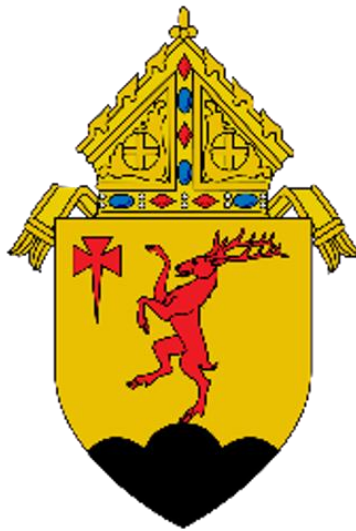


# **MANUAL OF SCHOOL HEALTH POLICY AND GUIDELINES**



**DIOCESE OF TUCSON  
AUGUST 2023**

## **ACKNOWLEDGEMENT**

The 2023 Health Policy and Guidelines Manual was updated by Catherine Garner, RN, Diocese of Tucson Department of Catholic Schools Health Coordinator. The Diocese of Tucson recognizes and greatly appreciates the School Health Professionals of the Diocese of Phoenix Catholic Schools for providing resources used in updating this manual.

This Manual is recommended for adoption in all Catholic Schools within the Diocese of Tucson. It has been drafted in a format that presumes a school has in fact adopted this Manual as reflected in the Parish Services Agreement that was entered into with the Diocese of Tucson at the time of the Parish incorporation.

# TABLE OF CONTENTS

Introduction.....	1
<b>1. SCHOOL HEALTH SERVICES</b>	
<b>1.1 SCHOOL-PARENT PARTNERSHIP</b>	
1.1.1 Student Health Documentation .....	2
1.1.2 Students with Special Health Conditions .....	2
1.1.3 Injured or Ill Students .....	2
<b>1.2 SCHOOL HEALTH PERSONNEL</b>	
1.2.1 Maintenance and Services Overview .....	3
1.2.2 Requirements .....	4
1.2.3 Training Resources .....	4
1.2.4 Mandatory Reporting .....	4
1.2.5 Malpractice Liability for Registered Nurses .....	5
<b>2. SCHOOL HEALTH OFFICE</b>	
<b>2.1 EQUIPMENT</b> .....	5
<b>2.2 RESOURCES</b> .....	7
<b>3. Health Office Management</b>	
<b>3.1 PROCEDURES</b> .....	8
<b>3.2 STUDENT HEALTH RECORDS</b> .....	9
3.2.1 Emergency Information Card .....	10
3.2.2 Student Encounters Documentation .....	10
3.2.3 Medication Administration .....	10
3.2.4 Physical Examination .....	11
3.2.5 Transfer of Health Records .....	12
<b>3.3 COMMUNICATIONS</b> .....	12
3.3.1 With Parents/Guardians.....	12
3.3.2 With Teachers .....	12
<b>4. PREVENTIVE HEALTH SERVICES</b>	
<b>4.1 FOOD ALLERGIES</b> .....	13
4.1.1 Family Responsibilities .....	13

4.1.2 School Responsibilities .....	13
4.1.3 Student Responsibilities .....	14
<b>4.2 SECURING/MAINTAINING EPINEPHRIN .....</b>	<b>14</b>
<b>4.3 IMMUNIZATIONS .....</b>	<b>15</b>
4.3.1 Schools .....	15
4.3.2 Child Care/Preschool .....	16
4.3.3 Exemptions .....	16
4.3.4 Health Personnel Responsibilities .....	18
4.3.5 Staff .....	19
4.3.6 MMR Vaccine .....	19
<b>4.4 DENTAL PROGRAMS .....</b>	<b>19</b>
4.4.1 Fluoride Mouth Rinse .....	19
4.4.2 Arizona School-Based Sealant Program .....	20
4.4.3 Fluoride Varnish Program .....	20
<b>4.5 OUTDOOR ENVIRONMENT AWARENESS .....</b>	<b>21</b>
4.5.1 Sun Safety .....	21
4.5.2 Heat Safety .....	22
4.5.3 Air Quality Safety .....	22
<b>5. SCREENING PROGRAMS .....</b>	<b>23</b>
<b>5.1 HEARING .....</b>	<b>24</b>
5.1.1 Training and Equipment .....	24
5.1.2 Screening Population .....	24
5.1.3 Screening Procedures .....	24
5.1.4 Results and Referrals .....	25
5.1.5 Annual Report .....	25
<b>5.2 VISION .....</b>	<b>25</b>
5.2.1 Screening Procedures .....	25
5.2.2 Lions Club International .....	26
<b>5.3 HEIGHT, WEIGHT, and BMI ASSESSMENT .....</b>	<b>27</b>
5.3.1 Screening Procedures .....	27
5.3.2 Equipment .....	28
5.3.3 Measurement .....	28

<b>5.4 SCOLIOSIS</b>	28
5.4.1 Spinal Screening	29
5.4.2 Screening Procedures	29
5.4.3 Referral Guidelines	30
<b>5.5 MANAGEMENT of PEDICULOSIS (Head Lice)</b>	30
5.5.1 Control of Head Lice	30
5.5.2 Referrals	31
<b>5.6 ACCIDENT PREVENTION</b>	32
<b>6. HEALTH SUPPORT SERVICES</b>	32
<b>6.1 CARE for INJRIES and ILLNESS</b>	32
6.1.1 CPR/First Aid Certification	32
6.1.2 Serious Chronic Illness	33
6.1.3 Less Serious Injuries/Illness	33
<b>6.2 REQUESTING EMERGENCY ASSISTANCE</b>	35
<b>6.3 ACCIDENT REPORT/INSURANCE CLAIMS</b>	36
<b>6.4 STUDENTS with ACUTE and CHRONIC HEALTH CONDITIONS</b>	36
6.4.1 Specific Health Conditions	37
<b>6.5 COMMUNICABLE DISEASES</b>	37
6.5.1 Reporting Requirements	39
6.5.2 Disease Transmission	40
6.5.3 Education and Awareness	40
<b>7. MEDICATION at SCHOOL</b>	41
<b>7.1 MEDICATION POLICY</b>	41
<b>7.2 SELF-ADMINISTERED MEDICATION</b>	41
7.2.1 Administering Medication	42
7.2.2 Medication Disposal	43
<b>7.3 PERSONNEL DESIGNATED TO GIVE MEDICATIONS</b>	43
7.3.1 Medication Errors	44
7.3.2 Medication on Fieldtrips	45
<b>7.4 EMERGENCY MEDICATIONS</b>	45
7.4.1 Standing Orders	46

7.4.2 Staff Training .....	46
7.4.3 Procedure for Giving Epinephrine in an Emergency .....	46
7.4.4 Procedure for Giving Albuterol in an Emergency .....	49
7.4.4.1 Possible Symptoms and Intervention .....	49
7.5 OVER-THE-COUNTER MEDICATIONS STOCK SUPPLY .....	52
<b>8. STUDENT PREGNANCY .....</b>	<b>53</b>
<b>9. ANCILLARY HEALTH/SAFETY PROOTIONAL ACTIVITIES .....</b>	<b>54</b>
9.1 RECESS BEFORE LUNCH (RBL) .....	54
9.2 HEALTH EDUCATION BASIC SKILLS .....	54
<b>10. FEDERAL HEALTH and SAFETY REGULATIONS .....</b>	<b>55</b>
10.1 BLOOD BORNE PATHOGENS .....	55
10.2 HAZARDOUS MATERIALS .....	55
10.3 BIOHAZARDOUS MEDICAL WASTE DISPOSAL .....	56
10.4 MEDICAL SHARPS DISPOSAL .....	57
10.5 PESTICIDE MANAGEMENT .....	58
10.6 EYE PROTECTION .....	59
10.7 ATHLETIC EVENTS .....	59

## INTRODUCTION

The *Manual of School Health Policy and Guidelines* is to assist the Catholic Schools of the Diocese of Tucson in providing for the health and safety of students, faculty, and staff.

