

## **STUDENT HEALTH SERVICES AND RECORDS**

The purpose of the school health program shall be to supplement the efforts and guidance of parents to bring about an awareness on the part of students for regular health care.

The objectives of the school health program are:

1. To promote good health habits among students.
2. To stimulate a sanitary, safe and healthful environment in school.
3. To assist in the identification and referral to appropriate health care providers for medical, psychological and physical needs.

### Health Records

Health records shall be maintained by the nursing staff and in a separate and secure health file in the school health office.

Access to the health files shall be limited to only those school personnel who have a specific and legitimate educational interest in the information for use in furthering a student's academic achievement or maintaining a safe and orderly teaching environment.

The nursing staff shall maintain a log showing who has been given access, when access occurred and to which specific records.

### Annual Screening Programs

The sight and hearing of all students in kindergarten, first, second, third, fifth, eighth, tenth grades and preschool children or students in comparable age groups referred for testing shall be tested during the school year by the school nurse, teacher, principal or other qualified person authorized by the school district, as required by law.

The parents or guardian shall be informed when a deficiency is found.

This provision shall not apply to any student whose parents or guardians object on religious or personal grounds.

### Dental Health

The school district shall participate in programs to encourage good dental health, including instruction, dental examination clinics when available and referrals to agencies which can provide aid for those in need.

### Communicable Diseases

Students showing symptoms of a communicable disease, an infectious condition, or illness of disability or a serious nature shall be referred to the school nurse. The school nurse shall report to the principal for appropriate action the names of students with communicable diseases.

Adopted: January 1975  
Revised: August 27, 1985  
Revised: April 21, 1992  
Revised: September 4, 2001

C.R.S. 22-1-116

C.R.S. 22-32-109(i)(ee) (duty to adopt a policy prohibiting personnel from recommending or requiring certain drugs for students or ordering behavior tests without parent permission)

C.R.S. 22-32-110 (1) (bb)

C.R.S. 22-33-106 (2)

C.R.S. 25-4-901 *et seq.*

C.R.S. 25-6-102

20 U.S.C. 7906 (prohibition against the use of Title I funds to operate a program of contraception in the schools contained in No Child Left Behind Act of 2001)

CROSS REFS.: GBEB, Staff Conduct  
JF, School Admissions to/Withdrawals from School  
JHD, Exclusions and Exemptions from School Attendance  
JLCB, Immunization of Students  
JCC, Communicable/Infectious Diseases  
JCCA, Students with HIV/AIDS  
JLCD, Administering Medicines to Students  
JLCEA\*, Students with Special Health Needs

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**MONTEZUMA-CORTEZ SCHOOL DISTRICT RE-1  
CORTEZ, COLORADO  
POLICIES FOR HEALTH SERVICES**

Purpose:

To promote, improve and conserve the health of the school aged child.

To make available health knowledge upon which health attitudes and practices can be built to benefit not only the health status of the student but also family and community.

Policies:

