

# Simsbury Health Information Guidelines

Welcome to Simsbury Public School Health Services.

Each school in Simsbury has a registered nurse who has expertise in school health and pediatric care. State of Connecticut mandated screenings, immunization compliance and mandated physical examinations are managed and documented by your school nurse.

We ask parents/guardians to notify their school nurse if their child has any medical concerns, e.g. allergies, experiencing a stressful situation, chronic illness, vision or hearing difficulties, recent surgery etc. The school nurse will work with the child's physician, parent/guardian and other school personnel to meet special health needs in school so that the child may benefit from his/her educational program.

## 1. IMMUNIZATIONS:

It is the policy of the Simsbury Board of Education to require each child enrolled in its public schools to be adequately immunized in accordance with state law. In furtherance of this policy, the Board authorizes the Administration to establish regulations outlining the immunization requirements applicable to district students. These regulations shall include the permissible exemptions from the various immunization requirements to the extent allowed under state law, and may include any other necessary procedures and requirements relevant to the conduct and recording of required immunizations.

**Administrative Regulations Regarding Immunizations:** In accordance with state law, the Simsbury Board of Education requires each child to be protected by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B, hepatitis B, varicella and any other vaccine required by the schedule for active immunization as determined by the Commissioner of Public Health pursuant to Conn. Gen. Stat. § 19a-7f, prior to enrolling in any program or school under its jurisdiction.

In accordance with state law, the Simsbury Board of Education shall not be liable for civil damages resulting from an adverse reaction to a non defective vaccine required to be administered by state law.

The Board of Education designates the Director of Health Services as the representative for receipt of reports from health care providers concerning student immunizations.

## 2. COMMUNICABLE/INFECTIOUS DISEASES:

Parents should report all cases of communicable diseases to the school nurse. Students with any medical condition which within the school setting may expose others to infectious disease may be excluded from school and referred for medical treatment. The student may return to school upon treatment and having been seen by the school nurse.

## ***When To Keep Your Child Home From School***

While it is important for your child to be in school in order to learn, it is equally important that when your child is ill, she/he should stay home. Please review the following guidelines for when to keep your child home. If you have any questions, please feel free to call your school nurse for advice or guidance.

Exclusion decisions will be made by the school nurse in collaboration with the nursing supervisor and medical director.

The following are guidelines for keeping your child home when ill. The information has been taken from the *American Academy of Pediatrics, Managing Infectious Diseases in Child Care and Schools*, published 2017.

The American Academy of Pediatrics and the CDC have determined 3 key criteria for keeping your child home from school. Most illnesses do NOT require your child to stay home from school.

### **The 3 key criteria to keep your child home:**

- Your child cannot participate comfortably in activities as determined by school nurse or designated staff member
- Your child's illness results in care that is greater than staff members can provide without compromising the health and safety of other children.
- Your child's risk of spread of harmful disease to others on the list of specific exclusion conditions below. A health professional may determine the child's condition does not require your child to remain home.

You should plan to keep your child home if your child:

**Looks severely ill.** This would include a lack of responsiveness, lethargy, irritable, persistent crying, difficulty breathing, or has a quickly spreading rash.

**Has a fever** (temperature of 100.4 degrees for children older than 2 months of age that is accompanied by behavior change or other signs and symptoms ( that may include a sore throat, rash, vomiting, diarrhea)

**Has diarrhea.** Defined by stool that is occurring more frequently or is less formed in consistency than usual. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing "accidents." Do not send your child to school whose stool frequency exceeds 2 stools above normal per 24 hours.

**Is vomiting, 2 or more times in the previous 24 hours,** unless the vomiting is determined to be caused by a non-communicable or noninfectious condition and the child is not in danger of dehydration.

**Has abdominal pain** that continues for more than 2 hours or intermittent abdominal pain associated with fever or other signs and symptoms.

**Has mouth sores** with drooling that the child cannot control unless the child's primary health care provider or local health department authority states the child is noninfectious.