This manual is intended to provide policy, guidance, and resources both for schools that employ a Registered Nurse or Certified School Nurse, \* those that have an occasional consulting relationship with a volunteer nurse, and those that employ a Health Clerk. It is not intended to provide comprehensive first aid information.

The manual contains information on:

- Services and the State of Arizona mandated reports for all schools
- Services and the Diocese of Tucson required reports for its schools
- Health and safety policies of the Diocese of Tucson for its schools
- Recommended practices to enhance the educational experience through health promotion and disease prevention
- Items and procedures needed to support student health
- Resources to assist the school health office

Registered Nurses\* who are employed by a school have a higher set of practice standards they must follow because of the requirements of their nursing license. They will consequently perform additional duties that may not be addressed in this manual but would be included in their nursing scope of practice. In Arizona, schools that do not employ a nurse are not held to the same standards of care as a professional nurse nor can they provide the same range of health support services for their students.

**\*Note: A Certified School Nurse is one who has a Baccalaureate degree, is licensed by the state of Arizona as a Registered Nurse and has completed additional educational and practice requirements of the Arizona State Board of Nursing for a certificate as a School Nurse.**

## 1. SCHOOL HEALTH SERVICES

Although a student's health is primarily the responsibility of the parents/guardians, school health services are provided with the understanding that health problems may occur at school and may negatively affect the student's school achievement. Often these problems can be adequately addressed in school and allow the student to minimize absences. Conversely, if a student is sent home when ill, this can also benefit the student as well as protect the other students from undue exposure to illness. Basic health services are provided in the school to assist students in their primary goal of learning by:

- Helping them maintain good health so they feel ready to learn
- Ensuring a healthful and safe environment in which to learn
- Teaching them about health and safety to prepare them for their future self-care

### 1.1 SCHOOL-PARENT PARTNERSHIP

#### 1.1.1 Student Health Documentation

Parents/Guardians are required to:

- Complete an emergency information card for their child at the beginning of each school year and notify the school of any changes that occur during the school year.
- Present a written record of immunizations in compliance with Arizona law (Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701–708; Vaccine Preventable Diseases).
- Present a copy of their child's annual physical examination, performed by the student's private medical provider after May 31st of the entry year. This is required for all students new to a school and all students participating in school-sponsored athletics.

#### 1.1.2 Students with Special Health Conditions

Parents/Guardians are required to:

- Inform the school of a child with special health problems, and provide school health personnel with the following:
  - Student's health care provider contact information
  - Special health care instructions
  - properly labeled medications or equipment, if indicated
  - Parents/Guardians are to seek the advice of their child's health care provider when health problems are discovered
  - Parents/Guardians without health insurance or who cannot afford health care for their child will be referred to appropriate agencies. ([kidshealth.org](http://kidshealth.org))

This information is used in developing an Individual Health Care Plan for the student. A sample Individual Health Care Plan form is shown in the Appendices. (See [Individual Health Care Plan, Appendix A-1](#))

#### 1.1.3 Injured or Ill Students

- Parents/Guardians or designee pick up a student who is ill or injured.
  - No student may be sent home unattended.



- No student may be sent to an unattended home.
- Parents/Guardians must arrange for the transportation of their child. If they cannot pick up the child, they must notify the school office of who will pick up the child.
- School personnel will not transport sick or injured students.
- Parents/Guardians must notify the school if the child is to be absent, following their school's procedure.
- Parents/Guardians should indicate the type of illness causing the absence.
- Parents/Guardians must comply with *section 3.2.3. Medication Administration* policy found in this manual.

## 1.2 SCHOOL HEALTH PERSONNEL

### 1.2.1 Maintenance and Services Overview

Parents/Guardians and school must work together providing the best support for student achievement. Parents/Guardians and school have individual responsibilities in this partnership.

The health office staff member, (preferably an RN), should be someone who can fulfill the requirements and provide oversight for the following:

- Maintaining
  - Up-to-date emergency card for each student
  - An approved school health record for each student
  - Confidentiality of all student health information
  - First aid kits (for use at athletic events, field trips, etc.) and distribute basic first aid packets to teachers for use in the classroom
  - A safe and healthy environment to promote learning
- Monitoring
  - Student immunizations in compliance with Arizona law; file annual report by November 15
  - Staff immunizations, in conjunction with administration, per adopted diocesan policy. (See [2023-2024 School Handbook of Policy and Procedures.pdf \(ecatholic.com\)](#) section 2.4. PERSONNEL REGULATIONS -- 2.4.1 Immunizations; and information about immunizations at [Pima.gov](#))
  - Monitor student medication administration
- Conduct
  - Hearing screenings per Arizona law to include necessary referrals and follow up; and file an annual report by June 30
  - Vision screenings per state recommendations to include necessary referrals and follow up
- Establish health office procedures following diocesan recommended guidelines
- Supervise the stocking and maintenance of health office equipment and supplies
- Have a first aid manual available in a prominent, visible place
- Provide in-service training to teachers for students with special health problems, (e.g. anaphylaxis, asthma, seizures, etc.)
- Follow diocesan recommended physical examination policies
- Identify, refer, and follow up with special health problems exhibited by students

- Render first aid as needed, calling emergency services when indicated
- Notify the local county health department of cases of reportable communicable diseases
- Recognize and report possible physical, sexual, and/or psychological abuse of students (See the Diocese of Tucson, [Our Call to Protect](#) website)
- Participate in the annual review and updating of the school crisis plan if required

### 1.2.2 Requirements

- Health office staff members are required to have current First Aid and CPR certificates. RN staff members must also have a current Arizona license.
- Health office staff members or trained volunteer must have a state-issued certificate of training for conducting hearing screening.
- Health office staff members must also have a high-risk clearance status as required by the Diocese of Tucson's Compliance and Human Resources guidelines, before being permitted to assume duties in the health office.

