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## SCHOOL HEALTH SERVICES

### *Basis for School Health Nursing Services*

The school nurse is an integral part of the educational process in a school district. The school nurse assists children and youth in developing their full potential in health and education. While the major responsibility for teaching children is assumed by the instructional staff, the school nurse provides supportive professional and specialized health services for the school staff and the students.

The legal basis for this publication is in Section 161.102, RSMo,

*“The state board of education shall, with the advice and cooperation of the director of the state division of health compile and print a manual of physical education and health supervision and school nurse services to be distributed for use~ by the teachers, supervisors of physical education, school health supervisors, and school nurses of the state.”*

and for the supervision other school nurse in Section 168.17 1, RSMo. The applicable portions are:

*“...All duties performed by the supervisor of health or the school nurses shall be performed with the advice and cooperation of the director of the state division of health.*

## PHILOSOPHY OF SCHOOL HEALTH NURSING

We believe that:

A school health program should be preventive health care.

Parents have the primary responsibility for their child's health.

Schools have a legal and moral responsibility to provide a school health program that will promote, protect, and maintain the student's health, and to assist the parent in carrying out their responsibility.

The health status of children affects their ability to learn. Healthy children learn better.

The goals of health services in the schools should be consistent with the educational goals of the school district.

If improving health behavior is to have the optimum impact on the quality of life, it should begin early. Health behaviors learned early are reflected in adult lifestyles and health status.

Students learn better in a healthy physical and psychological environment.

The school is a cost-effective setting in which to deliver meaningful health education and health care to children and youth.

A registered nurse is the recommended health professional to coordinate, supervise, and deliver care, using the nursing process of assessment, planning, intervention, and evaluation.

Appropriate roles for the school nurse include: manager of health care; deliverer of health services; advocate for health care of all children; counselor for health concerns of children, families, and staff; and educator for school and community health concerns.

Health services that are provided in the school should be coordinated with and complement the delivery of health care in the community. Public health and school health programs must have consistent and common goals.

School nurses should be responsible for continuing their personal and professional growth in order to improve the quality of their school health nursing care. School districts should encourage and support the improvement of school nurse competencies.

## STANDARDS OF SCHOOL NURSING PRACTICE'

These standards were developed by a task force representing the American Nurses Association and other professional specialty nursing organizations with an interest in school health to provide a means of improving the quality of care. They are written within the framework of the nursing process, which includes data collection, diagnosis, planning, intervention, and evaluation. The standards also address the role of the school nurse in program management. Accountability of the nurse to the student and an overall goal of acceptance by students and their families of responsibility for their own health are implicit throughout the standards.

- STANDARD I. The school nurse applies appropriate theory as a basis for decision making in nursing practice.
- STANDARD II. The school nurse establishes and maintains a comprehensive school health program.
- STANDARD III. The nursing process includes individualized health plans, which are developed by the school nurse.
- STANDARD IV. The school nurse collaborates with other professionals in assessing, planning, implementing, and evaluating programs and other school health activities.
- STANDARD V. The nurse assists students, families, and groups to achieve optimal levels of wellness through health education.
- STANDARD VI. The school nurse participates in peer review and other means of evaluating to assure quality of nursing care provided for students. The nurse assumes responsibility for continuing education and professional development and contributes to the professional growth of others.
- STANDARD VII. The school nurse participates with other key members of the community responsible for assessing, planning, implementing, and evaluating school health services and community services that includes the broad continuum of primary, secondary, and tertiary prevention.
- STANDARD VIII. The school nurse contributes to nursing and school health through innovations in theory and practice and participation in research.

\*STANDARD OF SCHOOL NURSING PRACTICE, American Nurses Association, 1983.

**POSITION:** **Nurse**

**QUALIFICATIONS:** Registered Professional Nurse (R.N.) or  
Licensed Practical Nurse (L.P.N.)

**REPORTS TO:** Building Principals and Superintendent of schools.

**JOB GOAL:** To improve, protect and maintain the health status of children to ensure that each student is in the best state of health, possible in order to benefit the most from the educational experience offered in the school setting.

**PERFORMANCE RESPONSIBILITIES:**

1. Assess and evaluate the health and developmental status of students through appropriate screening techniques.
2. Monitor initial screening programs in schools served and provide secondary screening prior to referral.
3. Assume responsibility for selection and referral of students.
4. Compile information including observations, appropriate medical records and screening results interpret this data to students, their families and school personnel.
5. Maintain health records and use the information accumulated to initiate preventive, remedial or rehabilitative action.
6. Monitor pupil immunizations as required by law.
7. Maintain cumulative health records and perform clerical duties as local school policy allows.
8. Supervise the recording of screening data and other significant information in cumulative health records.
9. Perform routine initial screening procedures.
10. Participate in health counseling, planned and unplanned, with individuals and groups assist students in improving their health status and promoting self-care, decision-making and wellness behavior.
11. Interpret nursing assessments and medical evaluations to students, families

and school personnel.

12. Monitor accident reports to identify potential hazards and encourage their elimination.
13. Administer first aid, care and comfort to ill or injured students.
14. Take and record accurate temperature, pulse, respiration, blood pressure and symptoms presented by the student.
15. Maintain daily log of all children seen for health related problems.
16. Compile accurate data and utilize research findings for planning, implementing and evaluating school health programs.
17. Assist in identifying and reporting suspected child abuse and neglect.
18. Make necessary home visits as appropriate and necessary.
19. Serve as liaison between the school, the home, private physicians, health and social agencies and other community resources to assure appropriate utilization of all available resources for student health needs.
21. Coordinate, conduct and/or participate in community outreach programs.
22. Plan and supervise daily care of students with handicapping conditions.
23. Perform follow-up nursing care on children with identified health needs.
24. Plan, initiate, and monitor preventive programs such as dental and nutrition programs in designated classrooms.

**TERMS OF**

**EMPLOYMENT:** The nurse shall be employed annually by the Board of Education. The Board shall set the salary.

**EVALUATION:** Job performance will be evaluated annually in accordance with Provisions of the Board's policy on Evaluation of Non-certified Personnel.

**STUDENTS**  
**Policy 2830**

**Student Services**

**Health Services**

The Board of Education believes that in order to provide for the safety and well being of its students, it is necessary to implement and maintain a District-wide student health services program. The health service staff will be responsible to their building principal and may also be responsible to a designated District administrator.

The District will be responsible for providing first aid or emergency treatment for students in cases of sudden illness or injury. Where necessary, and with notice to the parent/guardian, emergency health services will be secured. The parent/guardian is responsible for their child's medical treatment.

**STUDENTS**  
**Policy 2850**

**Student Services**

**Inoculations of Students**

All students attending District schools are required to be in compliance with state programs mandating immunization against specific diseases. Failure to comply with District immunization requirements will result in exclusion from school until proof of compliance is provided. Homeless children will be granted a temporary twenty-four (24) hour grace period within which to submit proof of compliance.

The Superintendent shall institute procedures for the maintenance of health records, which are to show the immunization status of every student enrolled or attending in the District, and for the completion of all necessary reports in accordance with guidelines prepared by the Department of Social Services-Missouri Division of Health.

**STUDENTS**  
**Regulation 2850**

**Student Services**

**Inoculations of Students**

As mandated by the Missouri Department of Health, students must have up-to-date immunizations before being permitted to attend classes. Form 2850 provides a chart of immunization requirements by grade level.

1. The District will maintain an individual health record for each student, including an immunization history supplied by the parent/guardian.
2. A complete immunization history will be required upon entrance to school. Satisfactory evidence of immunization is a statement, certificate or record from a physician or health facility that verifies the type of vaccine, the month, day and year of administration. The parent/guardian will be informed that any needed immunizations must be obtained prior to enrollment and attending school.
3. In certain special situations, exemptions or "In Progress" statements may be needed.
  - a. If a student has received all immunizations that are age appropriate but has not completed the minimum required for school attendance, the parent/guardian must obtain an "In Progress" card from a physician or health department that identifies when the next dose is due.

