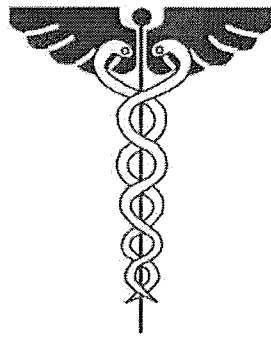


# School District of McFarland



## Health Services Handbook

2015-16

## District Health Services Staff

The School District of McFarland maintains a student health office in each school. The office is open during school hours. The Health Office Staff have knowledge and training in first aid procedures to assist students with daily health concerns. Training, supervision, and coordination of district health services are the responsibility of the District Nurse who is available Monday through Friday and rotates on-site coverage between all buildings. In addition, the District Nurse collaborates with the Dane County Public Health Nurse to provide a variety of screening and health education programs. The following staff may be contacted for student health related concerns:

Director of Integrated Student Services	David Witte	838-4514
Nurse Staff:	Alison Potter, RN, BSN, MS	838-4500, ext. 4761
Health Assistants	Toni Hovel, RN, BSN	838-4500, ext. 4902
	Julie Panka, C.N.A.	838-4500, ext. 4902
Conrad Elvehjem Early Learning Center:	Emily Broome, Adm. Asst.	838-3146, ext. 4652
McFarland Primary:	Lindy Birringer, Bldg. Adm. Asst.	838-3115
Waubesa Intermediate:	Arlene Bast, Bldg. Adm. Asst.	838-4600
	Emily Richardson, Health Asst.	838-4500, ext. 5454
Indian Mound Middle:	Mary Davis, Adm. Asst.	838-8980
McFarland High School:	Katie Lowrey, Adm. Assistant	838-3166, ext. 4762

## IMMUNIZATIONS

Childhood immunizations are an effective intervention in preventing a variety of diseases that can affect children. Immunizations in the form of vaccines can prevent children from contracting these diseases thus eliminating the threat of severe disabilities. State statute 252.04 requires that all students K through 12 must meet minimum immunization requirements before admission to school.

Waivers (student excused from obtaining vaccination) can be claimed for medical, personal conviction, or religious reasons. To claim a waiver, a physician and parent/guardian must complete a form and return it to the school health office.

The school health office maintains a copy of the student immunization form upon admission to school. It is important that parents relay dates of additional vaccines as age and grade requirements advance in order to record updates accurately:

Please complete the student immunization record in this packet and return it to the Conrad Elvehjem Health Office **within 30 days of the start of the school year.**

DEPARTMENT OF HEALTH SERVICES  
Division of Public Health  
P-44021 (Rev. 07/13)

STATE OF WISCONSIN  
s. 252.04, Wis. Stats.

### STUDENT IMMUNIZATION LAW AGE/GRADE REQUIREMENTS 2014 SCHOOL YEAR and Beyond

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

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

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



## GUIDELINES FOR ASSESSING YOUR CHILD'S HEALTH

We encourage students to remain at home when they are sick, however students do need to attend school consistently to be successful in classes. The patterns that children develop regarding health and illness often carryover into future school years as well as into adulthood and the work world. We consider school your child's "job", and attendance is a crucial aspect to success. Our goal is to work with students, parents, and staff to promote optimal health thus creating the best environment for learning.