### 1.2.3 Training Resources

- [National Association of School Nurses](#) offers annual school health nursing seminars in the Phoenix area each summer.
- [Arizona Department of Health Services Director](#) is a valuable resource for school nurses and health personnel.
- Arizona Department of Health Services Emergency Guidelines for Schools:  
<https://www.azdhs.gov/documents/prevention/womens-childrens-health/cyshcn/nursing/emergency-school-guidelines.pdf>
- [Arizona Partnership for Immunization](#) (TAPI), periodically offers informational workshops on immunizations, vaccine preventable diseases, and provide free downloadable materials.
- Texas Department of Health offers a free course on trauma-informed care:  
[https://www.dfps.texas.gov/Training/Trauma\\_Informed\\_Care/04-what\\_is\\_trauma.asp](https://www.dfps.texas.gov/Training/Trauma_Informed_Care/04-what_is_trauma.asp)
- Crisis Intervention Institute: Tips for Teachers:  
[https://www.crisisprevention.com/CPI/media/Media/Resource-Center/Free-Resources/PDF\\_DTED.pdf?\\_gl=1\\*19o9k4o\\*\\_gcl\\_aw\\*R0NMLjE2OTEzNDAwODcuQ2owS0NRandpYjltQmhEV0FSSXNBUFFpVbl9ra3Z6MjIjHTHlIX2lDSkRRa3BXcW16UFFCZDlvWXQ5MktFSIRIME1oN0t5bEEyVV96d2RDb2FBdHU1RUFMd193Y0I.\\*\\_gcl\\_au\\*NTk0MTI1NDg4LjE2ODc4ODYzMjU](https://www.crisisprevention.com/CPI/media/Media/Resource-Center/Free-Resources/PDF_DTED.pdf?_gl=1*19o9k4o*_gcl_aw*R0NMLjE2OTEzNDAwODcuQ2owS0NRandpYjltQmhEV0FSSXNBUFFpVbl9ra3Z6MjIjHTHlIX2lDSkRRa3BXcW16UFFCZDlvWXQ5MktFSIRIME1oN0t5bEEyVV96d2RDb2FBdHU1RUFMd193Y0I.*_gcl_au*NTk0MTI1NDg4LjE2ODc4ODYzMjU).
- 

### 1.2.4 Mandatory Reporting

Arizona law (ARS 13-3620) requires the reporting by school personnel of suspected cases of child abuse and/or neglect to the **police** and **Department of Child Safety**, (DCS; Arizona Child Abuse Hotline at 1-888-767-2445).

- The obligation to report child abuse belongs to the person suspecting the abuse and must not be “handed up” to an administrator. Abuse and/or neglect must be reported both by **phone** and by **written report**. Guidelines for reporting can be found on the [Arizona Department of Child Safety](#) website, and the written report can be made on the *Diocese of Tucson Child Abuse Report Form*,

found on the [Our Call to Protect website](#).

- b. Phone report
  - Police: 9-1-1
  - Arizona Department of Child Safety: Arizona Child Abuse Hotline 1-888-SOS-CHILD (1-888-767-2445)
- c. Written report – use *Diocese of Tucson Child Abuse Report Form*, found on the [Our Call to Protect website](#).
  - A written report must be made to Department of Child Safety within seventy-two (72) hours of the oral report.
  - One copy of the written report must be kept at the school, one copy must be sent to the pastor/president, and one copy to the Office of Child, Adolescent and Adult Protection.
  - If the allegation involves an employee of the Diocese, a copy of the report must also be sent to the Diocese of Tucson Department of Human Resources. If the allegation is sexual misconduct, a copy of the report must also be sent to the Diocese of Tucson Office for Child, Adolescent and Adult Protection.
- d. The person making the report is to notify the principal immediately.
- e. All information pertaining to an abuse/neglect report must remain confidential.
- f. School personnel shall carefully consider all recommendations of the police and Department of Child Safety in handling the situation at school.

### 1.2.5 Malpractice Liability for Registered Nurses

The insurance carried by the school does **not** cover malpractice lawsuits. Every registered nurse should carry malpractice liability insurance whether employed or doing volunteer nursing in a school in the Diocese of Tucson.

Medical malpractice insurance is available through different sources and the costs may vary:

*Arizona Nurse's Association*  
1850 E. Southern Ave., Suite 1  
Tempe, AZ 85282-5832  
Ph: (480) 831-0404  
Website: [www.aznurse.org](http://www.aznurse.org)

*Nurses' Service Organization*  
159 E. County Line Road  
Hatboro, PA 19040  
Ph: 1-800-247-1500  
Website: [www.nso.com](http://www.nso.com)

*National Association of School Nurses*  
1100 Wayne Ave. # 925  
Silver Spring, MD 20910  
Ph: (240) 821-1130  
Website: [www.nasn.org](http://www.nasn.org)

*Arizona State Board of Nursing*  
4747 N. 7th Street, Suite 200  
Phoenix, AZ 85014-3655  
Ph: (602) 771-7800  
Website: [www.azbn.gov](http://www.azbn.gov)

## 2. SCHOOL HEALTH OFFICE

### 2.1 EQUIPMENT

Space should be designated at each school to accommodate the needs of ill or injured students while conveying a positive message about health and allowing for individual privacy of those being treated. The Health Office should be located near the school office with easy accessibility for students and staff. If possible, it should have an outside door.

*a. Physical Features:*

- Bathroom with hot/cold water, liquid soap, and paper towel dispensers
- Adequate lighting and climate control
- Non-absorbent, easily cleanable flooring
- Wheelchair accessible doorway
- Counter work area and storage space for equipment and supplies
- Locking cabinet for medications
- Adequate electrical outlets
- Telephone

*b. Basic Furnishings:*

- Cot with washable surface
- One or two chairs with non-porous surfaces
- Locking file cabinet for student health records
- Desk/chair, bookshelf, bulletin board
- Refrigerator with freezer compartment
- Computer with internet and printer

*c. Recommended Equipment:*

- Apothecary jars (for cotton, etc.)
- Loose-leaf 3-ring binders
- Balance beam scale
- Magnifying glass
- Bandage scissors
- Mirror Blanket and pillow
- Otoscope
- Clipboards
- Crutches
- LEA Symbols Eye Chart
- Clothing items
- Regular 8" scissors
- Emesis basin
- Reusable ice packs
- Eye irrigating bottle
- Sharps container
- Sphygmomanometer (pediatric & adult)
- Eyeglass repair kit
- Standing height measuring board
- Fanny packs (for first aid)
- File box for emergency cards
- Stethoscope
- Fingernail clippers
- Flashlight/penlight
- Tape measure
- Health records
- Thermometer (temporal, oral, ear)
- Tweezers
- Locking box for refrigerated medication
- Wall clock with second hand
- Washbasin
- Wheelchair
- Wastebasket with lid

*d. Recommended Expendable Supplies:*

- Adhesive bandages – 3/4" & 1"
- Elastic bandages – 2" & 3"
- Triangular muslin bandages
- Fingertip,
- Extra Lg Linens,
- Towels, & washcloths
- Adhesive skin closures (Steri-Strips)
- Otoscope disposable specula
- Alcohol, rubbing (bottle, prep pads)
- Maxi & Mini sanitary pads
- Antiseptic towelettes (BZK towelettes)
- Bleach