- b. If the student cannot receive the needed immunization(s) for medical reasons, a medical exemption will be completed and signed by a physician and filed in the student's health record.
  - c. If the parent/guardian objects to immunizations for religious reasons, an exemption must be signed by the parent/guardian and verified by the school nurse. This must be renewed annually. Protection against disease as a desirable measure for the protection of the student will continue to be emphasized.
4. In the event of an outbreak, students who are exempt from immunizations for any reason will be excluded from school for their own protection and that of other students, in accordance with State Rule 13 CSR 50-101.0412. The only exception will be students exempted by a physician because they have already had the disease and have available laboratory confirmation of immunity.
  5. The District will notify the parent/guardian if a student will require any additional doses of a vaccine, giving the date by which the vaccine must be given to remain in compliance with the law.
  6. The District will prepare the immunization report (CD 31) for the Missouri Department of Health by the specified date. Any deficiencies will receive follow-up as recommended. Every effort will be made to return excluded students to school as soon as possible. The parent/guardian will be advised of resources available to obtain needed protection. The parent/guardian who does not make an effort to comply with the law in order to return students to school within ten days may be reported to the local juvenile authority for enforcing the truancy law.
  7. An ongoing review of immunization records will be made to ensure that entering transfer students, students who are "In Progress," and those needing Td boosters during the school year have adequate protection. Students will be notified in the spring that Td boosters will be due during the next school year. The records of entering transfer students and those due for boosters will be flagged, or a separate file or a line listing of these students will be maintained, to facilitate compliance with the statute.

**2006-2007 SCHOOL YEAR IMMUNIZATION REQUIREMENTS\***

<b>GRADES</b>	<b>DTaP/DTP/DT/Td**</b>	<b>POLIO</b>	<b>MEASLES</b>	<b>MUMPS</b>	<b>RUBELLA</b>	<b>HEPATITIS B***</b>
	<b>4-5 DOSES</b>	<b>3 DOSES</b>	<b>2 DOSES</b>	<b>2 DOSES</b>	<b>2 DOSES</b>	<b>3 DOSES</b>
<b><u>K thru 1</u></b>	Last dose on or after fourth (4 <sup>th</sup> ) birthday and last dose of pertussis before seventh (7 <sup>th</sup> ) birthday. <b>Maximum needed: six (6) doses</b>	Last dose on or after fourth (4 <sup>th</sup> ) birthday. If a combination of IPV/OPV is received, four (4) doses are required. <b>Maximum needed: four (4) doses</b>	On or after first (1 <sup>st</sup> ) birthday. Twenty-eight (28) days between the two doses.	On or after first (1 <sup>st</sup> ) birthday. Twenty-eight (28) days between the two doses.	On or after first (1 <sup>st</sup> ) birthday. Twenty-eight (28) days between the two doses.	
	<b>4 DOSES</b>	<b>3 DOSES</b>	<b>2 DOSES</b>	<b>1 DOSE</b>	<b>1 DOSE</b>	<b>3 DOSES</b>
<b>2 thru 5</b>	Last dose on or after fourth (4 <sup>th</sup> ) birthday and last dose of pertussis before seventh (7 <sup>th</sup> ) birthday. Pertussis is required for all students six (6) years of age and younger. <b>Maximum needed: six (6) doses</b>	Last dose on or after fourth (4 <sup>th</sup> ) birthday. If a combination of IPV/OPV is received, four (4) doses are required. <b>Maximum needed: four (4) doses</b>	On or after first (1 <sup>st</sup> ) birthday. Twenty-eight (28) days between the two doses.	On or after first (1 <sup>st</sup> ) birthday.	On or after first (1 <sup>st</sup> ) birthday.	
	<b>3 DOSES</b>	<b>3 DOSES</b>	<b>2 DOSES</b>	<b>1 DOSE</b>	<b>1 DOSE</b>	<b>3 DOSES</b>
<b>6 thru 12</b>	Td booster required ten (10) years after last dose of DTaP, DTP, DT, or Td.	Last dose on or after fourth (4 <sup>th</sup> ) birthday. If a combination of IPV/OPV is received, four (4) doses are required. <b>Maximum needed: four (4) doses</b>	On or after first (1 <sup>st</sup> ) birthday. Twenty-eight (28) days between the two doses.	On or after first (1 <sup>st</sup> ) birthday.	On or after first (1 <sup>st</sup> ) birthday.	

\*The Advisory Committee on Immunization Practices allows a 4-day grace period, so students in all grade levels may receive immunizations up to 4 days before they are due.

\*\*Td booster may be given five (5) years after last DTaP/DTP.

\*\*\*Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule:

Dose 1: initial visit                      Dose 2: 4-6 months after Dose 1

All students must present documentation of month, day and year of each immunization.

Students must present immunization record to school, and all immunizations must be up to date before students are permitted to attend classes.

To remain in school, students "in progress" (Imm.P.14) must receive immunizations as soon as they become due.

Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions will be allowed.

Source: Missouri Department of Health, Section for Communicable Disease Prevention (573) 751-6439 (866) 628-98

**STUDENTS**  
**Policy 2860**

**Student Services**

**Students with Communicable Diseases**

A student shall not attend classes or other school-sponsored activities, if the student (1) has, or has been exposed to, an acute (short duration) or chronic (long duration) contagious or infectious disease, and (2) is liable to transmit the contagious or infectious disease, unless the Board of Education or its designee has determined, based upon medical evidence, that the student:

1. No longer has the disease.
2. Is not in the contagious or infectious stage of an acute disease.
3. Has a chronic infectious disease that poses little risk of transmission in the school environment with reasonable precautions.

School officials may require any child suspected of having a contagious or infectious disease to be examined by a physician and may exclude the child from school, in accordance with the procedures authorized by this policy, so long as there is a substantial risk of transmission of the disease in the school environment.

A student who has a chronic infectious disease, and who is permitted to attend school, may be required to do so under specified conditions. Failure to adhere to the conditions will result in the student being excluded from school. A student who has a chronic infectious disease and who is not permitted to attend school or participate in school activities will be provided instruction in an alternative educational setting in accordance with District policy.

Students with acute or chronic contagious or infectious diseases and their families have a right to privacy and confidentiality. Only staff members who have a medical reason to know the identity and condition of such students will be informed. Willful or negligent disclosure of confidential information about a student's medical condition by staff members will be cause for disciplinary action.

The District will implement reporting and disease outbreak control measures in accordance with the provisions of Missouri Department of Health publication PACH-16, "Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers and Day Care Operators," a copy of which shall be on file in the office of the Supervisor of Health Services and in the office of each school nurse.

## **PERSONNEL SERVICES**

### **Policy 4820**

#### **Employees with Communicable Diseases**

An employee may be excluded from work if the employee (1) has, or has been exposed to, an acute (short duration) or chronic (long duration) contagious or infectious disease, and (2) is likely to transmit the contagious or infectious disease, unless the Board of Education or its designee has determined, based upon medical evidence, that the employee:

1. No longer has the disease.
2. Is not in the contagious or infectious stage of an acute disease.
3. Has a chronic infectious disease that poses little risk of transmission in the school environment with reasonable precautions.

School officials may require an employee suspected of having a contagious or infectious disease to be examined by a physician and may exclude the employee from work, in accordance with the procedures authorized by this policy, so long as there is a substantial risk of transmission of the disease in the school environment.

Employees with acute or chronic contagious or infectious diseases have a right to privacy and confidentiality. Only staff members who have a medical reason to know the identity and condition of such employees will be informed. Willful or negligent disclosure of confidential information about an employee's medical condition by staff members will be cause for disciplinary action.

The District will implement reporting and disease outbreak control measures in accordance with the provisions of Missouri Department of Health publication PACH-16, "Prevention and Control of Communicable Diseases: A Guide for School Administrators, Nurses, Teachers and Day Care Operators," a copy of which shall be on file in the office of the Supervisor of Health Services and in the office of each school nurse.

**STUDENTS**  
**Policy 2870**

**Administering Medicines To Students**

It shall be the policy of the Board of Education that the giving of medicine to students during school hours be discouraged and restricted to medication that cannot be given on an alternative schedule. The Board of Education recognizes that some students may require medication for chronic or short-term illness/injury during the school day to enable them to remain in school and participate in their education.

**STUDENTS**  
**Regulation 2870**

**Administering Medicines to Students**

**Prescription Medication**

The student's authorized prescriber shall provide a written request that the student be given medication during school hours. The request shall state the name of the student, name of drug, dosage, frequency of administration, route of administration, and the prescriber's name. The diagnosis/indication for use of the medicine shall be provided. When possible, the prescriber should state adverse effects and applicable emergency instructions.