**Has a rash** with fever or behavioral changes, until a primary care provider has determined the illness is not a communicable disease.

**Has skin sores** that are weeping fluid and are on an exposed body surface that cannot be covered with a waterproof dressing

Has other conditions with specific diagnoses as follows:

**Strep throat:** Do not send to school until an appropriate course of an antibiotic has begun. Return to school when the child has a dose on the day of the diagnosis and another dose on the morning before returning to school.

**Head Lice:** Do not send to school if child has not been treated after family has been notified at the end of the prior day. Exclusion is not necessary before the end of the school day.

**Scabies:** Do not send to school if child has not been treated after being notified at the end of the prior day. (Note: Exclusion is not necessary before the end of the school day.)

**Ringworm:** Do not send to school if child has not been treated after being notified at the end of the prior day. (Note: Exclusion is not necessary before the end of the school day.)

**Impetigo:** Do not send to school if child has not been treated after being notified at the end of the prior day. (Note: Exclusion is not necessary before the end of the school day as long as lesions are covered.)

**Chickenpox (varicella):** all lesions must be dried or crusted (usually 6 days after onset of rash) and no new lesions have showed for at least 24 hours

---

**Head Lice Infestation:** Current public health standards and research-based recommendations indicate that routine screening and management at home are the key factors in the effective control of head lice. Therefore, our emphasis is on prevention through parental education, collaboration and communication. Mass screenings for head lice are no longer conducted routinely in our schools. Not only are they ineffective as a method of control but also they result in loss of instructional time, misdiagnosed cases, and stigma for children who are sent home in the middle of the day. Head lice do not cause disease and, when first identified on a head, have usually been resident there for a few weeks. They are very annoying and are sometimes difficult to get rid of, but they are not dangerous. Head lice are usually best controlled when managed through a combination of mechanical and chemical means, along with housekeeping techniques currently recommended by public health experts. If you have any

questions about this topic, or if you need information about prevention or management, please contact your school nurse.

---

**Communicating with the School Nurse:** Please alert the school nurse:

- If your child has a health condition that may require individualized planning for emergency care, safety in school, health care services, or evacuation; and
- Of changes in your child's health status, including illness, injury, hospitalization or a change in treatment or medication.
- A student who becomes ill in school must report to the nurse. The student should report to class or study hall and obtain a pass before going to the health office. However, if the illness is sudden or severe, or if an emergency situation arises, the student should notify the nearest teacher or administrator and go immediately to the nurse. Unless directed to do so by the nurse, no student may remain in the health office for more than fifteen minutes. If a student remains in the health office for more than 45 minutes, they will be required to notify a parent/guardian.

Please also note the following instances when communication with you or your child's physician is essential:

- Following a student's hospitalization, surgery, casting, stitches or serious illness, parents/guardians must provide a note from the student's physician indicating: diagnosis, relevant treatment plan, readiness to return to school, and activity restrictions or authorization to participate in all activities. Students requiring the use of crutches in school must have a physician's order for the crutches.
- Parents/guardians should consult the school nurse if they anticipate that their child may be absent for medical reasons for one or more weeks. The school nurse will obtain necessary medical information and initiate school/team decision making and planning to support the student, as indicated. Please contact the school nurse in advance of a planned long term absence or, in an emergency, quickly thereafter.

### **3. PHYSICAL EXAMINATIONS**

School health legislation requires that each child entering kindergarten (starting date of registration) or grades 7 and 11 must present written proof of a physical examination (taken within 12 months of the last day of school) to the school nurse on or before the last day of school or the child will not be permitted to enter school. A tuberculin screening must be recorded on the student's physical.

Transfer students entering any other grade who have no previous record of a physical examination must show proof of a physical examination, including a screening for tuberculosis. This examination must be performed and signed by a licensed U.S. physician prior to registration. This information must be recorded on the State of Connecticut Department of Education Health Assessment Record ("Blue form")

administered within 12 months of the date of registration. Transfer students must present complete health information to the nurse and may not register until all health data is approved.