1. The primary responsibility for the health of the school child shall rest with their parents/guardians.
2. The school, the private physician, health and other concerned agencies, cooperative with parents in the attainment and maintenance of the best possible health status for each individual child.
3. The medical advisor will be Dr. G. W. Griebel
4. Review of school health policy and program will be done by the school administrator, medical advisor and the nurses at yearly intervals and as indicated by need at other times.
5. The School health Program activities shall be:
  - (a) The nurses will make visits to all Re-1 schools according to their schedules, and be on call during school hours.
  - (b) The nurses will act as members of the staffing team, contacting parents and doing a health assessment; attend staffings on those with health problems and document time spent on these students
  - (c) The nurses will be members of the substance abuse team and attend meetings when possible.
  - (d) The nurse will act as a member of the Child Protection Team and attend meetings every other Thursday.
  - (e) Indigent children in need of prescription medicine or warm clothing will be assisted in obtaining these through the American Legion, Child Welfare, or Emblem Club.
  - (f) The nurses will keep health records on all school children and also make Health Care Action Plans for students with life threatening health problems.
  - (g) The nurses will assist with the mandatory immunization law.
  - (h) The nurses will assist parents in referrals of their children to Public Health Clinics when indicated
  - (i) Vision Screening will be done for K-1-2-3-4-5-8-10 and preschool children. Help with glasses for indigent children will be sought. Follow-up information will be obtained and recorded.
  - (j) Hearing screening will be done for K-1-2-3-4-5-8-10 and preschool children. Follow up will be done with the audiologist and parents and recorded
  - (k) The nurses will present the maturation program to 5th grade students.
  - (l) The nurses will act as consultants and assist with the K-12 Health Program as schedule permits.
  - (m) Vision and hearing screenings will be offered to private school students in Re-1 school district as schedule permits.
  - (n) The school district shall participate in programs to encourage good dental health, including instruction and referral agencies which can provide aid for those in need.
  - (o) Nurses will participate in conferences with teachers and counselors in the elementary and secondary schools regarding children with problems.
  - (p) Children with head lice or nits will be required to show evidence of a pediculocidal treatment before returning to school. Nurses will inform parents of necessary treatments for the home environment.
6. The school district strongly recommends that all students entering kindergarten and seventh grade should have had a recent physical.
7. Exclusions from and readmission to school are, by law, vested in the School Board. On matters of health, the administrator consults with the nurses serving the schools, the medical advisor and/or the County and/or the State Health Department.
8. The teacher is in daily contact with children and therefore is in the unique position to recognize deviations and refer them to the nurses.
9. In case of questions concerning first aid care, please refer to the Flip Chart-Emergency Care for School Personnel. For questions concerning sickness, please refer to the Flip Chart - Infectious Disease for School Personnel. For dental injuries, Flip Chart Dental First Aid. These Charts are posted in all sick rooms in all schools and are furnished by the Colorado Department of Health to be used in all Colorado Schools.

10. Medications should be given according to the following policy:
- (a) If under exceptional circumstances a child is required to take oral medication during school hours and the parent cannot be at school to administer medication, only the school nurses or the principal's designee will administer the medication in compliance with the school's regulations.
  - (b) Written orders from the student's physician should be on file in the school stating:
    - (1) Child's name
    - (2) Name of drug
    - (3) Dosage
    - (4) Purpose of the medication
    - (5) Time of day medication is to be given
    - (6) Anticipated number of days it needs to be given in school
    - (7) Possible side effects
  - (c) The medication must be brought to school in a container appropriately labeled by the pharmacy or physician.
  - (d) A specific place should be provided in the school for the storage of medication. It should be provided with a lock.
  - (e) A school nurse shall organize a practical plan for the administration of medication. The precise time and medication dose should be clearly stated, so that in the absence of a nurse specific directions are available.
  - (f) An individual record shall be kept of such prescription medications administered by school personnel (see form attached).
  - (g) When a student is mature enough and capable of taking their own medicine, they may bring their daily dosage with them in a clearly marked container with student name, name of medication, time to be taken, date and parent signature, thus relieving school personnel of the responsibility and need of keeping drug supplies on hand. The teacher may need to remind the student when to take their medicine. Students with unidentified medication in their possession or students sharing medication with other students may be subject to disciplinary action under "drugs at school" policy.
  - (h) In those situations when a child is too immature or otherwise not capable of assuming responsibility for their drug, the parents, teacher, nurse and administrator should work out a plan most feasible for the individual situation.
  - (i) Generally speaking, arrangements should be made to have medicines given at other times than during school hours so that the school does not have to assume the responsibility of administering drugs unless necessary.

### PROCEDURES FOR HANDLING SICK STUDENTS

Teachers are generally the first ones to notice that a child has become ill while at school or has come to school in poor health. Regardless of the person who first notices that a student is ill, this procedure will be followed in case a school nurse is not at school. (In the event a nurse is there, students should be sent directly to her.)

1. Sick students should be sent to the office with another child. The second student acts as an aide and could immediately report to anyone should the sick person faint or need adult help.
2. Office personnel, either the principal or the secretary, shall administer the help and care necessary while they determine the extent of illness.
3. In the case the child is too ill to remain at school, the parents are to be notified immediately.
4. In the event the parents cannot be reached by phone or it is found that neither parent is home, the emergency contact person will be notified; if unable to contact, the student should be kept at school.
5. Sick students should not be left alone in the nurse's room for extended periods of time.
6. In case the principal or secretary is in doubt as to the extent or the illness, a nurse should be contacted to consult with the child. Students shall not be transported home without administrative approval.
7. Any student sustaining a significant bump on the head during school hours should have a "bump on the head" form sent home.

Approved: August 17, 2004