### **Guidelines for you to use in deciding if your child should stay home or go to school:**

1. **TEMPERATURE:** Your child's temperature should be below 100 °F for 24 hours without use of medication to reduce fever before returning to school. If your child has a temperature of 100°F or higher, this usually indicates an infection of some nature. If this same elevated temperature is discovered at school, we will be contacting you at home/work to ask that you take him/her home.
2. **COLDS/FLU:** Upper respiratory infections are caused by a virus. We recognize that no one feels good when they have a "cold", yet some viruses may last as long as three weeks. Extra rest and plenty of fluids will improve symptoms, and if phlegm or drainage turns green, contact your doctor as this may indicate an infection in need of antibiotics.
3. **HEADACHES:** Students are encouraged to remain in school with headaches. If your child has frequent headaches, keep a log of when the headache occurs, what relieves the headache, and how long they last. Over the counter or prescription medication may be kept in the school office according to district policy for occasional use such as migraine headache relief.
4. **STOMACHACHES:** Students are encouraged to remain in school with stomachaches unless the pain or discomfort is associated with a temperature greater than 100°F, vomiting, diarrhea, or lethargy. For elementary age students, stomachaches may occur easily with anxiety or stress and often times a short rest or discussion about the source may relieve the pain so that they may return to class. If your child has a food allergy or is lactose intolerant, please inform the Health Office Staff so that proper information is communicated as to what action must be taken for ingestion of allergic substances.
5. **LICE:** Lice are tiny insects that live in human hair. They lay their eggs directly on the hair shaft, close to the scalp. These eggs are called "nits" and stick to the hair. They spread easily among children when personal items are shared such as combs, brushes, and hats. Encourage your child not to share these items. Presence of live lice in the hair will constitute exclusion from school. Once treatment is obtained, the student needs to be checked for absence of live lice before readmission is allowed. Information on lice treatment is available from the school nurse or Dane County Public Health Dept.
6. **ASTHMA:** Students with asthma who require inhalers must have physician and parental consent to either have them kept in the school office or to carry them in a backpack. If your child has asthma that is not well controlled, please alert the school nurse so that an action plan can be set up to manage any asthma "attacks". Below are suggestions on when to send/not to send a child with asthma to school.

#### WHEN TO GO TO SCHOOL

Stuffy nose but not wheezing  
Slight wheezing that goes away with medicine  
Able to do usual activity  
No extra effort needed to breathe  
Peak Flow in the Green Zone

#### WHEN TO STAY HOME

Infection, sore throat, painful neck glands  
Fever over 100°F, face hot or flushed  
Wheeze and cough persists 1 hr after medicine  
Difficult, fast breathing, can't do activities  
Peak Flow in the Yellow or Red Zone

## MEDICATION GUIDELINES

Prescription and over-the-counter medication may be administered to students during the school day on either a routine or as needed basis. Students are permitted to carry their own asthma inhaler. In order for medications to be given by district employees, or for students to carry their own inhaler, proper consent forms must be completed by the student's health care provider and parent/guardian per school board policy 453.4. **Copies of these required forms are located on the next page of this handbook and extra copies are available in each of the school offices.**

A record of all medication given at school is maintained daily. If a student exhibits any unusual behavior while or after taking the medication, or refuses to take prescribed medication, the parent/guardian will be notified immediately. The District Nurse provides training to designated staff for medication that needs to be injected. Please let the school Health Office know if you want your child to have their scheduled medication on in-service days. At the end of the school year, all remaining medication must be retrieved within ten days by a parent or guardian or it will be discarded. Teaching staff will not be responsible for administering non-emergency medication, i.e. prescription or non-prescription oral medication.

**All medication sent to the school must be sent in the original container and properly labeled with the following information:**

1. Student's full name
2. Name of medication and dosage prescribed
3. Time that medication should be given
4. Physician's name and phone number (prescribed medication only) \*

**\*Physicians offices/and parents may fax a written order and consent to:**

**IMMS: 838-4588**  
**MHS : 838-3074**  
**Primary: 838-4612**  
**WIS: 838-4613**  
**CEELC: 838-4503**

School District of McFarland  
Health Services  
McFarland, WI 53558

**MEDICATION ADMINISTRATION CONSENT FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication Name/ Dose / Route: \_\_\_\_\_

Time of Dose to be Given: \_\_\_\_\_

Duration: Start \_\_\_\_\_ Stop \_\_\_\_\_

**PHYSICIAN / PRACTITIONER SECTION**

**(Complete for prescription medication and/or inhaler)**

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect, and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in language of the lay person. I further agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

**Possible Side Effects:** \_\_\_\_\_

Physician / Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Clinic Location \_\_\_\_\_ Phone \_\_\_\_\_

**Student Self-Administration of Inhalers:** This student has been instructed on the proper use of an inhaler. The student is responsible and has permission to carry an inhaler on his/her person.

Physician Signature \_\_\_\_\_ Clinic Phone: \_\_\_\_\_

**PARENT SECTION**

**(Complete for prescription, non-prescription, and/or inhaler)**

I give my permission to the designated school personnel to give the above. I agree to hold the McFarland School District and the persons designated to administer the above medication harmless in any events arising from the administration of this medication. I agree to notify the school, in writing, of any change in the above orders. I further agree to keep the supply of the medication replenished as needed, as I understand only a month supply can be stored at the school. All medications must be retrieved by a parent or guardian within ten days of the end of the school year, or they will be discarded.