- Paper towels
- Cotton balls
- Peroxide (for removing blood stains)
- Cotton-tipped applicators
- Petroleum jelly
- CPR masks
- Plastic bags, all sizes
- Cups, paper, 3 oz.
- Plastic pillow covers,
- Plastic medicine cups, 1 oz.
- Safety pins
- Salt Eye wash solution
- Sewing kit,
- Small Eye pads
- Soap

- Finger splints
- Splint boards (assorted sizes)
- Gauze pads, non-stick – 2"x3" & 3"x4"
- Gauze bandages, /stretch – 2" & 3"
- Tape, surgical – 1/2" & 1"
- Tape, paper – 1/2" & 1"
- Gauze pads, non-sterile – 2"x2" & 4"x4"
- Tissues
- Gloves, disposable – vinyl, latex free
- Sponges (in Ziploc baggies)
- Tongue depressors
- Ice packs
- Instant cold compresses
- Wood stick applicators for lice screening

e. *Emergency To-Go Bag:*

*For use outside the health office:*

- |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Emergency epinephrine auto-injectors, (if school carries)</li> <li>• Albuterol inhaler with chamber, (if school carries)</li> <li>• Ace bandage</li> <li>• Plastic bag</li> <li>• CPR shield</li> <li>• Record sheets,</li> <li>• clipboard, pen</li> </ul> | <ul style="list-style-type: none"> <li>• Eyewash Sphygmomanometer,</li> <li>• Adult &amp; child Gauze pads: 4"x 4"</li> <li>• Stethoscope</li> <li>• Gloves-vinyl, latex free</li> <li>• Tape</li> <li>• Instant cold compresses</li> <li>• Towels: cloth &amp; paper</li> <li>• Paper cups, 5 oz.</li> <li>• Umbrella Penlight</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*For teacher-use on playground, field trips:*

- |                                                                                                                                    |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Antiseptic towelettes</li> <li>• Gloves-vinyl, latex free</li> <li>• Band aids</li> </ul> | <ul style="list-style-type: none"> <li>• Paper towels</li> <li>• Gauze pads: 4"x 4"</li> <li>• Plastic bag</li> </ul> |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

## 2.2 RESOURCES

The following is a basic list of recommended resources:

- **American Red Cross First Aid Manual**  
American Red Cross-National Headquarters 431 18th Street, NW Washington, DC 20006  
Ph: 1-202-303-4498  
[http://www.redcross.org/images/MEDIA\\_CustomProductCatalog/m55540601\\_FA-CPR-AED-Part-Manual.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m55540601_FA-CPR-AED-Part-Manual.pdf)
- [First Aid and Choking/CPR Chart](#)

AAP Bookstore 141 Northwest Point Blvd. Elk Grove Village, IL 60007-1098  
Ph: 1-866-843-2271

- **Health Guidelines Manual Diocese of Tucson Catholic Schools Department**
- [Sensory Program Policies and Procedures for Hearing Trainers and Screeners](#)  
AZDHS Bureau of Women's and Children's Health Sensory Program  
150 N. 18th Avenue, Suite 320 Phoenix, AZ 85007  
Ph: 1-602-364-1400
- [Recommended Vision Screening Guidelines for Children](#)  
Arizona Department of Education/Health and Nutrition Services  
1535 W. Jefferson Street BIN #7 Phoenix, Arizona 85007  
Ph: 602-542-0101
- [Communicable Disease Resource Guide AZDHS](#)  
150 North 18th Avenue, Suite 320 Phoenix, Arizona 85007  
Phone: 1-602-364-1419
- [ADHS "Healthy Kids AZ" Mobile App](#)
- **AZ Infectious Disease and Injury Prevention "Flip Charts",**  
<https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/communicable-disease-reporting/school-childcare-reporting-requirements.pdf>

### 3. HEALTH OFFICE MANAGEMENT

#### 3.1 PROCEDURES

Health office personnel should establish and maintain basic office management procedures to handle student health needs effectively, keeping in mind not only duties to be performed but the time frames in which they must be performed.

- Meet with administration to obtain class enrollment lists, school calendar, meeting, training schedules, etc.
- Assess health office supplies and equipment, ordering supplies as needed, (supplies for fluoride rinse program, if applicable).
- Ensure sufficient health office forms are available for the school year.
  - [Arizona School Immunization Records \(ASIR\) forms](#) can be ordered online.
  - Health record files can be requested through the Department of Catholic Schools at (520) 838-2547.
- Create a welcoming health environment in the health office.

- Review school crisis/emergency plans.
- Establish new student health records.
- Review and organize all student health records, noting any special health problems.
  - Assess immunization records for completeness and set up lists of deficiencies for follow-up.
  - Obtain copies of student emergency cards.
  - Ensure that parents/guardians of students with special health needs have filled out an Individualized Health-Care Plan (IHP) for their child.
- Establish screening schedules for vision and hearing. If offered by the school, include screening for height, weight, strabismus, blood pressure, and scoliosis. (See Appendices [H-4](#), [H-5](#), [H-6](#), [I-4](#))
  - Reserve rooms for screening.
  - Recruit volunteers if needed. They must be trained, emphasizing confidentiality.
  - Audiometers can be reserved through the Department of Catholic schools for one week at a time.
- Create a contact list of useful community resources.
- Attend teacher/staff orientation to discuss health office schedules and procedures and injury guidelines, and policies and procedures related to health and safety.
- Conduct in-service for teachers of students with special health needs, (e.g. anaphylactic, asthmatic, diabetic, epileptic ).

### 3.2 STUDENT HEALTH RECORDS

Every student must have a *Student Health Record*, that must be kept active and up-to-date. (See [2023-2024 School Handbook of Policy and Procedures.pdf \(ecatholic.com\)](#), section 3.2 Official Student Records section b. Student Health Record)

Health office personnel are responsible for maintaining confidential student health records. Special health problem lists should only be shared with the principal and a student's teacher.

Health records must be clearly marked as Confidential Information and kept in a locked file cabinet and access must be limited. Student health record folders can be obtained through the Diocese of Tucson Department of Catholic Schools.

The student health record should contain the following:

- Emergency Information Card (see 3.2.1)
- Up-to-date Arizona School Immunization Record (ASIR).
- Current health history and physical examination results.
- Individual Student Encounter documentation, (if applicable; see 3.2.2)
- Annually renewed medication permission form
- Permission to carry inhaler or permission to carry EpiPen forms (if applicable)
- Medication Administration, (if applicable; see 3.2.3)
- Annual screening results
- Documentation of referrals and follow-up information
- Letters from parents/guardians or health-care providers on special health concerns or medical orders.
- Any other health information recorded throughout the school year

### 3.2.1 Emergency Information Card

Each student shall have a current and complete *Emergency Information and Immunization Record Card*. A student may be excluded from school if these forms are not completed. The recommended form is the [Emergency Information and Immunization Record Card](#) required by the Arizona Department of Health Services for pre-schools and day care centers may be used for all grades.