The District shall require that a prescription label be properly affixed to the medication in question. Said label must contain the name of the student, name of the drug, dosage, frequency of administration, route of administration, diagnosis and the prescriber's name.

A parent/guardian must request in writing that the School District comply with the authorized prescriber's request to give medication. (The District will not administer the initial dose of any new prescription except in an emergency.)

**Over-the-Counter Medication**

The student's authorized prescriber shall provide a written request that the student be given medication during school hours. The request shall state the name of the student, name of drug, dosage, frequency of administration, route of administration, and the prescriber's name. The diagnosis/indication for use of the medicine shall be provided. When possible, the prescriber should state potential adverse effects and applicable emergency instructions.

A parent/guardian will provide a written request that the District comply with the authorized prescriber's request to give medication.

## **Emergency Medication**

Written standing orders will be obtained annually for the administration of emergency medication.

### **Storage and Administration of Medication**

A parent/guardian or other responsible party designated by the parent/guardian will deliver all medication to be administered at school to the school nurse or designee. All medication, prescription or over-the-counter, must be in a pharmacy or manufacturer-labeled container. The District shall provide secure, locked storage for medication to prevent diversion, misuse, or ingestion by another individual.

The administration of medication, including over-the-counter medications, is a nursing activity, governed by the State of Missouri Nursing Practice Act. It must be performed by the registered professional school nurse. The nurse may delegate and supervise the administration of medication by unlicensed personnel who are qualified by education, knowledge and skill to do so. The registered nurse must provide and document the requisite education, training, and competency verification. The nurse is also empowered to contact the prescriber or pharmacist filling the prescription to discuss the prescription if the nurse has questions regarding the administration of such medication.

### **Self-Administration of Medication**

Students with asthma or any potentially life-threatening respiratory illness may carry with them for self-administration metered-dose inhalers containing "rescue" medication. Possession and self-administration of these prescription medications must comply with the Missouri Safe Schools Act, 1996. The directives of this Act will be given to each parent/guardian who requests that his/her student be permitted to carry and self-administer such medication. A permission form for self-administration (Form 2870) is required.

### **Parent/Guardian Administration**

In situations where the above requirements are not met, or any time the parent/guardian chooses, the parent/guardian may come to school to administer medicine to his/her student.

### **Exception for Potentially Harmful Administration**

It shall be the policy of this District that the District will not knowingly administer any medication to a student if the District's registered professional school nurse believes, in his/her professional judgment, that such administration could cause harm to the student, other students, or the District itself. Such cases may include, but are not necessarily limited to, situations in which the District is being asked to administer medication in a dosage that exceeds the highest recommended dosage listed in the current annual volume of the Physician's Desk Reference or other recognized medical or pharmaceutical text.

**STUDENTS**  
**Form 2870**

**Student Services**

**Permission to Self-Administer Medication**

**PERMISSION FORM  
FOR STUDENT TO SELF-ADMINISTER MEDICATION  
BY METERED DOSE INHALER**

I hereby certify as follows:

I, \_\_\_\_\_, the parent/guardian of  
Parent/Guardian  
\_\_\_\_\_, a student in the  
Student

Central R-III School District, am legally authorized to make educational and health care decisions for the Student.

I hereby give my permission for the Student to retain in his/her possession a metered dose inhaler, and to self-administer medication from such inhaler. This permission shall be effective during the school day, on school property, including but not limited to a school bus, and at all school activities, whether on or off school property or occurring during the regular school day.

I have provided the District with a written medical history of the Student's experience with asthma or other potentially life-threatening respiratory illness ("Condition") and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the Condition.

I have provided the District with written certification from the Student's physician, stating that the Student (a) has the aforementioned Condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the Student.

I understand that the District and its employees or agents may disclose information provided in accordance the foregoing paragraphs to administrators, schools nurses, teachers, and other school employees as may be necessary to protect the health of the Student and to establish that the Student has been authorized to self-administer medication by means of a meter-dose inhaler, and shall incur no liability for the disclosure of such information.



### **Public School District Liaison**

The building principals will serve as the public school liaisons for students charged in his or her care and forward that information to the local division office of the Children's Division (CD) of the Department of Social Services. The liaisons shall develop protocol in conjunction with the chief investigator of the local division office to ensure information regarding the status of a child abuse or neglect investigation is shared with appropriate school personnel. All written information received by any public school district liaison or the school shall be subject to the provisions of the Family Educational Rights and Privacy Act (FERPA).

The liaison will also serve on multidisciplinary teams used in providing protective or preventive social services along with law enforcement, the juvenile officer, the juvenile court and other agencies, both public and private.

### **Reporting Child Abuse/Neglect**

The Board of Education requires its staff members to comply with the state child abuse and neglect laws and the mandatory reporting of suspected neglect and/or abuse. Any school official or employee acting in his or her official capacity who knows or has reasonable cause to suspect that a child has been subjected to abuse or neglect, or who observes the child being subjected to conditions or circumstances that would reasonably result in abuse or neglect, will immediately make a report to the building principal or his or her designee, including any report of excessive absences that may indicate educational neglect. The principal or designee will then become responsible for making a report via the Child Abuse Hotline to CD, as required by law. This policy does not preclude any employee from directly reporting abuse or neglect to CD. However, the school official or employee must notify the building principal or designee immediately after making a report.

The building principal will make the superintendent aware that a report has been made and will keep him or her aware of the status of the case. If the principal or designee has reason to believe that a victim of such abuse or neglect is a resident of another state or was injured as a result of an act that occurred in another state, then, in addition to notifying the Missouri CD pursuant to this policy, he or she may also make a report to the child protection agency with the authority to receive such reports, pursuant to law, in the other state.

The district, as mandated reporter, will be entitled, upon request, to information on the general disposition of the report. The district may also receive findings and information concerning the case, if requested. The information should be shared with the staff member who originated the report, but should not be released to anyone else without written authorization from CD.

Parents/Guardians should be referred to CD for information regarding the investigation. Parents or legal guardians have access to the CD records after the investigation is completed, except that the identity of the reporter is not released.

Any person who in good faith participates in the making of such reports, or in any judicial

proceeding resulting therefrom, will be immune from civil or criminal liability. It shall not be the responsibility of the school official or employee who initiated the report to prove that the child has been neglected or abused.

### **Investigating Child Abuse/Neglect**

When CD receives a child abuse report alleging that an employee of a school district has abused a student the report is immediately referred to the superintendent (or the president of the school Board in situations concerning the superintendent), who will conduct an initial investigation. If the report relates to a spanking by a certificated school employee administered pursuant to written district policy or if it is determined that the sole purpose of the report is to harass a school employee, the superintendent, Board president or the Board president's designee will jointly investigate the matter with the juvenile officer or a law enforcement officer designated by the juvenile officer. The superintendent and Board president are authorized to contact and utilize the district's attorney to assist in the investigation. Findings and conclusions will be issued as required by law.

All other reports of any nature will be immediately returned to CD for investigation, and the superintendent will take no further action. The superintendent and/or school Board president will be considered a member of the multidisciplinary team and as such will be involved in the investigation and have access to appropriate information, including the outcome of the investigation.

The superintendent will prepare and implement procedures as necessary to accomplish the intent of this policy and of the law.

## **STUDENTS**

### **Regulation 2410**

#### **Student Educational Records**

#### **Health Information Records**

Student health information includes information required by state law such as:

1. Mandated immunizations;
2. Health and physical assessment data;
3. Health screenings for vision, hearing, scoliosis or cholesterol;
4. Injury reports;
5. Incident reports of alcohol or drug use in school;
6. Health assessments and other evaluation reports related to eligibility for services under the IDEA and Section 504; and
7. Referrals for suspected child abuse.

