



Radiant
STEM Academy

STUDENT HEALTH POLICY

Everyone Is An Achiever

** Student Health Policy is subject to change*

STUDENT HEALTH

Health Related Matters

The following information is provided to acquaint you with the school health program and types of medical assistance available through the nurse's office. Any questions regarding the health program should be directed to the school administration.

Immunizations

According to state law, all students must provide the school a validated immunization record and no student will be admitted with an immunization series with a "past due" status. If a student should not be immunized for medical reasons, a certificate signed by a United States licensed physician stating that in the doctor's opinion the immunization required would be harmful to the health and well-being of the student or any member of the student's family or household must be presented. Annual renewal of this certificate is required unless the physician specifies a life-long contraindication. In addition to medical reasons, a student may be admitted to school without minimum immunization requirements if an affidavit signed by parent or guardian is presented stating that the student declines immunization for reasons of conscience, including a religious belief. The affidavit is valid for a two-year period and must be on the appropriate form.

School Health Program

- Vision and hearing screenings on all pre-kindergarten 4-year old, kindergarten, first, third, fifth, and seventh grade students and all students new to the district.
- Spinal screening on all fifth and eighth grade students.
- Making referrals when necessary.
- Maintaining health records on all students.
- Notifying parents when the student's immunizations are not up-to-date.
- Observing communicable diseases and reporting them to the state health department. Students with communicable diseases are not allowed to attend school. If a child is suspected of having a communicable disease, she/he must be kept at home. The parent must call the school office to report that the child has a particular disease. A child may return to school after having chicken pox only when all blisters have crusted over.
- Determining exclusions and admissions of students for health reasons.
- Maintaining a healthy school environment.
- Using basic first aid in handling emergency care of accidents and illness which occur at school during school hours.
- Assist the classroom teacher in teaching health education classes when requested to do so by the classroom teacher.
- All medical information will be shared with RSA personnel only on a need-to-know basis. If for any reason you do not want health information shared, the school must have this request in writing.
- Assist in the care of students with diabetes as requested by the parents. Such assistance must include the implementation of a diabetes management plan developed by the student's parents and physician.

Administering Medicine at School

In order for a child to receive prescription or non-prescription medication at school, the medication must be in its original container, clearly labeled, and accompanied by a note from the parent and/or guardian stating dosage, time, and dates to be administered.

Most pharmacists cooperate in giving duplicate bottles. The medication will be kept in the school office. No child should be in possession of medication while at school, except for the new provision under House Bill 1688. This bill allows a student to self-administer asthma prescription medication under certain guidelines. Please check the administrative staff for further information. Students may bring cough drops to school if accompanied with a note from the parent/guardian giving permission and directions to dispense. The child's teacher may keep the cough drops in the classroom.

Students whose schedules provide for regular time spent outdoors, including for recess and physical education classes, should apply sunscreen before coming to school.

For students at the elementary level, the student's teacher, nurse, or administration will apply sunscreen to a student's exposed skin if the student have kept the sunscreen to school and requests assistance with the application of the sunscreen. Nothing prohibits a student at this level from applying his or her own sunscreen if the student is capable of doing so.

For students at the middle school level, a student must keep the sunscreen at Nurse's room and apply sunscreen when necessary. If the student will need assistance with this application, please address the need for assistance with the school nurse or administration.

Whether a student is at the elementary or middle school level, if sunscreen needs to be administered to treat any type of medical condition, this should be handled through communication with the school nurse or administration so that the school is made aware of any safety and medical issues.

Middle school student with asthma or severe allergic reaction (anaphylaxis) may be permitted to possess and use prescribed asthma or anaphylaxis medication at school or school-related events only if he or she has written authorization from his or her parent and a physician or other licensed health-care provider. The student must also demonstrate to his or her physician or health-care provider and to the school nurse or administration the ability to use the prescribed medication, including any device required to administer the medication. If the student has been prescribed asthma or anaphylaxis medication for use during the school day, the student and parents should discuss this with the school nurse or administration.

In accordance with a student's individual health plan for management of diabetes, a student with diabetes will be permitted to possess and use monitoring and treatment supplies and equipment while at school or at a school-related activity. See the school nurse or administration for information.

What the School Cannot Do

- The administration or nurse cannot prescribe or give medication which is not prescribed by a doctor.
- The administration or nurse cannot diagnose illness of any kind.

- Accidents and illness which occur at home are not the responsibility of the school administration or nurse. These should be treated by the parent and/or doctor at the time that they occur and not the following day by the administration or nurse.
- The administration, nurse or school health aide will not remove stitches or staples, and will not wrap or re-wrap sprains, strains, fractures, or breaks. This must be done by the attending physician.

