

HOPEWELL PUBLIC SCHOOL
SCHOOL HEALTH PROCEDURES

- I. Physicals and Immunizations
- II. Medication Administration
- III. Emergencies/Accidents - At School
Accidents Reports
- IV. Specific Treatment for Certain Communicable Diseases
and Allergies
- V. Reporting Suspected Child Abuse and Neglect
- VI. Health and Hygiene
- VII. Recording Student Health Information
- VIII. Information Dissemination of Sexually Transmitted Diseases
- IX. Information Dissemination of AIDS
- X. Body Fluid Spills
- XI. Care of Student with AIDS
- XII. Pregnancy
- XIII. Transporting Students
- XIV. Use of Clinic Area in Schools
- XV. Care Plans

HOPEWELL PUBLIC SCHOOLS
School Health Program
Physical and Immunization Procedures

I. PHYSICALS

22.1.270. Preschool physical examinations. - A. No pupil shall be admitted for the first time to any public kindergarten or elementary school in a school division unless such pupil shall furnish, prior to admission, (i) a report from a qualified licensed physician of a comprehensive physical examination of a scope prescribed by the State Health Commissioner performed no earlier than twelve months prior to the date such pupil first enters such public kindergarten or elementary school or (ii) records establishing that such pupil furnished such report upon prior admission to another school or school division and provides the information contained in such report.

-Kindergarten/First Time Admissions

No pupil shall be admitted for the first time to kindergarten or elementary (K-5) school unless a comprehensive physical exam has been performed. This physical must have been performed no earlier than 365 days prior to the date the pupil first entered school.

*First Entry - Defined as entering any school for the first time. (includes pre-kindergarten and/or junior kindergarten programs)

-Transfer students

K-5 Physicals will be accepted from transfer students provided they fall within the scope/guidelines of a comprehensive physical.

Telephone documentation will be accepted from the previous school until records can be acquired. Telephone documentation must be completed at the time of enrollment by the person enrolling student (i.e., secretary/guidance counselor). The person recording information must initial the record.

K-5 Students transferring from localities where no physical is required, will be given conditional enrollment upon presentation of an appointment card for a scheduled physical exam.

NOTE: All physicals must be signed and dated by the health official performing the physical.

Religious Exemption for Physicals

22.1-270. Such physical examination shall not be required of any child whose parent or guardian shall object on religious grounds and who shows no visual evidence of sickness, provided that such parent or guardian shall state in writing that, to the best of his knowledge, such child is in good health and free from any communicable or contagious disease.

IMMUNIZATIONS

22.1-272.2. (Effective July 1, 1983) Immunization requirements. - A. No student shall be admitted by a school unless at the time of admission the student or his parent or guardian submits documentary proof of immunization to the admitting official of the school or unless the student is exempted from immunization pursuant to subsection C. If a student does not have documentary proof of immunization, the school shall notify the student or his parent or guardian (i) that it has no documentary proof of immunization for the student; (ii) that it may not admit the student without proof unless the student is exempted pursuant to subsection C. (iii) that the student may be immunized and receive certification by a licensed physician or an employee of a local health department; and (iv) how to contact the local health department to learn where and when it performs these services. Neither this commonwealth nor any school or admitting official shall be liable in damages to any person for complying with this section.

Documentary proof of immunization shall be provided to any person who has been immunized or to his parent or guardian.

-Complete immunizations are required on all students entering school. (Updated 3/10)

Complete Immunizations:

- 4 DTP
- 4 Polio
- 2 Measles, Mumps, Rubella
- 3 Hepatitis B
- 2 Varicella (chicken pox)
- Tdap booster at 6th grade entry

-Immunizations must include month, day and year, and have signature of health official or physician. Any immunization record which does not contain month, day, year and signature shall be evaluated by an official of the local health department to determine whether the student has been adequately immunized. See conditional enrollment procedures below for incomplete immunizations.