Student health information may also include:

1. Records of student-initiated visits to the school health officer, including assessments, interventions and referrals;
2. Records of meetings between education and health professionals for planning or identifying assessment measures, recommended interventions and student outcomes;
3. Records for in-school medication, including original signed orders from a physician, written consent from parent/guardian to administer drug, medication logs for both routine and as-needed medications;
4. Physicians' orders, correspondence, evaluation reports, copies of treatment records, institutional or agency records, discharge summaries from outside health care providers or hospitals that have been released by parents/guardians to assist in planning individualized school health care or programs;
5. Evaluation reports or specialized assessments such as neurological tests;
6. Individualized emergency care plans for students with special health care needs, including routine and emergency interventions and methods for evaluating student outcomes;
7. Health-related goals and objectives or an Individualized Healthcare Plan or part of a student's Individualized Education Program (IEP) for students whose health conditions affect their educational needs;
8. Psychologists' or guidance counselors' records of psychological test results, student interviews and counseling, consultations with school staff or parents/guardians, and referrals and consultation with outside counselors, therapists, psychologists or psychiatrists, all of which might be considered "mental health" records;
9. School social workers' case histories, counseling notes and interviews, or their records of consultations with school staff, parents/guardians, outside counselors, therapists, psychologists or psychiatrists; and

10. Case notes, evaluations and interventions by other student services personnel.

All information contained in a student's health information records, except information designated as directory information by the District, shall be confidential and shall be directly accessible only to school officials who demonstrate a legitimate educational interest in the student health information and to parents/guardians or eligible students.

Interviews with students, parents/guardians or staff members concerning student health information should take place in private offices. When student health information is discussed over the telephone, calls should be made from private offices, not in the presence of other students or staff members. Discussion or confidential information related to a specific student should end whenever a third party enters a room. Records containing student health information should never be left on top of a desk, nor should confidential information be left as a message with a secretary, on voice mail or answering machines, or on an electronic mail system. When records are being typed, entered into a computer, copied or faxed, they should be protected from casual observers.

The District will comply with all state and federal law pertaining to the confidentiality of student health information.

## ACCIDENT RESPONSE AND PREVENTION *(First Aid Guidelines)*

### **Emergency Forms**

It is imperative that the information on each students emergency information form be current. New forms shall be completed at the beginning of each school year and kept on file in the appropriate school office.

### **General Directives for Illness and Injury**

Any student who is taken ill while at school should report to the nurses or principals office. Any student injured on school property during school hours will be given emergency first aid care by the designated official as needed. Emergency first aid treatment may be rendered by teachers and other school personnel if the designee is not available.

### **Disposition of Minor Illness or Minor Injury**

If the injury or illness is minor, it may be appropriate to retain the student in school for the remainder of the day; however in the interest of school-parent/guardian relations, the principal or designee may contact the parents/guardians to inform them of the situation. If a parent/guardian cannot be reached, the principal or designee will need to use the alternate contacts provided on the emergency form.

If a student requires medical attention, the parents/guardians will be notified immediately by the principal or designee. The parents/guardians will be asked to call a physician or accept the services of a physician selected by the school. In the event that a delay is judged to be potentially detrimental to the students welfare, the appropriate ambulance or emergency assistance agency will be contacted and the parents/guardians so notified.

In non-emergency cases, if efforts to reach the parents/guardians or other responsible adults in the home are not successful, the student will be kept in school under the observation of the principal or a designated staff member.

### **Disposition of Major Illness or Major Injury Cases**

If, in the judgment of the principal or designee, the injury or illness is serious enough to require hospitalization, the student should be transported immediately by ambulance or private vehicle. In case of a critical emergency where immediate life-saving measures are needed, an appropriate agency will be contacted to provide emergency assistance.

The school should be prepared to give rescue officials written information indicating the students name, parents/guardians names, telephone number and home address.

The school will obtain information relative to the destination or hospital to which the

student is taken.

The principal or designee will contact the parents/guardians.

If there is no telephone, an adult messenger from the school will go directly to the home to notify the parents/guardians.

### **Transportation**

No sick or injured student will be knowingly transported to his or her home alone or by another student. In all cases, a responsible adult must accompany the student.

Providing for transportation and adult supervision is the responsibility of parents/guardians who, in the event that they may not personally be available, will provide for transportation and supervision by a responsible adult.



**CENTRAL R-III SCHOOLS**  
**EMPLOYEE ACCIDENT REPORT**

Date of Report \_\_\_\_\_ Name \_\_\_\_\_

Name of Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

---

How did Accident Occur? What was Employee Doing? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Injury \_\_\_\_\_

\_\_\_\_\_

---

Doctors Name \_\_\_\_\_ Hospital \_\_\_\_\_

Other Action(s) Taken \_\_\_\_\_

\_\_\_\_\_

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Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_



**CENTRAL R-III SCHOOLS**  
**STUDENT ACCIDENT REPORT**

Date of Report \_\_\_\_\_ Student's Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

---

Activity or Class Student was Engaged in \_\_\_\_\_

Witness(es) \_\_\_\_\_

How did Accident Occur? What was Student Doing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's Injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

---

Was Parent Contacted? \_\_\_\_\_ Taken Home \_\_\_\_\_ Referred to Doctor \_\_\_\_\_

Other Action(s) Taken \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising Teacher's Signature \_\_\_\_\_

## **GOAL OF HEALTH SERVICE PLAN**

To improve, protect, and maintain the health status of each child to ensure that he/she is in the best state of health in order to benefit the most from the educational experience offered in the school setting.

## **ASSESSMENT**

### **COMPONENTS OF A COMPREHENSIVE SCHOOL HEALTH PROGRAM**

1. Health office management
2. Health and Development Assessment
3. First Aid and Emergency Care
4. Prevention and Control of Communicable disease
5. Special Health Concerns
6. Safe and healthy Environment
7. Health Counseling
8. Promotion of Wellness

## GOAL AND OBJECTIVES

### COMPONENT: Health Office Management

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
Provide a health facility that contributes to the efficient and effective management of health services.	Records and resource files will be maintained in an orderly manner.	Keep emergency information in appropriate location (school secretary's desk in front office). Files should be alphabetical.  Maintain a health room log to show disposition of student problem.  Place resource files in alphabetical order by subject. Have master list or index.	Necessary information for emergency situation is complete, current and readily available.  Reference materials are retrievable upon request.
	Equipment will be available and usable at all times.	Keep inventory of equipment. Secure maintenance as necessary.	All equipment is available and ready to use.
Protect confidentiality of the appropriate information regarding students and staff.	All records with individual health information will be kept confidential.	Make folder with instructions for substitute nurse.  Keep health information in locked files and control access.  Determine who in school setting should have access to school health records.  Secure oath of confidentiality from paraprofessionals after orientation.  Maintain separate professionals nursing notes as necessary.	Confidentiality is not breached

## GOAL AND OBJECTIVES

### COMPONENT: Health Office Management

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
Establish and maintain methods of communication between health office and school community.	Individuals in the school setting will be aware of appropriate method to access care and information in areas of health and safety.	Provide system for: a) recording and returning phone calls b) written referral from staff c) student to access care 4) communicating outcomes of care to staff and parents.	Individuals are able to access care and information.
Provide documentation of school nurse activity.	Annual report will include outcome oriented reporting, demonstrating value of professional nursing services. Program will be evaluated annually, including performance-based evaluation of personnel.	Prepare weekly/monthly nursing activity logs.  Identify information needed for evaluation purposes, and ensure data collection.  Compile annual report for superintendent and school board.	Programs reflects revision as needed, with input from other involved in a comprehensive school health program.  Administration/ school community receives annual report of school health services.