#### **4. SCREENINGS**

The Board of Education will provide annually to each student enrolled in kindergarten, grades one, three, four and five, a vision screening using a Snellen chart or equivalent screening. The school nurse shall give written notice to the parent or guardian of each student who is found to have any defect of vision or disease of the eyes, with a brief statement describing the defect or disease. The Board of Education will provide annually to each student enrolled in kindergarten, grades one, three, four and five, audiometric screening for hearing. The school nurse shall give written notice to the parent or guardian of each student who is found to have any impairment or defect of hearing, with a brief statement describing the impairment or defect. The Board of Education will provide annual postural screenings for female students in grades five and seven; and for male students in grades eight. The school nurse shall give written notice to the parent or guardian of each student who evidences any postural problem, with a brief statement describing such evidence. All of the screenings required under these administrative regulations will be performed in accordance with regulations applicable to such screenings as adopted by the State Board of Education.

#### **5. ILLNESS AND ACCIDENTS**

If a child becomes ill or seriously injured at school, parents will be notified and will be expected to provide immediate transportation. If it is impossible to contact the parents, the services of a physician may be sought by a school nurse or members of the professional staff. Parents should ensure that the school health office has current emergency data including a designated adult to take charge of the child if the parents cannot be reached. Please notify the school for any changes during the school year. First aid will be administered by the nurse or authorized person for all minor injuries received going to or from school and at school. It is not the responsibility of the school to provide for other treatment.

#### **6. REPORTING OF ACCIDENTS**

All accidents which occur at school or enroute to or from school are to be reported to the office immediately.

#### **7. OUTSIDE RECESS**

Recess is a component of the regular school program. Children are expected to come to school properly clothed for the weather conditions. Written parent requests for exclusion from recess will be honored for a reasonable length of time. Extended exclusion requires a physician's written statement.

#### **8. MEDICATION POLICY—PRESCRIPTION and NON-PRESCRIPTION**

In compliance with Connecticut State Law and Regulations of the State Department of Education Section 10-212a-1, the Simsbury Board of Education requires an authorized prescriber (physician, dentist, optometrist, advanced practice registered nurse or physician assistant) written authorization for a nurse

or other authorized staff member to administer medication in school. Medication must be in a pharmacy prepared container, or the original container and brought to school by the parent/guardian. It must be labeled with the name of the child, the name of the drug (brand name and generic name), the strength, dosage and frequency, along with the authorized prescriber's name. The form on the reverse side of the policy must be completed by an authorized prescriber ordering the medicine and by the parent/guardian. Written permission from the parent for the exchange of information between the prescriber and the school nurse is necessary to ensure the safe administration of such medication. Please ask the pharmacist for a school container as well as a container for home when a prescription is taken to the pharmacy. The pharmacist will supply a second container for administration of medicine in school. Any medication received in a non-pharmaceutical container will not be administered. No more than a 3 month supply of a medication for a student will be stored at the school. Please remember that all medication must be brought to school by the parent/guardian and delivered only to the school nurse or in absence of the nurse, other qualified personnel (principal or certified teacher) trained in medication administration and assigned to the school. It must be picked up in the same manner; otherwise, it will be discarded. The Board of Education will permit those students deemed capable to self-administer nonprescription and/or prescribed emergency medication, including rescue asthma inhalers and automatic prefilled cartridge injectors such as epi-pens for medically-diagnosed allergies, and will permit such students to self-administer other medications, *excluding* controlled drugs as defined in Section 10-212a-1 of the Regulations of Connecticut State Agencies, provided: (a) an authorized prescriber provides a written medication order for self administration; (b) a parent/guardian or eligible student provides written authorization for self-administration of medications; (c) a school nurse has assessed the student's competency for self-administration in the school setting and deemed it to be safe and appropriate.

## **9. MEDICAL APPOINTMENTS**

Pupil medical appointments should be made, whenever possible, so as to avoid taking a child out of school.

[Immunization Requirements for students enrolled in Connecticut Schools](#)