-**A minimum of 4 doses DTP** (DTaP, DTP, or Tdap). A child must have at least one dose of DTaP or DTP on or after the fourth birthday for all new children K-12 enrolling in our schools. Students entering sixth grade as of July 1, 2006 must have a booster dose of **Tdap** vaccine if at least five years have passed since the last dose of tetanus-containing vaccine.

-**A minimum of 4 doses of polio** vaccine. One dose must be administered on or after the fourth birthday for all new children enrolling in our schools.

-Students born on or after January 1, 1997, must have received the **varicella** vaccine prior to entering school for the first time. As of March 3, 2010, a second dose of varicella vaccine is required before entering kindergarten.

-A minimum of **2 measles, 2 mumps, and 1 rubella**. (Most children receive 2 doses of each because the vaccine usually administered is the combination vaccine MMR). First dose must be administered at age 12 months or older. Second dose must be administered prior to entering kindergarten.

-A complete series of **3 doses of Hepatitis B** vaccine is required for all children.

Transfer students

Telephone documentation will be accepted from the previous school until immunization records can be acquired. Telephone documentation must be completed at the time of enrollment by the person enrolling student. (i.e. secretary/guidance counselor)

The person recording the information must initial the record.

Conditional enrollment - Students entering school with incomplete immunizations must meet the following criteria prior to admission:

- Must** present an immunization record with documentation of:
 - 1 DTP
 - 1 Polio
 - 1 MMR
 - 1 Hepatitis B
 - 1 Varicella
 - Tdap booster at 6th grade entry

-An appointment card with a scheduled date for next series of immunizations must be presented at the time of enrollment.

-All immunizations should be completed within 90 days (with the exception of Hep B series as determined by the doctor).

-Students who do not meet these criteria will be excluded from school until admission requirements have been met.

3.2 Exemptions from immunization requirements.

A. Religious and medical exemptions - No certificate of immunization shall be required of any student for admission to school if:

1. **The student or his parent or guardian submits a Certificate of Religious Exemption (Form CRE 1), to the admitting official of the school to which the student is**

seeking admission. Form CRE 1 is an affidavit stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. For a student enrolled before July 1, 1983, any document present in the student's permanent school record claiming religious exemption shall be acceptable, or

2. The school has written certification on any of the documents specified under "documentary proof" in 1.1 from a physician or a local health department that one or more of the required immunizations may be detrimental to the students health. Such certification of medical exemption shall specify the nature and probable duration of the medical condition or circumstance that contraindicates immunization. For a student enrolled before July 1, 1983, any document attesting to the fact that one or more of the required immunizations may be detrimental to the student's health shall be acceptable.

HOPEWELL PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES
TELEPHONE DOCUMENTATION OF PHYSICAL EXAMINATION and IMMUNIZATION CONFIRMATION
FOR
ENROLLMENT

Name of Student _____

School District Called _____

Name of School _____ PHONE () _____

Person Giving Information from Previous School District _____

Date of Physical on file _____

DATES OF IMMUNIZATIONS:

<u>DPT</u>	<u>POLIO</u>	<u>MMR</u>	<u>HEPATITIS B</u>	<u>VARIVAX or Varicella</u> (chickenpox)
1. _____	1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____	
3. _____	3. _____		3. _____	
4. _____	4. _____			
5. _____	5. _____			

Are Records Being Mailed Immediately? Yes No

Date _____

Signature of Person Calling

Medication Administration

IMPORTANT NOTICE

Dear Parent,

In order to better serve your child during this school year, we are sending you the **School Procedure on Medication Administration**. Please read it carefully. This procedure is followed in each school. If you have any questions, please contact the school nurse.

