



Sun Prairie Area  
School District  
*Futures depend on us...every child, every day.*

# **HEALTH SERVICES HANDBOOK**

**2016-2017**

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**STATEMENT OF NONDISCRIMINATION**

No student may be discriminated against in any school programs, activities or in facilities usage because of the student's sex, color, religion, profession or demonstration of belief or non-belief, race, national origin, ancestry, creed, pregnancy, marital or parental status, homelessness status, sexual orientation or physical, mental, emotional or learning disability. Harassment is a form of discrimination and shall not be tolerated in the district. It is the responsibility of administrators, staff members and all students to ensure that student discrimination or harassment does not occur. (SPASD Policy JB)

If a student or parent/guardian would prefer to have this information translated into Spanish, please contact us at 608-834-6620.  
Si un estudiante, padre ó guardián prefiere tener esta información traducida en Español, por favor contáctenos en el 608-834-6620.

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If a student or parent/guardian would prefer to have this information translated into Hmong, please contact us at 608-834-6630.  
**Yog tus me nyuam lub xiv los yog niam thiab txiv/tus neeg muaj cai saib xyuas tus me nyuam xav tau qhov ntawv ntawm no ua lus Hmoob, thov hais rau peb paub rau ntawm 608-834-6630.**

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# HEALTH SERVICES PROGRAM

## Roles of the Nursing Staff

Our team is made up of two District Health Nurses with Health Care Assistants at each school building. Together we work to remove health related learning barriers, and create a healthy and safe learning environment for all children.

The District Health Nurse is a Registered Nurse who coordinates the health services in the district, is a resource person to school staff, and liaison to community partners. The District Health Nurse develops individual health plans, participates in IEP and 504 Plans, presents in classrooms, provides staff training, and serves on various district committees.

Each school has a Health Care Assistant throughout the day with the exception of lunch breaks and unexpected absences. The role of the Health Care Assistant includes: administering medications and treatments, providing first aid, maintaining health records, assist in vision/hearing screening, and communicable disease screening.

Each building also has a team of staff that has training in first aid and CPR that will assist in the event of an injury or life-threatening illness as needed.

The Sun Prairie Area School District's Web Page has a "Health Services" page. At this site there is current immunization information, as well as medication consent forms. Go to [www.sunprairie.k12.wi.us](http://www.sunprairie.k12.wi.us). then go to "District Departments" on the left column. Click on "District". Under department, click "Health Services" and you will get into our website.

Staff, students, or parent/guardians, can initiate health referrals. If you have concerns or questions, feel free to contact the District Health Nurse at 834-6583 or 834-6679.

"When health is absent  
Wisdom cannot reveal itself,  
Art cannot manifest itself,  
Strength cannot fight,  
Wealth becomes useless, and  
Intelligence cannot be applied."  
--Herophilus, Physician to Alexander the Great

## GUIDELINES FOR ASSESSING YOUR CHILD'S HEALTH

We certainly encourage students to remain at home when they are sick, but students do need to be in school to be successful in classes. The pattern children develop regarding health and illness often carries on into later school years as well as into adulthood and the work world. We consider school your child's "job", and attendance is very important for their success.

Parameters for you to use in deciding if your child should be at home or school are the following:

1. **TEMPERATURE**: The child's temperature should be below 100° F (37.8° C) without the assistance of medication to reduce fever for at least 24 hours before returning to school. If your child has a temp of 100° F (37.8° C) or over, this usually indicates an infection of some nature. We will be contacting you if we are aware that your child does have an elevated temp and asking you to take him/her home.
2. **COLDS** (Upper Respiratory Infection): A virus usually causes upper respiratory infections. Healthy children may have between 6 and 9 viral infections each year. We recognize that no one feels good when they have a "cold", yet viruses tend to hang on for as long as three weeks. It is difficult to be successful in school if you were to miss that many days. So, we encourage children to get extra rest at home, drink plenty of fluids, and come to school if possible.
3. **HEADACHES**: We encourage students to remain in school with headaches. If your child has frequent headaches, we encourage you to keep a log of when the headache occurs, what relieves the headache, how long it lasts, and what activity precedes the headache and share this information with your health care provider and school. If you would like an over the counter pain reliever kept at school, then the parent/guardian must supply the medication and fill out the "Non-Prescription Medication Administration Consent Form". This form can be obtained from the Health Care Assistant at your school. In the secondary levels students may carry their own over the counter medications in the original container.
4. **STOMACHACHES**: For stomachaches, we encourage students to remain in school ***unless*** the pain or discomfort is accompanied by a temperature greater than 100° F (37.8° C), vomiting, diarrhea or if the student is too ill to participate in school activities. Children who are anxious or feeling stress can experience stomachaches. For these students, it is important to stay in school to find and deal with the source of anxiety. Although only a small proportion of children who have recurrent stomachaches have a physical problem, recurrent stomachaches may need to be evaluated by your health care provider.