## GOAL AND OBJECTIVES

### COMPONENT: Promotion of Wellness

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
Individually acceptance of responsibility for self-care.	Individual student/nurse conference will be scheduled to assess level of understanding and need for further information regarding specific condition or disease.	<p>Establish guidelines that allow child to initiate health room visit.</p> <p>Provide supplies and guidelines for self-care.</p> <p>Keep resource materials up to date.</p> <p>Develop patient education materials for distribution.</p>	<p>Absenteeism among students and staff due to illness/injury is decreased.</p> <p>Students demonstrate responsibility for their health.</p>
Promote health maintenance activities.	<p>School health personnel will be involved in the health and fitness program provided in physical education and health instructional activities.</p> <p>Employee health program will be available, i.e., BP monitoring TB testing Referral system Risk appraisals Nutrition screening Sensory screening (vision and hearing) Cardiorespiratory fitness Stress management Personal fitness planning Common health problems counseling</p>	<p>Provide a role model for good health practices.</p> <p>Offer health fairs for staff and families.</p> <p>Encourage participation by employees in fitness program.</p> <p>Work with community health agencies for health awareness programs.</p> <p>Provide health risk appraisals for staff and students.</p> <p>Provide health counseling on request.</p> <p>Support Comprehensive School Health Program.</p>	<p>Population in school and community reflect high level of awareness of healthy lifestyles.</p> <p>The school nurse actively serves students and teachers needing health maintenance and health improvement.</p> <p>Employee Wellness Program is available to school staff.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Health and Developmental Assessments

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Identify factors in health and developmental history, which may be potential barriers to educational process.</p> <p>Assess health status for deficits, which may interfere with ability to learn (screening).</p> <p>Communicate findings to parents and students and assist as needed in seeking remediation of problem.</p>	<p>Health and developmental history will be obtained and updated as needed on each student entering district.</p> <p>Plans for screening will be developed to conduct age appropriate screenings utilizing proper techniques and equipment (see Screening Program Standards).</p> <p>Local referral criteria will be developed.</p> <p>Parent will be notified of problem found, and communication is documented.</p> <p>Reason for incomplete follow-up will be identified, recorded, and effort directed to remediate the cause when possible.</p>	<p>Use health records that facilitate proper documentation in clear, concise form, noting areas in history, which require further assessment.</p> <p>Develop local district policy/priorities regarding grade levels and type of screenings to be conducted, based on time, population, percentage of previous follow-up completed, etc.</p> <p>Inform students, parents, and teachers of screening process and schedules.</p> <p>Develop standard procedure for notifying students, parents, and teachers regarding health problem.</p> <p>Interpret results to students, parents, and teachers.</p> <p>Develop file of resources to use when making recommendations/referrals.</p>	<p>Records are reviewed annually to ensure a health and developmental history is complete mid current.</p> <p>Screenings considered to be essential and age-appropriate are completed and recorded.</p> <p>Documentation exists for all follow-ups.</p>

## GOAL AND OBJECTIVES

### COMPONENT: First Aid and Emergency Care

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
Provide competent personnel who can take appropriate action in case of illness or injury.	<p>Written school board policy will exist in regard to care of illness and injury.</p> <p>Emergency files for students and staff will be current.</p> <p>Supplies and equipment will be adequate and well maintained</p> <p>Nurse and other designated personnel will have current CPR certification.</p>	<p>Place first aid supplies and post emergency guidelines in easily accessible locations.</p> <p>Post emergency numbers by all phones.</p> <p>Provide CPR and first aid instruction for all staff.</p> <p>Have administrator designate person(s) to take charge in event of emergency.</p> <p>Develop health care plans for individuals with known life threatening conditions.</p>	<p>Appropriate number of first aid kits are available in each building and for off school activities.</p> <p>Emergency Care of illness and Injury (<i>DH5</i>) is posted appropriate areas.</p> <p>Staff is notified of those persons at risk.</p>
Provide injury-reporting system that can be evaluated and appropriate intervention designed.	<p>Reports will be prepared to document significant injury.</p>	<p>Keep daily log in health room.</p> <p>Provide inservice to staff who might have need to prepare an injury report.</p>	<p>Injury reports are evaluated and intervention made.</p>
Encourage self-care of minor injuries.	<p>Guidelines will be developed and posted in each health care area (or use Emergency Care of Illness and Injury (<i>DH5</i>)).</p>	<p>Provide classroom first aid kits and instruction for self-care.</p>	<p>Student handles minor illness and injury with minimal assistance.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Safe and Healthy Environment

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Provide safe and healthy physical and psychological environment in which to learn and work.</p>	<p>School grounds will be routinely inspected by administrator, nurse, custodian, et cetera.</p> <p>School will be in compliance with local and state sanitation standards.</p> <p>Comprehensive injury reporting system will be in place and used for analysis and recommendations for intervention.</p> <p>Crossing guards will be provided where and when necessary.</p>	<p>Provide resource assistance to teacher regarding safety awareness education for staff and students.</p> <p>Be alert behaviors that indicate increased stress in school setting.</p> <p>Provide continuous surveillance of physical facility for hazards, physical comfort, and proper sanitation.</p> <p>Inform administration of hazards reported and observed.</p> <p>Encourage students to participate in keeping building clean and safe.</p> <p>Conduct employee health program, including tuberculin skin testing, physical fitness, stress management, and health maintenance.</p>	<p>District has plans to reduce the number of avoidable injuries each year.</p> <p>Environmental hazards are reduced or eliminated after reporting.</p> <p>Safe, pleasant surroundings exist to facilitate learning.</p> <p>School Safety Assurance Checklist is on file in the administrative office.</p>
<p>Facilities adaptation needed for safety of children with disabilities.</p>	<p>Health care action plans will be developed to address life-threatening situations for students with known potential for such emergencies.</p>	<p>Schedule individual conferences with students with special needs to review classroom adaptation and building emergency plans.</p>	<p>Health care action plans include attention to environmental needs of children with disabilities including evacuation, extended care, provision of utilities, emergency medical services, etc.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Special Health Concerns

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Assist in appropriate educational placement of children with special needs.</p> <p>Develop and implement individual student health plan (IHP) to assist school personnel to consistently meet special needs.</p>	<p>Comprehensive health and developmental history will be on file.</p> <p>Current medical information will be available regarding special needs.</p> <p>Parents will be involved in identification of needs.</p> <p>Health professional will be available to monitor special care procedures.</p> <p>Student's health data will be interpreted to staff and parents.</p> <p>Staff will be kept advised of change in condition and of any need to change health plan.</p>	<p>Actively participate on multidisciplinary staffing teens.</p> <p>Prepare summary of pertinent information from developmental history and medical records.</p> <p>Involve student and/or family in development of plan.</p> <p>Provide teacher/staff inservices regarding health plan for student.</p> <p>Assess home environment to determine students' usual coping behaviors.</p>	<p>Children with health-related special needs are appropriately placed, and health needs are addressed in individual education plan (IEP) if appropriate.</p> <p>Individual Health Plan (IHP) or health component of IEP is on file and is reviewed at least annually.</p> <p>Teachers and staff demonstrate acceptance of health plan.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Special Health Concerns

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Meet physical and psychological need for student with handicaps to learning.</p>	<p>Policies covering medication and emergency needs will be written and revised annually.</p> <p>Written building level emergency plans will include details for students with disabilities.</p> <p>Physical plant will be adapted for special needs.</p> <p>Student/nurse conferences will be scheduled as needed.</p>	<p>Provide opportunities for student/families to share feelings regarding their handicapping conditions.</p> <p>Develop resource in health care community to help school meet special needs of students.</p> <p>Provide and/or supervise health care procedures that will permit the student to remain in the least restrictive environment.</p>	<p>Students are integrated into the least restrictive environment.</p> <p>Adaptations are made to minimize effects of student's disability.</p>
<p>Help student take the responsibility for managing his condition or providing self-care as soon as possible.</p>	<p>Written plan will exist for teaching self-care that is revised as goals are met.</p>	<p>Provide opportunity for student to practice self-care under supervision.</p>	<p>Student achievement of self-care practices are attainable.</p>
<p>Facilitate re-entry following serious accident of illness.</p>	<p>Student/nurse and/or family/nurse conferences will be scheduled, if possible, prior to return to school.</p>	<p>Monitor progress of student following injury/illness through personal contact with student and family.</p>	<p>Student successfully resumes education.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Prevention and Control of Communicable Diseases

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Decrease incidence of illness and disability from communicable disease through primary prevention, i.e., immunization and health education</p>	<p>School district will be in compliance with immunization statute by requiring records and excluding noncompliant students.</p> <p>Immunization record will be readily retrieved for every student enrolled.</p> <p>All students will be in compliance, “in progress” or have state-approved exemption card in health record.</p>	<p>Establish plan to notify and educate parents regarding their responsibilities and the importance of immunizing their children.</p> <p>Schedule immunization clinics if appropriate, in health department.</p> <p>Provide inservice education for personnel regarding signs and symptoms of communicable diseases, reporting procedures, and district policy.</p> <p>Maintain literature and resource material regarding communicable diseases.</p> <p>Inservice all school staff regarding infection control policies, i.e., universal precautions, environmental measures, etc.</p>	<p>Immunization levels for protection against all vaccine, preventable diseases meet state standards.</p> <p>Immunization report (CD 31) is filed by October 15, noncompliant students are excluded, and “in progress” status is monitored.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Prevention and Control of Communicable Diseases