PROCEDURES FOR MEDICATION ADMINISTRATION

1. Only prescription medication for long-term conditions will be administered by school personnel. (Long term refers to asthma, diabetes, cystic fibrosis, arthritis, ADD, etc.)
2. The medication must be in the originally labeled prescription bottle that clearly indicates the name of medication, hours to be given, dosage, and physician. **The written doctor's order must accompany the medication if it is to be given at school.**
3. The **Authorization and Parental Consent** form **MUST** be signed by the parent or guardian prior to the administration of medication at school. A copy of this form is available in the school office.
4. Parents **MUST** bring medication into the school. Medication transported by a student **will not** be administered by school personnel.
5. The medication will be kept in a locked, secure storage cabinet.
6. The school nurse will administer all medication. In her absence, school personnel chosen by the principal will administer medication and will observe the student taking the medication.
7. A log book shall be used by the nurse indicating date, time, and the initials of the person administering and supervising the student.
8. Left-over medication will **NOT** be sent home with the student. An adult **MUST** pick up left-over medication or it will be discarded by the last student school day of the year.
9. Parents may give medication to their child during the school day if they so desire. Parents should check in at the school office first when coming into the school for this purpose.

Points for Clarification:

1. Antibiotics prescribed 2 or 3 times a day can be administered at home before school, after school and at bed-time. For antibiotics prescribed 4 times a day, one dose will be given at school during lunchtime.

Over...

2. Self-administration of non-prescription medication (aspirin, cough medicines, antihistamines, nose drops, etc.) is prohibited for grades K-8. Students in **grades 9-12 only** may be allowed to possess and self-administer non-prescription medication if: written parental permission is on file at the school in the nurse's clinic, the non-prescription medication is in the original container and appropriately labeled with manufacturer's directions, student's name is affixed to the container, and the student possesses only the amount of non-prescription medicine needed for one school day/activity. Permission may be revoked if this policy is violated and the student may be subject to disciplinary action.

Occasionally, and on a case-by-case basis, the school nurse will administer a non-prescription medication (ex: Tylenol) in the clinic to students (grades 6-12 only) with chronic conditions such as menstrual cramps or chronic headaches **PROVIDED written consent is received from the parent** to do so.

Self-Administration of Medication Grades K-12

Students with a diagnosis of asthma and/or anaphylactic reaction (severe allergic reaction) are permitted to possess and self-administer inhaled asthma medications (inhaler) and/or auto-injectable epinephrine during the school day, at school-sponsored activities, or while on a school bus or other school property under the following conditions: **Written consent of the parent** is received and indicates that the student has demonstrated the ability to safely and effectively administer such medication **and** written notice from the student's doctor has been received identifying the student, states the diagnosis, states that the student has approval to self-administer prescribed asthma medication or auto-injectable epinephrine, specifies the name, dosage and frequency of the medication and the circumstances which may warrant the use of such medication and states that the student has demonstrated the ability to administer such medication effectively. **A consultation between the parent and school nurse is required** before the permission will be granted. The permission will be granted for a period of one school year only and must be renewed annually. The student's right to possess and self-administer such medication may be limited or revoked after appropriate school personnel consult with the student's parents. Sharing, borrowing, distributing, manufacturing or selling any medication is prohibited and disciplinary action may be required for such actions.

Thank you for your cooperation. Safety for your child is our ultimate concern when medication is administered at school. We feel these procedures will ensure that safety.

Sincerely,

Superintendent

HOPEWELL PUBLIC SCHOOLS
HOPEWELL, VIRGINIA

**Authorization and Parental Consent
For the Administration of Medication at School**

Student's Name _____

School _____ Grade _____

Teacher (or homeroom) _____

Medication Allergies _____

Parental Consent

I wish to have the following medication administered to my child while at school. I acknowledge that I have read and understand the school division regulations relating to medication administration at school. In signing this form I am agreeing to hold the school and its personnel free from any or all legal action which might arise from this arrangement. I also understand that left-over medication will not be sent home with the student. An adult **MUST** pick up the left-over medication or it will be discarded by the last student day of the year.