Students that are ill and vomiting need to stay home from school and school related activities for a minimum of the remainder of the day.

5. **RASHES**: A rash may indicate an allergic reaction or an infection. Please contact your child's health care provider if a rash is "itchy", spreading, or is raw or weepy.

## MEDICATION

Medications (prescription or over-the-counter) may need to be given during the school day. An elementary student may not administer his/her own drugs, with the exception of asthma inhalers and Epi-Pens. The schools and physicians recognize the importance of students being allowed to carry an asthma inhaler and Epi-Pen. However, we need an **Inhaler/Epi Pen Release Form** to be completed and signed by the parent/guardian. Prescription medications must be in the original bottle labeled by a pharmacist, with the directions for administration matching the doctor's order.

**To comply with the law, school employees are not allowed to administer prescription medications, without a doctor's written order and parents' written permission.** A copy of the **Prescription Medication Administration Form** is available in the school offices and local physicians' offices. Over-the-counter medications (e.g., cold preparations or pain relieving medications) that you want available for school personnel to administer must have the **Non-Prescription Medication Consent Form** completed and the medication supplied in the original bottle in order for the school to administer. These forms must be completed and in the school office **BEFORE** the school staff can legally give your child medication. All medications to be given in school must have the following information printed on the original container:

1. Student's full name
2. Name of the drug and dosage
3. Time to be given
4. Physician's name

## IDENTIFICATION AND EMERGENCY NUMBERS

If your child has a chronic health condition, such as food allergies or diabetes, you may want to consider having a medical alert bracelet/necklace for your child.

An illness or injury can occur at any time. It is very important that the school has your current telephone numbers. Let the school know of any changes in home, work, or cell numbers. Even with all of your current phone numbers, there still can be times when a parent/guardian is unable to be reached. If your child is ill or injured, and we are not able to reach you, we will use the emergency contacts listed for your child. Please give careful consideration to whom you list, make sure it is someone you are comfortable having pick your child up in your absence. It is best if the emergency contact person lives near the Sun Prairie area.

Please review your children's means of identification and family emergency procedures.

**Let the school know of any changes in telephone numbers, cell phone numbers, or work numbers immediately throughout the school year.**

## IMMUNIZATIONS

Kindergarten booster immunizations generally consist of DTaP (Diphtheria–Tetanus–Pertussis), MMR (Measles, Mumps, Rubella), IPV (Polio) and Varicella. The Varicella (chickenpox) vaccine, or, the date of having had the actual disease is required. You are encouraged to have your child immunized well in advance of school opening to avoid the late summer rush at immunization clinics.

The month, day, and year of each immunization must be entered on the Student Immunization Record (DOH 4020) and submitted to the school your child will attend. **As a parent/guardian, you may complete the yellow form based on your child’s immunization history. A copy of the student’s immunization from your clinic or the Wisconsin Immunization Registry may be turned in in lieu of the Student Immunization Record.**

Waivers are available for medical, personal conviction, or religious reasons. (However, in the event of an outbreak, students with waivers or those who have not had the vaccine may be excluded from school until the outbreak subsides. This would be medically necessary as we hold your child’s best interest in mind if an outbreak were to occur.)

If you need assistance with finding an affordable clinic for immunization, the local health department may be able to help. Public Health Madison and Dane county can provide free immunization to children through age 18 years who:

- Do not have insurance, or
- Do have Medical Assistance or Badger Care, or
- Have “Major Medical Insurance” (only covering hospitalization; no preventive care coverage), or
- Are Native American or Alaska Native.

For more information about eligibility or to make an appointment call (608)266-4821.

For further information, contact your doctor, clinic, HMO, or nearest public health department.

## STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2015 SCHOOL YEAR and Beyond

The following are the minimum required immunizations for each age/grade level. It is not a recommended immunization schedule for infants and preschoolers. For that schedule, contact your doctor or local health department.

Age/Grade	Number of Doses					
Pre K (2 yrs through 4 yrs)	4 DTP/DTaP/DT <sub>2</sub>	3 Polio	3 Hep B	1 MMR <sub>5</sub>	1 Var <sub>6</sub>	
Grades K through 5	4 DTP/DTaP/DT/Td <sub>1,2</sub>	4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	2 Var <sub>6</sub>	
Grades 6 through 12	4 DTP/DTaP/DT/Td <sub>2</sub>	1 Tdap <sub>3</sub>	4 Polio <sub>4</sub>	3 Hep B	2 MMR <sub>5</sub>	2 Var <sub>6</sub>

1. DTP/DTaP/DT vaccine for children entering Kindergarten: Your child must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup>, or 5<sup>th</sup> dose) to be compliant. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for all students Pre K through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3<sup>rd</sup> dose after the 4<sup>th</sup> birthday, further doses are not required. (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.