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Protect and maintain health status of “at risk” students (i.e. immunodeficient, chronic illness/condition, etc.)</p> <p>Staff with “medical need to know” are informed of guidelines regarding “at risk” students.</p> <p>Decrease absenteeism by identification and exclusion of children and personnel who are in an early stage of a communicable disease, using guidelines from Missouri Department of Health.</p>	<p>Health care plans include surveillance and notification of parent/physician.</p> <p>Documentation of known communicable disease will be included <i>in</i> permanent health record.</p> <p>Reportable communicable disease and animal bites will be reported to the local health unit.</p> <p>School district policy will exist for exclusion and readmission of students with diagnosed communicable diseases.</p>	<p>Identify “at risk” students and obtain physician guidance regarding immunizations/exclusions.</p> <p>Provide parents and teachers with educational material regarding the prevention and treatment of common communicable diseases, provide school administration with current copy of state laws, rules and regulations for reportable diseases.</p> <p>Promptly notify personnel, students, and parents about the presence of a communicable disease, the usual symptoms and treatment.</p>	<p>“At risk” students are excluded with physician recommendations.</p> <p>Copy of current laws available in school district.</p> <p>Communicable disease is identified and contained.</p> <p>Designated personnel utilize PACH 16as reference.</p>

## GOAL AND OBJECTIVES

### COMPONENT: Health Counseling

GOALS	OBJECTIVES	STRATEGIES	OUTCOMES
<p>Provide information regarding health concerns to anyone with knowledge deficit and seeking resource information.</p> <p>Identify and provide support to individuals with psychosocial problems.</p>	<p>Appropriate information will be shared to assist individual with decision making process.</p> <p>All individuals in the school community will recognize the school nurse as a health professional who can assist with mental health concerns.</p>	<p>Maintain resource files on health subjects.</p> <p>Schedule at least a yearly conference with individuals having a significant health problem to:</p> <ul style="list-style-type: none"> <li>• Assess the current level of knowledge and identify deficits in information.</li> <li>• Make needed referrals to other health professional.</li> <li>• Use interview process that facilitates decision-making.</li> <li>• Allow individual opportunity to verbalize feelings regarding health concern.</li> <li>• Interpret health information.</li> <li>• Participate on interdisciplinary teams operating in school system.</li> <li>• Maintain up-to-date referral network with mental health professionals.</li> <li>• Assess symptoms of stress, suicide prevention, crisis intervention and provide inservice as needed.</li> </ul>	<p>Individuals with health problems have access to appropriate information from a health professional.</p> <p>Individual is better prepared to assume responsibility for health care.</p> <p>Individuals with mental health concerns utilize school nurse as resource, if needed.</p>

## HEALTH SERVICE CALENDAR

### August

Prepare health office and supplies

Collect and analyze student health information and prepare preliminary problem list

Review and have signed appropriate standing orders/protocols

Letter to parent/guardian regarding procedure to administer medication at school

Nurses within district meet to discuss procedures and policies

Update student health records

Head lice check - Central & West Elementary - screen all new students

Prepare list of known health problems and special procedures required

### September

Update student health records. Secure a health and developmental history for all K, 1St and new students

Prepare card file with emergency information for all students and staff

Notify teachers & bus drivers of known confidential student health problems and special procedures required

Prepare worksheet to identify students in immunizations non-compliance - notify parents by letter or phone call

Develop/update resource file on specific health issues and problems for use by students and/or staff

Meet with county health office

Hearing & Vision screens for grades K, 1, 3, 5, 7, 10 and any requests

Communicable disease report to county health office – weekly

## **October**

Complete CO 31 for return to Missouri Department of Health by October 15

Continue follow-up for immunization compliance

Mail out letters on immunizations due for October, November and December

Continue Hearing & Vision screens for grades K, 1, 3, 5, 7, 10

Communicable disease report to county health office - weekly

Nutrition program for grades K-2

## **November**

Immunization follow-up

Vision and hearing screenings 1st and 10th graders - 50%

Communicable disease report to county health office - weekly

Growth and Development film for 4<sup>th</sup> grade girls and 5<sup>th</sup> grade boys

Nutrition program grades 3-5

## **December**

Immunization follow-up

Spinal screening grade 7

Review individual student health records for completeness

Vision referrals completed - 75%

Hearing referrals completed - 75%

Communicable disease report to county health office – weekly

## **January**

Continue monitoring immunization records

Continue referral follow-up

Screen and/or rescreen new students for vision and hearing

Assist PE teachers with blood pressure screening - high school

Head lice check after Christmas break Central and West Elementary

Communicable disease report to county health office - weekly

### **February-March**

Review absentee records and new student records

Continue blood pressure and fitness level screening - high school

Mail out shots due in March, April and May

Spinal screening - 7th grade

Review records and rescreen as needed on vision and hearing

Dental program for kindergarten, 3rd

Dental screenings - 3rd and 4th grades

5th grade physical assessments provided by Mineral Area College RN program

Dental video presented to 3rd grade by local dentist

Communicable disease report to county health office - weekly

### **April-May**

Conduct pre-school screening

Mail notice on immunizations needed before the start of next school year

Review screening totals - strive for 90% completion

Review and order supplies and equipment

Develop tentative plan for next school year

Update permanent records with immunization information

Communicable disease report to county health office – weekly

## **SUPPORT STAFF LEAVES AND ABSENCES**

Consistent staffing is important to the learning environment and district operation and therefore is an essential duty of all employees. When an employee is routinely tardy, frequently absent or is absent for an extended period of time, the learning environment and district operations deteriorate, and students suffer.

Employees may be terminated for excessive absences or tardiness. Unless authorized by the Board or superintendent, or otherwise authorized by law, an employee's absence or tardiness is considered excessive if it:

1. Is for a reason not granted as paid or protected leave under Board policy.
2. Exceeds the number of days allotted by the Board for that particular leave.
3. Is for a reason authorized by Board policy but exceeds five day a month, 20 days in a semester or 40 days per school year.

The employee's salary will be docked if the absence or tardiness occurs for a reason not granted as paid leave under Board policy or if it exceeds the number of days the employee has been granted under a designated leave, even if the absence or tardiness is authorized by the Board or the superintendent.

No employee will be disciplined or terminated for absence qualifying for protection under the Family and Medical Leave Act (FMLA) or other applicable law.

The district may require an employee to present a certification of fitness to return to work whenever the employee is absent from work due to the employee's health.

Leave with pay will be provided to full-time support staff employees in accordance with the following guidelines.

Any support staff employees whose assignments call for 12 months of full-time employment will be entitled to 12 days of leave. Support staff employees whose assignments call for full-time employment only during the regular school term will be entitled to 10 days of leave. Any absences beyond 12 days for a 12 month employee or 10 days for employees that are employed during the regular school term will be considered sick leave and the employee must present a doctor's excuse upon returning to work. Leave days may be used for illnesses, to attend funeral or other personal business, at the discretion of the employee. An employee may use leave days for three consecutive days without giving a reason for the absence, unless taken in conjunction with a holiday. An employee may only take leave in conjunction with a professional development day or a scheduled day(s) off (i.e., first day of school, last day of school, holiday) if he or she is able to prove the leave was needed for reasons related to an illness, verified with a note from the physician or with prior approval of the superintendent. An employee may only use more than 3 consecutive days for the following reasons related to illness:

1. Illness, injury or disability of the employee. The Board reserves the right to require a physician's certification attesting to the illness or disability of the claimant and/or inclusive dates of the employee's incapacitation. The FMLA health certification procedures apply to FMLA-qualifying absences, even if such absences are paid sick leave.
2. Illness, injury or disability of a member of the immediate family. The Board defines "immediate family" to include spouse, parents, children, grandparents, grandchildren and siblings of an employee or employee's spouse and any other family member residing with the employee. ("Family" for FMLA purposes is more limited.)
3. Illness, injury or disability of other relatives, with permission granted by the superintendent.

Any unused days will be accumulated and may be used in following years. However, accumulated days may only be used for reasons related to illness detailed above and verified with a note from the physician. An absence of over 1-4 hours shall be counted as a half-day of leave.