Parent Signature

Daytime Phone

Date

Self-Administration only: I give consent for my child to possess and self-administer the medication below as authorized by my child's physician and feel that my child has the ability to safely and effectively administer this medication: _____ Yes _____ No

**Medication Authorization
(Licensed Prescriber Only)**

Medication: _____

Dosage: _____ Time of day to be given: _____

Diagnosis/Purpose of medication: _____

Adverse side effects: _____

Duration: Short term _____ Long term _____

Asthmatic/Diabetics/Anaphylactic Reaction only: This student is both capable and responsible to self administer his/her medication: _____ Yes _____ No

The student may carry this medication on his/her person while at school, on school bus, at school-sponsored activities or other school property: _____ Yes _____ No

Physician's Signature

Date:

SCHOOL HEALTH SERVICES NEBULIZER TREATMENT INFORMATION AND MEDICAL RELEASE

Dear Parent:

We recognize that it is necessary at times for treatments to be rendered to children during school hours.

In order for the school nurse to cooperate in these instances, it is mandatory that we have written orders from the physician and written witnessed permission of the parent/legal guardian.

The following regulations are required:

1. Written orders from the physician detailing the name of treatment, and the time intervals the treatment is to be given, using the Physician's Authorization For Nebulizer Treatments To Be Performed In Hopewell Public Schools Form.
2. A signature of parent or legal guardian (to be witnessed by school or medical personnel), requesting that the school district comply with the physician's order.
3. Nebulizer will be provided by the school. ALL OTHER SUPPLIES MUST BE PROVIDED BY PARENT (mask or mouthpiece, tubing, cup, and medication).
4. Parent consent will be required in order for the nurse to communicate with the physician regarding the possible effects of the treatment on the child's physical, intellectual an social behavior as well as possible behavior signs and symptoms of adverse side effects.
5. Only the school nurse may administer nebulizer treatment. If nurse is not available parent will assume responsibility for giving nebulizer treatment.

HOPEWELL PUBLIC SCHOOLS
MEDICAL RECORDS RELEASE

PERMISSION FOR RELEASE OF INFORMATION:

TO: _____
Doctor, Hospital, Local Health Dept., or other Agency (Address)

I HEREBY AUTHORIZE AND REQUEST YOU TO RELEASE TO:

(Name) (Address)

Medical records, and/or other information concerning the illness and treatment of:

Student's Name: _____ DOB: _____

I ALSO AUTHORIZE HOPEWELL PUBLIC SCHOOLS OR ITS AGENTS TO RELEASE ANY AND ALL INFORMATION THEY HAVE RELATIVE TO THIS CASE TO OTHER AGENCIES OR PERSONS PARTICIPATING IN PLANNING OR CARE IN THIS CASE:

DATE: _____ SIGNED: _____

WITNESS: _____

PHYSICIAN'S AUTHORIZATION FOR NEBULIZER TREATMENT TO BE PERFORMED IN
HOPEWELL PUBLIC SCHOOLS

Name of Pupil: _____ Birthdate _____

Address: _____

Physical condition for which the standardized procedure is to be performed: _____

Name of Standardized Procedure: _____

Precautions, possible untoward reactions, and interventions: _____

Time schedule and/or indication for the procedure: _____

Duration of order: _____

Note: If duration exceeds six months, a renewal or order is necessary.

Physician's Signature _____ Date _____ 19 _____

Address _____ Telephone _____

Parent or Legal Guardian

I request the school nurse to give the above treatment as ordered by the physician.

Witness

Signature-Parent or Legal Guardian

Title of Witness

Address

Address of Witness

Date

School Pupil Attends

Pupil's Name

III. Emergencies/Accidents

Emergencies - At School

1. When school personnel become aware of a medical emergency, the school nurse is contacted at once. If the emergency is urgently life-threatening, the school administrator will handle the emergency at his/her own discretion, which may include calling the rescue squad before alerting the school nurse, particularly if she is not in the building. The School Nurse will be notified as soon as possible that the Emergency Crew was called.
2. Parents will be notified of the following emergencies as soon as possible.
 - possible broken-bones, sprains, dislocations
 - head injury of any kind-send/give Head Injury Observation Information Letter to parent
 - high fever (above 100 degrees)
 - lacerations which may require suturing
 - seizures
 - breathing difficulties
 - fainting
 - intoxication
 - vomiting
 - burns-serious
 - eye injury (with noted symptoms)
 - severe pain
 - profuse bleeding
 - earache (severe)
3. If a parent is not available by telephone, attempt will be made to contact designated person as indicated on the emergency information card provided by the parent or guardian.