One person designated by the principal should be responsible for taking the emergency cards out of the building during emergency drills, or in the event of a real emergency. (See [Emergency Information and Immunization Record Card, Appendix B-1](#))

### 3.2.2 Student Encounters Documentation

All injuries, accidents, or illnesses, other than the most minor, are to be recorded on an Individual Student Encounter document. Each student visit to the health office must be documented. Since this ***IS A LEGAL DOCUMENT AND CAN BE SUBPOENAED IN COURT***, clear, succinct, objective information is essential. Multiple student notes and/or documentation of visits on one log is not appropriate. Each visit constitutes a separate log. Confidentiality of the student encounter documentation must be maintained. If your log is digital, it must be password-protected. Be vigilant with written records during school hours. Health office Student Encounters documentation should include:

- date, time of each visit
- incoming complaint
- assessment, treatment, disposition
- signature of the person in attendance

This is especially important with systemic complaints (fever, headache, stomachache, sore throat) and injuries needing further medical attention.

### 3.2.3 Medication Administration

Students may only receive medication at school if all the Medication Policy requirements are met. (See section 6. Medication at School)

- A *Medication Administration* form (See [Medication and Administration Form, Appendix O-1](#)) is to be filled out for each student receiving medication. Forms are kept in a three-ring binder ("Medication Log") in alphabetic order by student name.
- Information can be recorded in a table format on the reverse side of the *Parent/Guardian Consent for Giving Medications at School* form to include the following:
  - Child's name
  - Date, Time medication given
  - Reason for the medication
  - Name/Amount of medication given
  - Route of administration
  - Name of Person giving the medication
- All medication permission forms/medication administration records should be filed in the student's individual health record at the end of the school year.



(THESE ARE LEGAL DOCUMENTS AND CAN BE SUBPOENAED IN COURT)

- **Daily Medications:** In addition to the above, the initial entry for Daily Meds should state that the student is now taking a medication and the reason it is being taken.
- **PRN Medications,** (medications taken as needed): Whenever a PRN medication is administered an entry should also be made in the *Student Encounter Log* to include the above information.

Confidentiality of student encounter documentation must be maintained. Be vigilant with written records during school hours.

- **Medical Marijuana:** 36-2802. Arizona Medical Marijuana Act; limitations, (Caution: 1998 Prop. 105 applies)

This chapter does not authorize any person to engage in, and does not prevent the imposition of any civil, criminal or other penalties for engaging in, the following conduct:

- A. Undertaking any task under the influence of marijuana that would constitute negligence or professional malpractice.
- B. Possessing or engaging in the medical use of marijuana:
  1. On a school bus.
  2. On the grounds of any preschool or primary or secondary school.

### 3.2.4 Physical Examinations

#### *General Physicals*

All physical examinations must be conducted by licensed practitioners whose legal scope of practice includes pediatric physical examinations. This includes MD (Medical Doctor), DO (Doctor of Osteopathy), PA-C (Certified Physician Assistant), NP (Nurse Practitioner). (See [Physical Form, Appendix E-1](#), and [Health History Form Appendix E-2](#))

New students seeking admission to a Catholic school in the Diocese of Tucson should have a complete and current physical examination and health history on file before admission is finalized.

- Physical examinations and histories should be reviewed by the health office personnel for pertinent information such as immunizations, medical conditions, allergies, medications, activity restrictions, etc. and noted on the health record.
- Annual physical examinations for elementary school students are not required for a student's participation in school P.E. classes but are for participation in school-sponsored athletics.
- Parents/Guardians must obtain a written exemption from their child's medical care provider for the student to be exempted from routine P.E. classes. (Under certain circumstances, parental judgment can be used for excusing a student from a small number of P.E. classes, for example, after an illness or injury.)

#### *Sports Physicals*

- All student athletes must have an annual physical exam completed by licensed practitioners whose legal scope of practice includes pediatric physical examinations. This includes MD (Medical Doctor), DO (Doctor of Osteopathy), PA-C (Certified Physician Assistant), NP (Nurse Practitioner).
- Physicals must be filed in the student's health record in compliance with HIPAA and FERPA laws.

- The health office staff member can inform coaches of any life-threatening “need-to-know” health information regarding a student athlete with a food allergy, asthma, epilepsy, diabetes, or any other health concern to ensure student safety, appropriate emergency intervention, and parental supervision.
- Students participating in school-sponsored athletics must have the following before being permitted to begin practice:
  - annual physical examination on file,
  - signed parental permission form,
  - signed emergency treatment form.

Each high school shall establish and implement procedures which meet [Arizona Interscholastic Association](#) (AIA) requirements and recommendations for sports physical examinations, parent/guardian consent, and student insurance coverage.

### **3.2.5 Transfer of Health Record:**

The Family Educational Rights and Privacy Act (FERPA) is a Federal law that protects the privacy of student education records. The State of Arizona abides by this law. While not required by FERPA, schools should get written permission from a parent/guardian or eligible student to release a student’s education record to other schools. (See [2023-2024 School Handbook of Policy and Procedures.pdf \(ecatholic.com\)](#) 3.2 Official Student Records; [Student Health Records, Appendix C-1](#); and [Student Health Release Form, Appendix D-1](#))

School Health staff are also liable under Federal HIPAA law for maintaining the confidentiality of all school health records (<https://www.hhs.gov/sites/default/files/2019-hipaa-ferpa-joint-guidance.pdf>).

## **3.3. COMMUNICATIONS**

### **3.3.1 With Parents/Guardians**

When a child comes to the health office with a visible injury such as a bruise, swollen bump, bite mark, large abrasion, etc., the parent should be called and given an explanation of the injury and how it was treated, even if it was accidental and the child is well enough to return to class. When talking with a parent—either in person or on the phone— a record or log of the communications should be kept, to include date, time, parent’s name, child’s name, subject matter, and health personnel’s recommendation. Document if contact was not made, and a message was left.

### **3.3.2 With Teachers**

It is helpful to give teachers feedback regarding the status of a student they sent to the health office. Teachers should also be made aware of special health concerns of any of their students or hearing/vision problems requiring special accommodation. It is essential to always be aware of the need for confidentiality when discussing student health concerns with faculty.

Occasionally it becomes necessary for health office personnel to consult with both the parent and teacher to solve a recurring problem with a child such as frequent stomachaches or headaches with no apparent cause. Often, the parent or teacher can shed some light on the source of the problem and everyone can work together to solve it.