A district employee may not use leave days during the period the employee receives Worker Compensation for time lost to work-related incidents.

Whenever possible, it is expected that requests for leave will be made in writing to the designated administrator at least 48 hours in advance of time leave is requested. However, 30 days notice is required by law if the leave qualifies as FMLA leave and such notice is practical. The administrator will respond promptly to the employee's written request.

To be paid for any leave days accumulated, the employee must notify their direct supervisor in writing of their intention to retire prior to March 15. If the 15<sup>th</sup> falls on a weekend, the Friday prior to the 15<sup>th</sup> will be the last day.

**Vacation:** All support staff employed on a 12 month basis will be entitled to 2 weeks of vacation for year 1-15. Three weeks of vacation will be awarded to employees who have 16-20 years of employment. Four weeks of vacation will be awarded to employees who have over 20 years of employment. An employee must submit a written request for vacation to his or her supervisor and receive written authorization before taking vacation days. If the employee's absence may disrupt district operations, the supervisor has the discretion to deny a request for vacation or to limit the time of year the employee may take his or her vacation.

A district employee may not use vacation days during the period the employee receives Workers' Compensation for time lost to work-related incidents.

**Holidays:** Thanksgiving Day, Christmas Eve, Christmas Day, New Years Day, Presidents' Day, Good Friday, Memorial Day, July 4<sup>th</sup> and Labor Day.

**Military Leave:** The Board shall grant military leave as required by law.

**Election Leave:** Any employee who is appointed as an election judge pursuant to state law may be absent on any election day for the period of time required by the election authority. The employee must notify the district at least 7 days prior to any election in which the employee will serve as an election judge. No employee will be terminated, disciplined, threatened or otherwise subjected to adverse action based on the employee's service as an election judge.

**Leave to Vote:** Employees who do not have 3 successive hours free from work while the polls are open will be granted a leave period of 3 hours for the purpose of voting. Requests for such leave must be made prior to election day, and the employee's supervisors will designate when during the workday the leave should be taken. Any employee who properly request leave to vote and uses the leave for that purpose will not be subject to discipline, termination or loss of wages or salary.

**Jury Duty Leave:** An employee will be granted paid leave for time spent responding to a summons for jury duty, time spent participating in the jury selection process or time spent actually serving on a jury. An employee will not be terminated, disciplined, threatened or otherwise subjected to adverse action because of the employee's receipt of or response to a jury summons.

#### **Pregnancy, Childbirth and Adoption Leave**

A pregnant employee shall continue in the performance of her duties as long as she is able to do so, and as long as her ability to perform duties is not impaired, based on medical opinion.

The employee may use accrued professional leave or vacation leave during periods of pregnancy-related disability and, if necessary, an unpaid leave of absence to begin at the time recommended by her physician. The employee shall return to duty when she is physically able, based on medical opinion, except that this paragraph creates no rights extending beyond the contracted period of employment.

Pregnant employees shall be treated the same as other employees who are similar in their ability or inability to work for all purposes under this policy.

An employee who is the primary caretaker of an adopted child will be provided the same leave opportunities afforded employees for pregnancy-related leave for the purpose of arranging for the child's placement or caring for the child after placement.

An employee must notify the district of the need for and anticipated duration of the leave at least 30 days before leave is to begin, if foreseeable. If 30 days notice is not practical, the employee must give as much notice as possible.

These rules are subject to pre-emption by the FMLA as necessary for FMLA-eligible employees.

## **Family/Medical Leave**

Leave that qualified for Family and Medical Leave Act protection will be administered in accordance with federal law.

### **Eligibility**

To be eligible for FMLA leave benefits, the employee must:

1. Have been employed in the district for at least 12 months (but not necessarily consecutively), and
2. Have been employed for at least 1,250 hours of service during the 12 month period immediately preceding the leave (full-time teachers are deemed to meet this requirement), and
3. Be employed at a worksite where 50 or more employees are employed by the district within 75 miles of that worksite, and
4. Provide the district at least a 30-day notice of an expected absence for foreseeable circumstances, if practical.

An absence may qualify for FMLA protection if it is for one (1) of the following reasons:

1. Birth and first-year care of employee's child.
2. Adoption of foster placement of a child with the employee.
3. Serious health condition of the employee or the employee's spouse, child, or parent.

### **Leave Protections**

Eligible employees who are absent for a FMLA-qualifying reason generally may return to the same position or equivalent position with equivalent pay, benefits, and working conditions at the conclusion of the leave, in accordance with law. Eligible employees are entitled to continued participation in the district's health plan as long as they are entitled to FMLA leave protection. However, an employee who fails to return to work after the expiration of his or her allowed leave time will be expected to reimburse the district for those benefits paid, as required by law.

### **Leave Application**

For all FMLA purposes, the district adopts a 12-month leave year beginning on July 1 and

ending the following June 30. All eligible employees are entitled to leave for a period not to exceed 12 workweeks per leave year. When an employee has an absence (taken as paid or unpaid leave) AND the absence meets the criteria to be an FMLA-qualified absence, the district may designate such absence as part of the employee's total annual FMLA entitlement. If any employee is on a Worker's Compensation absence due to an injury or illness that would also qualify as a serious health condition under the FMLA, the same absence may also be designated as FMLA-qualifying and charged against the employee's FMLA-protected time entitlement.

The district shall apply paid leave, including professional leave and vacation time, to an FMLA absence to the extent allowed by the law, giving proper notice to the employee. If an employee's accrued paid leave is exhausted but a FMLA-qualifying reason for absence persists, or a new FMLA-qualifying reason for absence occurs, the resulting absences will continue to be protected FMLA leave until the aggregate of 12 workweeks of designated FMLA leave has been reached, but such absences will be unpaid.

FMLA leave may be taken intermittently as required for the health of the employee or family member or as reduced-schedule leave in hourly increments. If intermittent leave or leave on a reduced schedule equals more than 20 percent of instructional time, the district may require instructional employees who take such leave due to medical reasons to take block leave or to find an alternative placement for the period of planned medical treatment. When an instructional employee on FMLA leave is scheduled to return close to the end of a school term, the district may elect to use a special rule to prolong the employee's leave until the beginning of the next school term, thus extending the leave beyond the period where an FMLA-qualifying reason exists. In such an instance, the prolonged leave time is unpaid and is not charged against the employee's annual FMLA entitlement. In cases where the special rules for instructional employees apply, the superintendent may apply those special rules or the general FMLA rules as best serves the interest of the district.

The district reserves the right to require certification of the serious health condition of the employee or employee's family member. Employees on FMLA-designated leave must periodically report on their status and intent to return to work. The district may also require that an employee present a certification of fitness to return to work.

### *Notice*

Information concerning the employee's rights under this act will be posted in accordance with law and will be provided in any employee handbooks that are distributed.

For any employee who is not eligible for the FMLA leave, including any employee who has exhausted available FMLA-protected leave, requests for leave and the use of benefits time shall proceed according to the district's established policies, and the procedural requirements of the FMLA shall not apply where they are not mandated by law.

**STUDENTS**  
**Policy 2750**

**Student Welfare**

**Wellness**

The District promotes healthy schools, by supporting wellness, good nutrition, and regular physical activity as part of the total learning environment. The District supports a healthy environment where children learn and participate in positive dietary and lifestyle practices. Schools contribute to the basic health status of children by facilitating learning through the support and promotion of good nutrition and physical activity. Improved health optimizes student performance potential. The goals of the District's wellness policy are as follows:

**1. Provide a comprehensive learning environment for developing and practicing lifelong wellness behaviors.**

The entire school environment, not just the classroom, shall be aligned with healthy school goals to positively influence a student's understanding, beliefs, and habits as they relate to good nutrition and regular physical activity. A healthy school environment should not be sacrificed because of a dependence on revenue from high added fat, high added sugar, and low nutrient foods to support school programs.

**2. Support and promote proper dietary habits contributing to student's health status and academic performance.**

All foods available on school grounds and at school-sponsored activities during the instructional day should meet or exceed the district nutrition standards. Emphasis should be placed on foods that are nutrient dense per calorie. To ensure high quality, nutritious meals, foods should be served with consideration toward variety, appeal, taste, safety, and packaging.