If responsible parent can not be contacted by telephone, then Police will be requested to make contact with parent/guardian. In case of extreme emergency deemed life-threatening by the nurse, the emergency squad will be called immediately.

4. If parent does not respond within a reasonable amount of time to child's illness/emergency, the nurse has the authority/responsibility to notify the Department of Social Services.

Emergencies on Bus

In the event of an emergency which occurs on the school bus, the bus driver will follow emergency protocol set forth by the Division Transportation Manager.

If the student is returned to school, it will be at the discretion of the principal as to how the emergency will be handled, i.e. call parent or rescue squad.

Accident Reports

1. Any student who is seriously injured while at school must have an accident report completed by school employee present during accident.
2. The employee who administers first-aid will complete the appropriate section of the report.
3. One copy will be made for the school principal, one copy for the Pupil Personnel Coordinator, and place original in the nurse's box.
4. Attempt will be made to notify parent/guardian.
5. The original accident report should be filed and kept for at least one year.

Section IV.

Specific Treatment for Certain Communicable Diseases and Illnesses

Pediculosis (Head Lice)

1. At the beginning of the school year, every student in grades K-5 will be screened for pediculosis by the school nurse.
2. Any student found to have live head lice may NOT attend classes or the lunchroom.
3. Any student found to have lice or nits (eggs) must be sent home with a letter to the parent stating lice information, methods of treatment, and the school "no nit" policy. The student will NOT be readmitted to class until checked by the school nurse or other designated person and there is evidence that the hair has been treated.
4. Siblings in other schools/classes will be checked for head lice/nits as soon as possible.
5. Any time a student is suspected of lice, the nurse or designated person will check the student at earliest availability. THIS IS NOT A MEDICAL EMERGENCY. Students may attend classes until actual lice evidence is found.
6. Student who returns to school after lice treatment and continues to have nits will be sent home until nits are removed according to the school divisions "no nit" policy.
7. A record of cases will be kept by the school nurse and students will be reached periodically.
8. Efforts will be made to keep confidential the name of student(s) who are under treatment.
9. When one (1) case of live head lice is discovered, that student's class will be checked at the nurse's earliest convenience. If no more cases are found, no further classes will be checked. Letters will be sent home with students in the class, notifying parent of lice incident and advising frequent hair inspection and treatment as needed.
10. Classrooms will NOT be checked in the event that only one (1) case of nits is found.

Ringworm

1. Students who are suspected of having tinea cruris, tinea corporis, tinea capitis, tinea pedis will be reported to the school nurse for her inspection at her earliest availability.
2. When Ringworm is found, parents will be sent an information letter explaining ringworm, treatment, and return to school policy.
3. Students with tinea capitis must be isolated and sent to the physician for medication immediately. The student must have a note from physician to return to school.
4. The student with tinea cruris, pedis, and corporis will be considered non-contagious after one (1) Rx of a fungicide, and can be sent back to class after one (1) treatment.
5. A record of cases found and treated will be kept by the school nurse and will be rechecked periodically.

Scabies

1. A student suspected of having scabies will be inspected by the school nurse at her earliest availability.
2. Once the nurse suspects that the student might have scabies, the parent will be notified and referred to a physician for diagnosis.
3. The student will be readmitted to the classroom following treatment and a note from the physician to return to school.

Impetigo

1. Any student suspected of having impetigo will be inspected by the nurse at her earliest availability.
2. Once the nurse inspects the student, she will determine whether or not the child should be sent home.
3. The school nurse will treat the lesions with appropriate antibiotic ointment and cover with a bandage, if appropriate.
4. Parents will be notified by school letter.

INFORMATION FOR PARENTS AND STUDENTS

SCABIES

General Information

Scabies is an infestation of the skin caused by the human itch mite, a tiny insect so small that it requires a microscope to be seen. The mites burrow in the outer layer of skin where they live and reproduce. An itchy rash, the tell-tale sign of scabies, is caused by an allergic reaction to the parasite and usually begins about 4 weeks after infection occurs.