School Health Policy to Be used To Exclude Student

RSA follows the guidelines set by the Texas Department of Health.

- A student may be removed from the classroom for the following conditions: his/her temperature is 100 degrees or above, vomiting, diarrhea, rash with fever, suspected ringworm/ impetigo/ conjunctivitis, head lice, or other possibly contagious diseases or conditions.
- Student must be fever-free for 24 hours before returning to school without the use of fever-reducing medication. Some communicable diseases such as strep throat and conjunctivitis, require antibiotic therapy for 24 hours before readmission to school.
- Following chicken pox students must see clinic personnel and meet established readmission criteria in order to be readmitted to the classroom. A child may return to school after having chicken pox only when all blisters have crusted over.
- A student will not be admitted to school if vomiting, nausea, drowsiness, or have diarrhea. Students must be nausea, drowsiness, vomiting or diarrhea free for 24 hours before returning to school without the use of medication.
- Symptoms suggestive of acute illness (e.g. abdominal pain, chest pain, swollen glands around jaws, ears, and neck, etc.).
- Acute cold, sore throat, persistent cough.
- Red, inflamed or discharging eyes. Conjunctivitis (pink eye) can only be diagnosed by a physician. Students with “pink eye” will only be allowed in school after being treated with medication prescribed by a doctor.
- Acute skin rashes, eruptions, weeping skin lesions.
- Earache (acute) accompanied by drainage.
- Suspected contagious disease.
- Head lice. If a child is found to have live head lice, the parent will be notified and given instructions for treatment. The student will be sent home until she/he can be treated as prescribed. Students may return to school the same day after being treated. The student cannot return to school until all live head lice have been removed from the hair. The student’s hair must be checked by the administration or nurse before returning to the classroom. Parents have the responsibility of checking their student’s hair for head lice and other conditions of the scalp.

Expectation from Parents

- A complete health history of the student must be included on the student’s health information sheet so that the school can meet the health needs of the child.
- Keep your child home if she/he is sick.

- Notify the administration or nurse if your child cannot participate in strenuous physical activity. The administration or nurse will notify the teachers concerned regarding the restrictions on physical activity. The administration or nurse cannot give a student permission to refrain from physical education. A note from a physician must be sent to the teachers in this case.
- If a student has been ill with a specific illness (e.g. measles or chicken pox) and is absent from school, this should be stated clearly in the note explaining the reason for the absence.
- Keep all information current on the student's health card, including an emergency contact who lives in the area and who would be available to pick up the student from school when necessary.
- Teach your child the importance of practicing good personal hygiene.
- If any health problems should arise during the school year, notify the administration or nurse immediately.
- Transportation of a sick or injured child will be provided by the student's parents or the responsible person noted on the dismissal consent form. Because of liability laws, school personnel may transport a student only as a last resort.
- When illness requires the use of medication during school, a school official will administer it to the student. The parent must bring the medication to the front office where it will be kept in a locked cabinet. The medication must be in the original bottle with the student's name, name of medication, dosage and time to be given on the label. Parents must complete and sign a Medication Consent Form.
- Parents have the ultimate responsibility of keeping their student's immunization record up to date. When a child gets an immunization booster, the administration or nurse must be notified so that a copy of the updated immunization record can be made.

Student Illness Notification

When your child is ill, please contact the school to let us know he or she won't be attending that day. It is important to remember that schools are required to exclude students with certain illnesses from school for periods of time as identified in state rules. For example, if your child has a fever over 100 degrees, he or she must stay out of school until fever-free for 24 hours without fever-reducing medications. In addition, students with diarrheal illnesses must stay home until they are diarrhea free without diarrhea-suppressing medications for at least 24 hours.

If a student becomes ill during the school day, he or she must receive permission from the teacher before reporting to the administration or nurse. If the administration or nurse determines that the child should go home, the administration or nurse will contact the parent.

RSA is required to report certain contagious (communicable) diseases or illnesses to the Texas Department of State Health Services (TDSHS) or our local/regional health authority. The school administration or nurse can provide information from TDSHS on these notifiable conditions.

Contact the administration or nurse if you have questions or if you are concerned about whether or not your child should stay home.

Bacterial Meningitis (All Grade Levels)

State law requires the district to provide information about bacterial meningitis:

What is meningitis?