**Medications must be in their original containers and labeled with:**

1. Students name
2. Medication name and dosage
3. Time of dose(s) to be given
4. Physicians name.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Is Medication to be given on Early Release Days? Yes or No (Please Circle Choice)

Parent/Guardian Signature \_\_\_\_\_ Daytime Phone \_\_\_\_\_

School Nurse Signature \_\_\_\_\_ School Year \_\_\_\_\_

Fax # MHS 838-4562 IMMS 838-4588 WIS 838-4613 MPS 838-4612 CE 838-4503

## Food Allergy Guidelines

Parents are asked to assist the school in the prevention, care, and management of students with food allergies. As a precaution, parents bringing in food for snacks, parties, or celebrations are asked to check with the homeroom teacher for any food restrictions that may apply. Parents who have children with life threatening food allergies are asked to follow these guidelines:

- Inform the district nurse in writing of your child's allergies prior to the beginning of the school year so that an emergency action plan can be developed and be in place when school starts.
- Be prepared to provide updated Epi-pens and other necessary medication with completed medication consent forms upon the start of the school year. (See below for medication forms and procedure guidelines)
- Provide a medic-alert bracelet for your child, if developmentally ready.
- Notify any before or after school supervisors of your child's allergy and plans for emergency treatment. Notify bus driver if necessary.
- Review monthly menu and provide cold lunch when school hot lunch is not appropriate for your child.
- Encourage your child not to share snacks, lunches, or drinks with others.
- If food allergic or restricted, provide your child with their own daily snack from home.

## EMERGENCY INFORMATION

Throughout the school year, it is sometimes necessary to contact parents/guardian in the event of an emergency. Please review the following suggestions for future information that may be relevant to your situation.

- Update the school office with changes in home/car/work telephone numbers
- Notify the school office for changes in names of adult contacts
- Obtain an I.D. bracelet/necklace for your child if medically advisable
- Review emergency procedures with children who have serious allergies
- Update the school nurse with changes in emergency health concerns
- Inform your child of emergency contacts in the event you are out of town
- Prepare your child with necessary medical supplies/instructions for field trips

## SCREENINGS

Health Service staff annually perform hearing and vision screening for children in select elementary grade levels during the school year. However, parents or school staff may refer a child at any time for suspected problems of this nature. The nursing staff also offers health information, consultation, or referrals on the topics listed below:

Asthma and Allergy Management  
Alcohol and Drug Dependency  
Attention Deficit/Behavior Disorders  
Communicable Diseases  
Diabetes  
Diet and Nutrition  
Eating Disorders

Epilepsy  
Lice  
Pregnancy  
Puberty Issues  
Seizure Disorder  
Sexually Transmitted Disease  
Suicide Prevention



## HEAD LICE (PEDICULOSIS)

Lice are tiny insects that live in human hair. The head louse is a small, thin and grayish insect about ¼ inch long, with six legs. It is found on or near the scalp. It lives by biting the skin of the scalp and eating the blood that comes through the bite. Lice lay their eggs directly on the hair, close to the scalp. These eggs are called "nits" and are actually stuck to the hair. The eggs hatch in about 10 days, with new lice reaching maturity in about two weeks. The nit is a small white speck and often confused with dandruff (dry scalp). Nits, however, are very difficult to remove, while dandruff will brush away easily. All students with lice or eggs before treatment are sent home as required by law with instructions for treatment.

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

### **Head Lice Exclusion Policy:**

- Presence of live lice or eggs (before treatment) will constitute exclusion from school. Students will be readmitted when treatment is assured, and live lice are not seen. (Sec. HSS 145.01, WIS. Admin.Code)
- Egg cases, or nits, present in the hair are not grounds for exclusion EXCEPT if this is a student's third case of live lice within 3 months or less, the parent/guardian will be informed that the student will be readmitted to school when his/her hair is NIT FREE.

The McFarland School District is now recommending a 5-step treatment plan should lice or nits be discovered on your child's or family member's head. The 5 steps are:

- 1) Pediculocide (Once) or other alternative
- 2) Olive oil treatments every 4 days for 30 days (life cycle of a louse)
- 3) Remove nits using the nit comb over every hair strand.
- 4) Clean the environment
- 5) Check for nits daily and comb out daily.