If health office personnel see a potential health-related problem for which further medical evaluation would be advised, a referral should be made to the child's health care provider explaining the observations and cause for concern. See the Injury/Illness Handouts for Parents/Guardians below (Appendices J1-15)

- EPA and CDC flyer, [Asthma and Outdoor Air Pollution](#) (Appendix J-1)
- [Backpack Strategies for Parents and Students](#) (Appendix J-2)
- Diocese of Tucson Catholic Schools, [Flu Symptom Notification](#) (Appendix J-3)
- Diocese of Tucson Catholic Schools, [Dental Referral Form](#) (Appendix J-4)
- Diocese of Tucson Catholic Schools, [Head Injury Referral Form](#) (Appendix J-5)
- Diocese of Tucson Catholic Schools, [Parent Information on Treating Head Lice](#) (Appendix J-6)
- Diocese of Tucson Catholic Schools, [Impetigo Referral Form](#) (Appendix J-7)
- Diocese of Tucson Catholic Schools, [Mouth Sores Referral Form](#) (Appendix J-8)
- Diocese of Tucson Catholic Schools, [Pinkeye Referral Form](#) (Appendix J-9)
- Diocese of Tucson Catholic Schools, [Sore Throat Referral Form](#) (Appendix J-10)
- Diocese of Tucson Catholic Schools, [Stomach Ache Form](#) (Appendix J-11)
- Diocese of Tucson Catholic Schools, [Strain/Sprain Referral Form](#) (Appendix J-12)
- Diocese of Tucson Catholic Schools, [Stye Referral Form](#) (Appendix J-13)
- Diocese of Tucson Catholic Schools, [Urinary Tract Referral Form](#) (Appendix J-14)
- Diocese of Tucson Catholic Schools, [Wounds Referral Form](#) (Appendix J-15)
- [Eye Injury Referral Form](#) (Appendix K-1)
- [Fractures, Dislocations, Strains, Sprains, Contusions Referral Form](#) (Appendix K-2)
- [Head Injury Referral Form](#) (Appendix K-3)
- [Shock Referral Form](#) (Appendix K-4)
- [Suspected Substance Abuse- Physical Assessment Checklist](#) (Appendix K-5)

## 4. PREVENTIVE HEALTH SERVICES

Parents/Guardians whose children have no health care and are unable to pay for it should be referred to [KidsCare](#) to determine their eligibility for health coverage.

### 4.1 FOOD ALLERGIES

Food allergies can be life threatening. The risk of accidental exposure to foods can be reduced if schools work in partnership with students, Parents/Guardians, and physicians to minimize risks and provide a safe educational environment for food-allergic students.

#### 4.1.1 Family's Responsibility

- Notify the school of the child's allergies prior to the first day of school and provide emergency contact information.
- Work with the school to develop a plan that accommodates the child's needs, including the classroom, lunchroom, after-care programs, and during school-sponsored activities. If the school provides catered food for school lunches they may not guarantee lunches are always allergen-free. In this case, Parents/Guardians should provide their child's lunches for maximum safety.
- Provide the classroom teacher with a supply of alternative snacks/treats for their child to have during class parties, etc.

- Provide written medical documentation and instructions from the family physician, using the Food Allergy Action Plan as a guide. Include a photo of the child on the Allergy Action Plan.
- Provide properly labeled medications and replace medications after use or upon expiration.
- Educate the child in the self-management of their food allergy including:
  - identifying safe and unsafe foods
  - not trading food with others
  - how to refuse anything with unknown ingredients or known allergens
  - how to avoid exposure to unsafe foods (e.g. sitting away from problem foods, etc.)
  - symptoms of allergic reactions
  - how and when to tell an adult they may be having an allergy-related problem
  - how to read food labels (age appropriate)
- Review policies/procedures with the school staff, physician, and the child (if age appropriate) after a reaction has occurred.
- Consider getting the child a *MedicAlert* bracelet.

#### 4.1.2 School's Responsibility

- Review the health records submitted by Parents/Guardians and physicians.
- Assure that all staff who interact with the student are trained to
  - recognize symptoms
  - know what to do in an emergency
  - work with other school staff to eliminate the use of food allergens in student's educational tools, arts and crafts projects, or class rewards.
- Schools cannot guarantee catered food is always free of allergens. It is highly recommended that Parents/Guardians of these children provide lunches from home.
- Discuss field trips and appropriate strategies for managing food allergies with parents/guardians to decide appropriate strategies if needed. Students should not be excluded from school activities solely based on their food allergy.
- Assure student's health information remains confidential, following FERPA and other applicable federal laws.
- Food Allergy Action Plan:
  - Include a photo of the child
  - Practice the Plan before an allergic reaction occurs to assure efficiency and effectiveness.
  - Ensure that an emergency kit contains the child's emergency medications
  - Include physician's standing orders. These should be readily available, easily-accessible, and in a secure location.
- Further information, including a downloadable PDF version of the Food Allergy Action Plan is available from Food Allergy Research & Education, (FARE) , (<http://www.foodallergy.org/life-with-food-allergies/food-allergy-anaphylaxis-emergency-care-plan>), and the appendices of this document. (See [Allergy Action Plan, Appendix M-4](#))
- Ensure a trained staff member is available during the school day regardless of time or location to administer medications. Training presentation can be found through the **National Association of School Nurses**, (See *Training Tools on the [FARE website](#)*).
- Review policies/prevention plan with the teachers, parents/guardians/guardians, student (age

appropriate), and physician after a reaction has occurred.

- Take threats or harassment against an allergic child seriously.

#### **4.1.3 Student's Responsibility**

- Should be proactive in the care and management of their food allergies and reactions based on their developmental level.
- Should not share food with others and should refuse offers of food from others without prior arrangements with parents/guardians.
- Should notify an adult immediately if they eat something they believe may contain the food to which they are allergic, or if they are feeling any symptoms of allergic reaction.

### **4.2 SECURING/MAINTAINING EPINEPHRINE FOR PERSONS WITH PREVIOUSLY UNKNOWN ANAPHYLAXIS**

Per the Arizona Department of Health Services for Emergency Administration of Epinephrine in schools as authorized by § ARS 15-157 and as expressed in the former Rule R7-2-809, the following should be in place. Arizona Revised Statute §15-157 also provides immunity from civil liability with respect to all decisions made and actions taken that are based on good faith when administering epinephrine to someone experiencing a serious allergic reaction.

- Availability of 2 pediatric doses and 2 adult doses, (See Health Manual section F. EMERGENCY MEDICATIONS). Epinephrine auto-injectors are currently available through the [Epi-Pens 4 Schools Program](#) sponsored by Mylan / Bioridge Pharmaceuticals, with a physician's order. The Standing Order for Epinephrine are signed and reviewed annually by a physician. As an accommodation, the Diocese will enter into an agreement annually with a physician to satisfy this State requirement, and will work with the State to see that such annual agreement will be deemed by the State to apply to all the Catholic Schools in the Diocese which choose to administer these emergency medications. This will be coordinated by the Diocesan School Health Coordinator and provided to the health office staff member of each participating school.
- In addition to health office personnel and athletic trainers, two other persons at each school should be trained in recognizing anaphylaxis and administering epinephrine with an auto-injector.
- All school staff should be trained annually to recognize symptoms of anaphylaxis and respond accordingly:  
<https://savinglives.codeana.org/p/schoolnurseledepinephrineworkshop>

### **4.3 IMMUNIZATIONS**

The Advisory Committee on Immunization Practices (ACIP) allows for most vaccine doses administered within 4 days of the recommended minimum age interval to be counted as valid. However, the 4-day grace period does not apply in all situations. It does not allow a 4-day grace period between doses of varicella and MMR vaccines. They must be administered on the same day, or at least 28 days apart. [The Arizona Immunization Program Office \(AIPO\)](#) accepts vaccine doses given within the ACIP approved grace period as valid for childcare and school entry. The 4-day grace period includes the first MMR, which may be counted if it was administered no sooner than 4 days before the child's first birthday.