Meningitis is an inflammation of the covering of the brain and spinal cord. It can be caused by viruses, parasites, fungi, and bacteria. Viral meningitis is common and most people recover fully. Parasitic and fungal meningitis are very rare. Bacterial meningitis is very serious and may involve complicated medical, surgical, pharmaceutical, and life support management.

What are the symptoms?

Someone with meningitis will become very ill. The illness may develop over one or two days, but it can also rapidly progress in a matter of hours. Not everyone with meningitis will have the same symptoms. Children (over 2 years old) and adults with bacterial meningitis commonly have a severe headache, high fever, and neck stiffness. Other symptoms might include nausea, vomiting, discomfort looking into bright lights, confusion, and sleepiness. In both children and adults, there may be a rash of tiny, red-purple spots. These can occur anywhere on the body. The diagnosis of bacterial meningitis is based on a combination of symptoms and laboratory results.

How serious is bacterial meningitis?

If it is diagnosed early and treated promptly, the majority of people make a complete recovery. In some cases it can be fatal or a person may be left with a permanent disability.

How is bacterial meningitis spread?

Fortunately, none of the bacteria that cause meningitis are as contagious as diseases like the common cold or the flu, and they are not spread by casual contact or by simply breathing the air where a person with meningitis has been. They are spread when people exchange respiratory or throat secretions (such as by kissing, coughing, or sneezing).

The germ does not cause meningitis in most people. Instead, most people become carriers of the germ for days, weeks, or even months. The bacteria rarely overcome the body's immune system and cause meningitis or another serious illness.

How can bacterial meningitis be prevented?

Maintaining healthy habits, like getting plenty of rest, can help prevent infection. Using good health practices such as covering your mouth and nose when coughing and sneezing and washing your hands frequently with soap and water can also help stop the spread of the bacteria. It's a good idea not to share food, drinks, utensils, toothbrushes, or cigarettes. Limit the number of persons you kiss.

There are vaccines available to offer protection from some of the bacteria that can cause bacterial meningitis. The vaccines are safe and effective (85–90 percent). They can cause mild side effects, such as redness and pain at the injection site lasting up to two days. Immunity develops within seven to ten days after the vaccine is given and lasts for up to five years.

What should you do if you think you or a friend might have bacterial meningitis?

You should seek prompt medical attention.

Where can you get more information?

Your school nurse, family doctor, and the staff at your local or regional health department office are excellent sources for information on all communicable diseases. You may also call your local health department or Regional Department of State Health Services office to ask about a meningococcal vaccine. Additional information may also

be found at the websites for the Centers for Disease Control and Prevention Department of State Health Services, and the .

Please note that the TDSHS requires at least one meningococcal vaccination for a student ages 11 to 12 or for a student enrolling in grades 7–12, and state guidelines recommend this vaccination be administered between ages 11 and 12, with a booster dose at 16 years of age.

Food Allergies

RSA requests to be notified when a student has been diagnosed with a food allergy, especially those allergies that could result in dangerous or possibly life-threatening reactions either by inhalation, ingestion, or skin contact with the particular food. It is important to disclose the food to which the student is allergic, as well as the nature of the allergic reaction. Please contact the administration, nurse and teachers if your child has a known food allergy or as soon as possible after any diagnosis of a food allergy.

RSA has developed and annually reviews a food allergy management plan, which addresses employee training, dealing with common food allergens, and specific strategies for dealing with students diagnosed with severe food allergies. When the school receives information that a student has a food allergy that puts the student at risk for anaphylaxis, individual care plans will be developed to assist the student in safely accessing the school environment.

Head Lice

Head lice, although not an illness or a disease, is very common among children and is spread through head-to-head contact during play, sports, or nap time and when children share things like brushes, combs, hats, and headphones. If careful observation indicates that a student has head lice, the school nurse will contact the student's parent to determine whether the child will need to be picked up from school and to discuss a plan for treatment with an FDA-approved medicated shampoo or cream rinse that may be purchased from any drug or grocery store. The child's teacher will be notified and classroom control measures will be instated. After the student has undergone one treatment, the parent should check in with the administration or nurse to discuss the treatment used. In addition, the administration or nurse will perform daily head checks on the child until there are no lice present. The nurse or administration can also offer additional recommendations, including subsequent treatments and how best to get rid of lice and prevent their return. Mass screening for live lice is no longer recommended. RSA will send out Parent Notification Letters if over half of the students in the class have nits. For questions on this matter please contact RSA administration.

More information on head lice can be obtained from the Texas Department of State Health Services (TDSHS) website. <http://www.dshs.texas.gov/schoolhealth/lice.shtm>