Mites are passed from one person to another by skin to skin contact. Because the allergy responsible for the symptoms of scabies may not develop for several weeks, early in the course an infected person can transmit the disease to others, even though discomfort and rash may not be present. Human itch mites are partial to people and cannot infect or be transmitted by your pets.

The Illness

Severe itching is the most typical sign of scabies. Because it is particularly intense at night, infants and young children with scabies are often extremely fretful and sleep poorly.

The rash of scabies consists of numerous small, red bumps and occasional blisters, hives and crusty sores. In school age children and adults it occurs most typically between the fingers and on the wrist, elbows, armpits, breasts, beltline, groin and genitals. The palms, soles and face are almost never involved. Scabies never causes fever unless there is a secondary bacterial infection. The rash usually continues indefinitely, becoming increasingly severe and widespread until it is treated.

Treatment

Scabies can be treated with any one of several creams or lotions (called scabicides). Apply medication in a thin even film from the chin down to the soles of the feet, covering all of the skin, not just the rash, because it is impossible to guess exactly where the mites are located. All of the body folds, the finger and toe webs, the armpits and the genitals must be coated with medication. It is also important to spread it on the finger tips so that it gets under the nails. If the child is a thumb sucker, cover both hands with socks or gloves so the scabicide does not get into the mouth.

Medication should be removed by thorough bathing as per instructions from the doctor or school nurse. It is important to follow these instructions carefully. Itching and rash usually improve after treatment, but may not disappear completely for several days or weeks. This is because more time is required for the allergic reaction to subside, even though the mites are dead.

Do not re-apply scabicide without instructions from your doctor. These products are chemicals and can be harmful if applied too frequently or over long periods. Your doctor may wish to treat all family members, caretakers and close contacts.

It is reasonable to launder bed linens, towels and underwear after treatment, but it is not necessary to clean outerwear, furniture, carpeting or toys. Mites survive for only 3 or 4 days off the human skin.

Contagion

Persons with live mites in their skin, even if they have very little or no rash, can transmit scabies to another person. Close contact, for instance bed sharing, is most likely to result in infection; scabies is rarely caught from casual activities such as hand holding during games.

Return to School

Students may return to school the day after they have been treated.

Common Concerns

Scabies has nothing whatsoever to do with cleanliness; it occurs in all classes of people, all nationalities and at all ages. No one is immune to getting scabies because of previous episode. Mites can be passed back and forth within a family as long as one person has active infection. Most scabicides in current use are highly effective. Unsuccessful treatment can usually be attributed to failure to follow instructions properly.

Allergies and Asthma

1. Parents should notify the school of specific allergies which affect their student and this information will be passed on to the school nurse.
2. The school nurse will inform the classroom teacher of the specific needs of this student.
3. If a student is on medication, the school nurse will instruct the school personnel who administers this medication as to its proper administration.
4. In the event of a severe allergic reaction or Asthma attack, every attempt will be made to notify parents. When parent is not available, and no nursing measures are effective, the rescue squad should be called.
5. Any student with an Epi Pen prescribed by a physician will receive this emergency medication from the nurse or, in the absence of the nurse, designated school personnel trained by a nurse.

V. Reporting Child Abuse and Neglect

1. All suspected incidences of child abuse or neglect which are brought to the attention of the school nurse will be examined by the school nurse.
2. The school nurse will report these cases to her school principal.
3. The proper forms will be completed, including name of school, date of call, brief description, and name of social worker contacted by the person registering suspicious incident.

SUSPECTED CHILD ABUSE/NEGLECT

Student's name Date of Birth Sex

Address

Name of parents or guardians

School Grade Matrix #

Description of injury (use reverse side of form if necessary):

Symbols:

- A Abrasion
- BI Blister
- Bu Burn
- Br Bruise
- La Laceration
- Le Lesions
- S Scar
- R Rash
- V Vermin
- O Other (describe

Severity

- Mild (1)
- Moderate (2)
- Severe (3)

Signature and title of person making report Date

To whom reported Date of oral report

Copy filed in school nurse office.