## VISION SCREENING

Wisconsin state law requires that schools request each pupil entering Kindergarten to provide evidence that the child has had his or her eyes examined by an optometrist or have an eye evaluation by a physician.

Good vision is an important key to your child's academic achievement. It is estimated that more than 80 percent of all school activities are based on vision, yet eye problems affect one in four of the school-age population. Eye problems, if they remain undiscovered, can affect a child's personality, learning ability, and entire adjustment in school.

**Your child's school will also screen students for vision concerns periodically or upon request. We routinely screen vision in the following grades, K,2,4,7. If your child does not pass the screening, parents will be contacted by phone or letter.**

The screening program test is for vision acuity only. Screening, as the word implies, sorts out children who may have eye problems, with a referral being made to an eye care professional. A screening does not find every eye defect so, ideally, every child should have a complete vision exam before entering school and routinely thereafter. **More thorough and comprehensive eye care can be obtained through an eye care specialist.** An ophthalmologist is a doctor of medicine who specializes in eye structure and diseases. An optometrist is a licensed professional who specializes in vision testing.

Signs of possible eye trouble to look for in your child include: complaints of headaches, blinking more than usual, rubbing eyes frequently, squinting when looking at distant objects, frowning often or tilting head to one side, shutting or covering one eye, holding objects close to eyes, being bothered by bright light, having red, swollen or encrusted eyelids, developing sores (styes) on the eyelids often, having red or watery eyes and complaining of pains in the eyes.

## HEARING SCREENING

The majority of a student's time in school is spent listening. Hearing the world around us is a vital part of the learning process. In fact, a child's educational, emotional, social, speech, and language development can depend on his or her hearing ability.

The best method is to have hearing evaluated by an audiologist. At school, we can do a modified hearing screen using an audiometer. Children who fail the initial screening are rescreened 2-4 weeks later. In selected cases, parents may be contacted following the initial screening but, routinely, the parent is contacted within two weeks if the child fails the second screening. Approximately 5-10 percent of the school populations do not pass hearing tests. Medical intervention will restore hearing for the majority of those students. One percent will show permanent hearing impairment.

**We routinely screen hearing in Kindergarten. Children in any grade may be screened for a suspected hearing concern at any time during the school year.**

Problems with hearing may be divided into two broad categories: sudden and slow. When a child five or older complains of difficulty in hearing developing over a short period of time, then the problem is usually a blockage in the ear of one type or another. On the outside of the eardrum, such blockage may be due to an accumulation of wax, a foreign object that the child has put in the ear canal, or an infection of the ear canal. On the inside of the eardrum, fluid may accumulate and cause blockage because of an ear infection caused by a virus or bacteria.

In the other category are hearing problems that are slow in developing or are present from birth and become evident over a long period of time. It is recommended that you have your child's hearing tested if you find you have to repeat a lot or have to talk loudly to get your child's attention. Hearing can now be tested in a child of any age. It is important to discern whether there is a true hearing loss or selective hearing taking place. Please let us know if you have any concerns.

## COMMUNICABLE DISEASES

The nursing staff provides individual consultation, screening, referral, and group educational services for the control of selected communicable diseases.

If there is concern or report of diagnosis of a reportable communicable disease, the local health department will be notified as per public health statutes and regulations.

The Wisconsin Communicable Disease Chart offers guidelines on the most frequently seen communicable diseases. The link to the chart is:

<https://www.dhs.wisconsin.gov/publications/p4/p44397.pdf>

If you have additional questions, please don't hesitate to call the District Nurse at 834-6583, or 834-6679, or contact your health care provider.

## HEAD LICE (PEDICULOSIS)

Lice are tiny insects that live in human hair. The head louse is small, thin, grayish insect about the size of a sesame seed, with six legs that is found on the scalp. It lives by biting the skin of the scalp and eating the blood that comes through the bite. Lice lay their eggs directly on the hair, close to the scalp. These eggs are called "nits" and are actually stuck to the hair. The eggs hatch in about 10 days, with new lice reaching maturity in about two weeks. The nit is a small white speck and often confused with dandruff (dry scalp). Nits, however, are very difficult to remove, while dandruff will brush away easily.

Head lice outbreaks are common and do not reflect upon a person's living conditions. We know that head lice do not care if they are on a clean head or a dirty one and they do not discriminate between socioeconomic classes. All they care about is finding a warm head on which to live. They typically spread among children from head to head contact or less commonly from their clothes or personal items such as combs, brushes, hats and headphones. We urge the students to not trade or share these items. When there is an infestation we treat it as matter-of-factly as possible and urge you to do the same even though it may be upsetting to you. We have found that most students do not become upset about having an insect on their head unless the adults are upset.

### **Head Lice (Pediculosis) Exclusion Policy:**

Exclude at end of program or school day until after treatment or removal of live lice.