**3. Provide more opportunities for students to engage in physical activity.**

A quality physical education program is an essential component for all students to learn about and participate in physical activity. Physical activity should be included in a school's daily education program from grades K through 12. Physical activity should include regular instructional physical education, co-curricular activities, and recess. A goal of 150 minutes per week for elementary students, 225 minutes per week for middle school students, and 2 units for high school students during high school years.

**4. The District is committed to improve academic performance.**

Educators, administrators, parents, health practitioners, and communities should consider the critical role student health plays in academic stamina and performance and adapt the school environment to ensure students' basic nourishment and activity needs are met. To

ensure widespread understanding of the benefits to school environments where nutritious foods are provided and where students have an opportunity for physical activity, a public awareness campaign that highlights research demonstrating the positive relationship between good nutrition, physical activity, and capacity of students to develop and learn should be conducted.

**5. Establish and maintain a district-wide Nutrition & Physical Activity Advisory Council with the purposes of:**

- Developing guidance to this policy
- Monitoring the implementation of this policy
- Evaluating policy progress
- Serving as a resource to school sites
- Revising policy as necessary

**STUDENTS**

**Regulation 2750**

**Student Welfare**

**Wellness**

**1. Advisory Committee**

A district-wide Nutrition & Physical Activity Advisory Committee will be established. The Committee would meet a minimum of two times annually. Any existing School Health Advisory Council will serve as the nucleus for the Committee. The Committee will include members as specified by law. Responsibility of the Nutrition & Physical Activity Advisory Council may include, but not be limited to, oversight of the following:

- Implementation of district nutrition and physical activity standards
- Integration of nutrition and physical activity in the overall curriculum
- Assurance that staff professional development includes nutrition and physical activity issues
- Assurance that students receive nutrition education and engage in vigorous physical activity

The Nutrition & Physical Activity Advisory Committee will be responsible for preparing a report that includes, but is not limited to, the following information:

- Monthly district menus and meal counts
- Listing of all a la carte, vending, and competitive foods sold by school food service
- Listing of all other sales of foods throughout the district including vending machines, school stores, culinary, and special education programs, in-school and in-class fundraisers, etc.
- Listing of physical activity programs and opportunities for students throughout the school year.
- Outcomes of Committee activities.

## **2. Student Nutrition**

### The School Breakfast/Lunch Programs:

- The full meal school breakfast and lunch programs will continue to follow the USDA Requirements for Federal School Meals Programs.
- The School Food Service Program will follow the District's Nutrition Standards when determining the items in a la carte and "competitive foods" sales.
- The Food and Service Director must work closely with the Nutrition & Physical Activity Advisory Committee.

### Cafeteria Environment:

- A cafeteria environment that provides students with a relaxed, enjoyable climate that shall be developed
- The cafeteria is a place where students have:
  - o Adequate space to eat in clean, pleasant surroundings
  - o Adequate time to eat meals
  - o Convenient access to hand washing or hand sanitizing facilities before meals
- When possible recess time will be provided for elementary students before lunch.

### Fundraising:

All fundraising projects for sale and consumption of food items within and prior to the instructional day will be encouraged to follow the District's Nutrition Standards when determining the items being sold.

## **3. Student Nutrition Education:**

The District has a comprehensive approach to nutrition in Kindergarten through 12th grade. All K-12 instructional staff will be encouraged to integrate nutritional themes into daily lessons when appropriate. The health benefits of good nutrition should be emphasized. Lessons will focus on skills and positive aspects of healthy eating. The district nutrition policy reinforces nutrition education to help students practice these themes in a supportive school environment.

### Parent Nutrition Education:

Nutrition education may be provided in the forms of handouts, postings on the district website, articles and information provided in district or school newsletters, presentations that focus on nutritional value and healthy lifestyles, and through any other appropriate means available for reaching parents.

### Staff Nutrition & Physical Activity Education:

Nutrition and physical activity education opportunities will be provided to all schools staff at the elementary, middle, and high school levels. These educational opportunities may include, but not be

limited to, the distribution of educational and informational materials and the arrangement of presentations and workshops that focus on nutritional and healthy lifestyles, health assessments, fitness activities, and other appropriate nutrition and physical activity-related topics.

#### **4. District Nutrition Standards**

The District strongly encourages the sale or distribution of nutrient dense foods for all school functions and activities. Nutrient dense foods are those foods that provide students with calories rich in the nutrient content needed to be healthy. In an effort to support the consumption of nutrient dense foods in the school setting, the district has adopted the following nutrition standards governing the sale of food, beverage, and candy on school grounds. Schools are encouraged to study these standards and develop building policy using the following District Nutrition Standards as minimal guidelines.

##### Food:

- Encourage the consumption of nutrient dense foods, i.e. WHOLE GRAINS, FRESH FRUITS, VEGETABLES, and DAIRY PRODUCTS.
- Any given food item for sale prior to the start of the school day and throughout the instructional day, will have no more than 35% of its total calories derived from fat.
- Any given food item for sale prior to the start of the school day and throughout the instructional day, will generally have no more than 10% of its total calories derived from saturated fat.
- Nuts and seeds with minimal added fat in processing (no more than 3 grams of added fat per 1.75 ounce or less package size) are exempt from these standards because they are nutrient dense and contain high levels of monounsaturated fat.

##### Candy:

- Candy is defined as any processed food item that has:
  - a. Sugar (including brown sugar, corn sweetener, corn syrup, fructose, glucose (dextrose), high fructose corn syrup, invert sugar, lactose, maltose, molasses, raw sugar, table sugar (sucrose), syrup) is listed as one of the first two ingredients  
AND
  - b. Sugar is more than 35% of the item by weight.
- Vending sales of candy will not be permitted on school grounds.
- Non-vending sales of candy will be permitted ONLY at the conclusion of the instructional school day

#### **5. Student Physical Activity**

##### District Physical Activity Goal:

The District shall provide physical activity and physical education opportunities that provides students with the knowledge and skills to lead a physically active lifestyle. The District shall utilize the following Implementation Strategies:

- 1 Physical education classes and physical activity opportunities will be available to all students.
- 2 Physical activity opportunities shall be offered daily before school, during school (recess), or after school.
- 3 As recommended by the National Association of Sport and Physical Education (NASPE), school leaders of physical activity and physical education shall guide students through a process that will enable them to achieve and maintain a high level of personal fitness through the following:
  - Expose youngsters to a wide variety of physical activities
  - Teach physical skills to help maintain a lifetime of health and fitness
  - Encourage self-monitoring so youngsters can see how active they are and set their own goals
  - Individualize intensity of activities
  - Focus feedback on process of doing your best rather than on product
  - Be active role models
- 4 Introduce developmentally appropriate components of a health-related assessment to the students at an early age to prepare them for future assessments.
- 5 Physical education classes shall be sequential, building from year to year, and content will include movement, personal fitness, and personal and social responsibility. Students should be able to demonstrate competency through application of knowledge, skill, and practice.



## Evaluation

### **DISTRICT WELLNESS PROGRAM** *(Wellness Policy Implementation Evaluation)*

- 1 List each item in the district's wellness policy that requires implementation.
- 2 Use the key below to indicate in the "Implementation" column the degree to which that item has been completed.
- 3 In the remaining columns, use the key below to indicate the degree of cost, time, commitment and the level of difficulty.
- 4 Add the points for each of the items to determine the priority of the actions to be undertaken. Items with the most importance will have the highest score.

#### **Ratings Keys**

For column one (Implementation): 0 = Fully in Place 3 =Partially in Place

2 = Under Development 1 = Not in Place For all other columns: 3 = Very important, not expensive, little or no time and effort, very committed, not difficult 2 = Moderately important, moderately expensive, moderate time and effort, moderately committed, moderately difficult 1 = Not important, very expensive, very great time and effort, low level of commitment, very difficult

<b>Policy Item</b>	<b>Implementation</b>	<b>Importance</b>	<b>Cost</b>	<b>Time</b>	<b>Commitment</b>	<b>Difficulty</b>	<b>Total Score</b>
Committee Established							
Nutrition Guidelines Adopted							
Nutrition Education Goals Established							
Physical Education Goals Established							
School-Based Activities Assessed							
Curricula and Materials Evaluated							
Procedures Created							
Program and Policy Evaluated							