VI. Health and Hygiene

1. It is suggested that the classroom teacher(s) be responsible for communicating with parents regarding suspected lack of personal hygiene. The classroom teacher is the one who spends time with the student and is more aware of the problem.

VII. Recording Student Health Information

1. The student's Cumulative Health Record is a file which is the responsibility of the school nurse to maintain.
2. The school nurse is responsible for recording all screening information, keep file of original accident reports, nurses notes, and for securing physical examination form, immunization record and screening form for each record. Corrections of defects are also recorded on health card. The initial screening form done on all new students is kept by the school nurse in the individual health record.
3. A daily record of children seen by the nurse is kept throughout school year.
4. Reports which are due during the year:

Vision and Hearing Defects/Corrections report to Principal; Lions Club for eye clinic; Number of medical examinations for students referred for Special Education evaluation.

VIII. Information Dissemination of Sexually Transmitted Diseases

1. Students who approach nurse for information concerning sexually transmitted diseases should be given proper instruction.
2. Literature may be given to the student at nurse discretion.
3. Literature given to students by the school nurse must be approved by the principal.

IX. Information Dissemination of AIDS

1. Students who approach nurse for information concerning AIDS should be given proper instruction.
2. Literature may be given to the student at nurses discretion.

X. Body Fluid Spills-Refer to OSHA Exposure Plan

1. The body fluids of all persons should be considered potentially hazardous. Body fluids include blood, drainage from cuts, skin lesions, urine, feces, vomitis, nasal discharge, tears, saliva, semen.
2. The use of gloves is recommended for all caregivers. When an employee has come in contact with body fluids, hands and other affected areas should be washed with soap and warm running water immediately.
3. Any articles used to clean body fluid spills should be handled with gloved hands and disposed of into a plastic bag and sealed. Brooms and dustpans should be cleaned and disinfected. Soiled clothing should be placed in a plastic bag and sealed.

4. Freshly mixed household bleach (one part bleach to ten parts water) should be used to clean body fluid spills. This bottle should be kept out of direct light and clearly labeled.

XI. Care of Student with AIDS

1. The school nurse will follow the guidelines established as they are available from the Commonwealth of Virginia.
2. When a known case of AIDS is reported to the school nurse, she will maintain the confidentiality of this case in compliance with the Hopewell School System's policy and procedures. The Pupil Personnel Department will be notified in order to implement Hopewell Public Schools' policy to maintain confidentiality and assure the safety and well-being of other students and staff.

XII. Pregnancy

Any student pregnancy should be reported to the school nurse immediately.

1. When the nurse becomes aware that a student is pregnant, she will encourage her to realistically consider options by referral to appropriate clinics, her family physician or health department.
2. Student will be encouraged to seek early pre-natal care.
3. The school nurse will provide pre-natal literature for the pregnant student at the nurse's discretion. This literature will have been approved by the principal.
4. Throughout the pregnancy the nurse will maintain a supportive, non-judgmental relationship with the student.
5. Confidentiality regarding the student's condition will be maintained.

XIII. Transporting Students

1. Vehicles owned by Hopewell School System may be used, if available, by the school nurse to transport students at nurse's discretion.
2. Students will be transported to physician's office for physical examinations if parent is unable to provide transportation.

XIV. Use of Clinic Area in Schools

1. The primary purpose of the clinics in each school is to provide a space for physical inspections, counseling, and treatment for injured and sick children.
2. The nurse will also use this space for the maintenance of health records and clinic supplies. These supplies are requisitioned annually by the school nurse.
3. Students are not allowed in this area unless directly supervised by school personnel. No self-medicating or self-treating is permitted.
4. Student health records will be maintained in secured clinic area.
5. When the nurse is not at school, treatments and medication will be administered only by personnel designated by the principal and trained in the clinic procedures.

XV. Care Plans

Maintained in School Clinics