### 4.3.1 Schools

Per Arizona law (Arizona Revised Statutes §15-871-874, and Arizona Administrative Code, R9-6-701–708) no child may attend school unless such child can present to the school valid documentation of immunization against listed communicable diseases or a plan for immunization as specified by the Arizona Department of Health Services (ADHS) in the [Arizona Immunization Handbook](#).

Immunizations required for entry into Preschool and K-12 schools can be found in the [Arizona Immunization Handbook](#) (See Immunization Forms, Appendices [F-1](#) and [F-2](#)). Additional forms may be ordered from AZDOH: <https://www.azdhs.gov/documents/preparedness/epidemiology-disease-control/immunization/forms-request.pdf>

Copies of valid immunization document(s) should be made, and the original returned to the parent/guardian. Information is then transcribed onto an Arizona School Immunization Record ([Appendix F-3](#), ASIR/Form 109R) and signed by the school representative who reviewed the immunization record, stapling the copy of the immunization document to the ASIR. The completed ASIR becomes an official document and part of the student's educational file (ARS §15-874).

Acceptable forms of immunization records for students:

- Copies of
  - Arizona Lifetime Immunization Record
  - Vaccine administration record from the healthcare provider
- Computer-generated immunization record from the Arizona State Immunization Information System (ASIS) or from an immunization registry of another state
- A signed and dated
  - Arizona School Immunization Record (ASIR 109R) completed by a school the child has attended (a copy is acceptable)
  - Immunization record generated by a school's immunization software system which includes the child's name, date of birth, types of vaccines administered and immunization dates, as well as the school's name, address, and contact person
  - Immunization record or school/childcare immunization record from another state or country
- An immunization record from My Immunization Record ([MyIR.net](#)), is an ADHS approved program where individuals have access to a current immunization record.

### 4.3.2 Child Care/Preschool

The Emergency, Information, and Immunization Record Card (EIIRC 201) is the state-required form to be used in licensed childcare facilities. It contains vital emergency information as well as immunization data. A copy of an enrolled child's immunization record(s) and/or exemption form must be attached to the EIIRC. These cards must be stored on facility premises in a place which allows ready access in the event of an emergency at, or evacuation of, the facility. The EIIRC must be kept readily available during the child's attendance at the childcare facility and is to be kept in a separate file on facility premises

for one year after the child leaves the center according to Arizona Administrative Code Rule R9-5-304(D)(2). (See [EIIRC, Appendix B-1](#))

If the child lacks immunizations required for childcare attendance, parent/guardian must be given the Referral Notice of Required Immunizations for Child Care and Preschool form. The child's parent/guardian has **15 days** to provide the childcare center with proof of all required immunizations. The child shall be excluded from the center until the required proof is provided.

#### 4.3.3 Exemptions

The Arizona Immunization Program Office strongly recommends use of exemptions as an **ultimate** alternative and promotes strong education for parents/guardians and healthcare providers so that parents/guardians may make informed decisions regarding immunizations for their children. Exemptions provide an option for the parents/guardians of children who have specific aversion to immunizations whether it is a medically relevant reason, inherent personal belief, or religious belief. Arizona School and Child Care Immunization laws allow for the use of exemptions to the state compulsory immunizations. (See [the Arizona Immunization Handbook](#)) (See Exemption Forms, Appendices [F-5-1](#), [F-5-2](#), [F-5-3](#))

Below are examples for all grades unless specifically noted:

- ***Permanent Medical Exemption:***  
If the child has a medical condition that contraindicates administration of one or more immunization(s), the child can be exempted from the immunization(s). The [Medical Exemption Form](#) must be completed and signed by the child's physician or nurse practitioner and parent/guardian and submitted before the child enters school or within **15 days** of child care entry.
- ***Temporary Medical Exemption:***  
If the child has a temporary medical condition, the [Medical Exemption Form](#) must be completed and submitted as outlined above. The form must state the length of time for the exemption and the date the exemption ends. Once the length of time for the exemption has ended, the child must receive the necessary immunization(s) or be subject to exclusion from school or childcare.
- ***Laboratory Evidence of Immunity***  
If the child has had a vaccine preventable disease and the parent does not want the child immunized against the disease, laboratory proof of immunity to that disease must be submitted. A copy of the laboratory results that prove immunity must be kept on file, along with a *Medical Exemption Form* completed by the child's physician or nurse practitioner and parent/guardian. Laboratory Evidence of Immunity is required by state statutes for reported history of disease of measles, rubella and varicella.
- ***Personal Beliefs Exemption – (Kinder – 12<sup>th</sup> grade)***  
If immunizations are against the personal beliefs of the parent, the [Personal Beliefs Exemption Form](#) must be completed and signed by the parent/guardian. This exemption only applies to school grades K-12. Child care centers, preschool and Head Start may NOT use personal belief exemptions.
- ***Religious Beliefs Exemption—(Pre-Kinder/Child Care)***

If immunizations are against the religious beliefs of the parent, the [Religious Beliefs Exemption Form](#) must be completed and signed by the parent/guardian. This exemption only applies to child care centers, preschool and Head Start. Grades K-12 may NOT use religious belief exemptions.

**NOTE:** Health office personnel are responsible for maintaining a list of all students who have immunization exemptions. In the event of an outbreak of a vaccine-preventable disease, children who are exempt for reasons other than Laboratory Evidence of Immunity may be excluded from school or child care until the risk period for exposure ends. Schools and child care centers should seek guidance from their local county health department before excluding exempted children.

- ***History of Chickenpox***

Parental recall or verbal history of any disease is not accepted; therefore, students must submit an ADHS medical exemption form. Specifically, with varicella (chickenpox), measles, or rubella disease a medical exemption with attached laboratory report. Evidence of immunity is required. Documentation is entered on the ASIR 109R. Students enrolling for the first time after September 1, 2011, must present proof of varicella immunization or a valid exemption (medical, laboratory evidence of immunity or personal beliefs).

The Centers for [Disease Control and Prevention](#) website may help to answer questions about an immunization on the child's record. A list of US Vaccines can be found in [Appendix F-4](#).

#### **4.3.4 Health Personnel Responsibilities**

If a child lacks any required immunization doses, the school must give the parent/guardian the *Immunization Screening and Referral Forms* (Appendices [F-6-1](#), and [F-6-2](#)) identifying which immunizations are needed. Children must obtain the required immunization(s) and provide documentation **prior to attending school**. The child can legally be excluded from school if the parents/guardians have not completed the required immunizations.

