please attempt to give any necessary medication at home. Some over-the counter medications are kept on hand in the school nursing office. Parents/guardians may indicate the over-the-counter medications for which they give permission on the yearly Student Emergency form.

Your child should not come to school on narcotic medication for pain management as these medications may cause dizziness, light-headedness and sedation which make it difficult for your child to function safely and effectively in school.

Can my child carry an asthma inhaler?

Yes, but you must complete the Medication Policy & Dispensing Form and return it to the school nurse. Please obtain the Medication Policy & Dispensing Form on the web site or contact the nurse at your child's school for the form.

Will I be contacted if my child becomes ill or injured at school?

Yes, if the illness or injury is severe enough for your child to require further treatment or medical evaluation. Each student must have a completed emergency form on file in the nurse's office. This form designates a parent and emergency contact to be notified in the event of an illness or serious injury at school. The emergency contact should be someone who is local, available during school hours and can assume responsibility in a parent's absence.

What if my child has a headache at school?

Your child will have his/her temperature checked and be allowed to rest. Medication is not routinely administered at the kindergarten through third grade level, but nursing discretion will be used on a case-by-case basis with parental consent. At fourth grade level and above, your child can be given acetaminophen or ibuprofen if parental permission has been given on the signed yearly Student Emergency form. Acetaminophen and ibuprofen may be administered according to the standing orders of the school physician.

What would happen if my child sustained an injury at school?

Immediate first aid would be provided to your child. If after evaluation, the injury is determined to be of a serious nature, parents would be notified and asked to take the student. If indicated, the emergency medical system would be activated and your child transported to the hospital.

We hope that this booklet has been helpful in answering some of your questions. For any special needs or concerns, please do not hesitate to contact the health office. Good home-school communication promotes positive learning opportunities for students. Your cooperation is necessary to provide your children with a healthy environment where they can have a positive learning experience.

This guidance is pending from the PA Dept of Education and Philadelphia Dept of Public Health. It will be updated by August 2020.

Addendum for COVID-19 from the PDE Division of School Health COVID-19 FAQ's

Can you let us know when you anticipate that we will receive guidance for re-entry plan specifics?

From the PA Dept of Education: Guidance will be issued once there is a better sense of when schools may re-open and will be based upon the most current CDC guidelines, research and evidence-based practices available at that time. Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/guidance-for-schools.html> for current mitigation ideas from the CDC. Please also see the following: <https://www.cdc.gov/coronavirus/2019-ncov/community/schoolschildcare/schools-faq.html>

Will there be a template notification letter for schools in the event of COVID-19 positive cases when schools resume in-person learning next school year?

School Health will seek guidance from the Bureau of Communicable Disease and Epidemiology.

Addendum for COVID-19 from the CDC May 19, 2020 Considerations for Schools

As some communities in the United States open K-12 schools, CDC offers the following considerations for ways in which schools can help protect students, teachers, administrators, and staff and slow the spread of COVID-19. Schools can determine, in collaboration with state and local health officials to the extent possible, whether and how to implement these considerations while adjusting to meet the unique needs and circumstances of the local community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs of each community.

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