An annual Immunization Data Report (IDR) is required from each school and is due by November 15th at ADHS. A tutorial on how to prepare the report is available on the [Arizona Department of Health Services](#) website. Elementary schools are required to demonstrate 95% compliance with immunizations and High Schools are required to show 90% compliance. Pima County requires completed IDRs sent directly to the county health department by November 15th. County requirements may vary.

***Arizona State Immunization Information System (ASIIS)*** is a computer-based immunization registry and tracking system developed by the Arizona Department of Health Services and its partners. It is intended to aid those who have a valid need to check a client's immunization status. The user must sign an agreement to meet certain confidentiality and proper use requirements. This can be helpful for schools unable to get immunization records from parents/guardians in a timely manner.

To enroll in the ASIIS program, complete the [Enrollment Form](#) and Pledge to Protect Confidential Information. The completed forms can be submitted to [ASIISHelpDesk@azdhs.gov](mailto:ASIISHelpDesk@azdhs.gov). You will then receive a user ID and password with instructions for using the system. (See [ASIIS Enrollment Application, Appendix F-7](#))

For complete information on Arizona immunization requirements for schools you can access the Arizona



Department of Health Services Immunization Program Office at (602) 364-3630 or [online](#).

For training on Arizona's immunization requirements contact your County Health Department (See [County Health Department Contact List, Appendix G-1](#)).

#### **4.3.5 Staff**

Employees in childcare centers, schools, universities, hospitals, and other public and private medical care facilities are considered high risk and must have proof of immunity to Measles, Mumps, and Rubella to remain at work during a declared outbreak. All school personnel shall show proof of immunity to Measles, Mumps, and Rubella. (See [Handbook of School Policies and Procedures](#), section 2.4 PERSONNEL REGULATIONS-- 2.4.1 Immunizations)

Persons can be considered immune to Measles, Mumps, and Rubella if one of the following is in place:

- Have valid documentation of adequate vaccination. Documentation must be kept in the employee's personnel file.
- Have physician or local/state health officer-signed documentation of serologic evidence of immunity (i.e., positive blood titer) to Measles, Mumps, and Rubella. Documentation must be kept in the employee's personnel file.

#### **4.3.6 MMR Vaccine**

State guidelines vary--Arizona recommends two doses for school personnel and requires two doses for medical personnel. Written verification from a physician or an immunization record must confirm the immunizations. (See [Sample Proof of Immunization, Appendix F-8](#))

An employee who seeks an exemption for health, religious, or personal reasons will likely be excluded from work during an outbreak of any of these diseases--see following explanation:

IMPORTANT: During a declared outbreak of Measles, Mumps, or Rubella, the County Health Department and/or Arizona Department of Health Services will, in accordance with its rules and regulations, determine the conditions of work exclusion for non/under- immunized individuals, including the specific length of time. Exclusions may be very long (e.g., if Mumps is confirmed, exclusion from work may be for 26 days after the onset of the last case). One case of Rubella and/or Measles is considered an "outbreak."

In general, persons born prior to 1957 are considered to be immune to measles, mumps and rubella. However, in a declared epidemic this generally is not acceptable due to concern of decreased immunity. In a declared epidemic the health department will likely recommend that any adult who cannot provide written documentation of vaccination of a least two MMR's and/or positive titer serology, will need to receive either a measles vaccination and/or MMR in order to remain at work. These are recommendations from the [Center for Disease Control](#), (CDC) and are generally followed by all health departments.

### **4.4 DENTAL PROGRAMS**

#### **4.4.1 Fluoride Mouth Rinse Program**

Dental decay is present in about 95% of Arizona's population. Recent surveys conducted on Arizona school children indicate that 66% of the children examined had experienced dental decay (cavities.) Tooth pain and early tooth loss caused by dental decay can negatively affect a child's ability to concentrate and learn, among other problems.

Fluoride is recognized as an effective agent in the control of dental decay. The most cost-effective method for the reduction of tooth decay is obtaining systemic fluoride through community water fluoridation. However, not all Arizona communities have drinking water with the optimal fluoride levels (0.7 – 1.0 parts per million). You can find out the fluoride levels in your water by contacting your local water company.

A fluoride mouth rinse program, endorsed by the American Dental Association, however, has been tested and proven to be effective in preventing tooth decay. In a recent study conducted in Arizona schools, participants in the program were found to have 50% fewer cavities than non-participants. The mouth rinse does not, however, take the place of regular dental checkups, treatment, or proper home care. The fluoride mouth rinse program is intended to serve grades 1–6.

Health personnel will need the support of the school principal and teachers for a Mouth Rinse program to succeed. Teachers should be given instruction on how to conduct the rinsing during teacher orientation days before school starts. Following are some additional considerations:

- Adequate space to prepare solution
- Storage space for fluoride supplies
- Parental permission forms
- Parent volunteer to help prepare solution
- Containers to carry cups of fluoride to classrooms

The parental permission form will be provided by the fluoride rinse program coordinator.

Schools in non-fluoridated communities with greater than 50% of the student population eligible for the National School Lunch Program, (NSLP) are eligible for this service at no charge, if funds are available and 75% of the students participate. To inquire about this service contact the Arizona Department of Health Services, [Office of Oral Health](#). Schools can also establish their own program at a minimal cost per child per school year. For more information contact [Medical Products Lab, Inc.](#)

#### **4.4.2 Arizona School-Based Sealant Program**

Sealants prevent tooth decay and stop cavities from growing. The Surgeon General's report on oral health indicates that sealants can reduce decay in school children by more than 70 percent. The [Cavity Free AZ Sealant Program](#) is provided at NO COST to the school, child or family for students who meet the following qualifications:

- Second and Sixth grade children
- With parental consent
- With a need for sealants
- With No private dental insurance
- Attending schools with a high level of participation in the NSLP

#### **4.4.3 Fluoride Varnish Program**

Many Arizona children start school with tooth decay, a disease that is largely preventable. Tooth decay in children's teeth can be painful and prevent children from chewing, speaking, sleeping and learning. Fluoride Varnish is...

- A protective topical fluoride that is painted on all parts of the teeth
- Safe and can be used from the time babies have their first tooth

- Prevents new cavities and can help stop cavities that have just started
- Should be applied on the teeth at least two times a year to keep teeth healthy

The [Arizona Fluoride Varnish Program](#) is an oral health prevention program for children 0 to 5 years of age. A dental provider will look at your child's teeth and apply fluoride varnish as needed. All services are provided free to children 0 to 5 years of age.

## 4.5 OUTDOOR ENVIRONMENT AWARENESS

### 4.5.1 Sun Safety

While the sun provides important vitamin D, too much exposure can lead to skin cancer – the most diagnosed cancer in the United States. Arizona is home to three of the sunniest cities in the country: Yuma (1), Phoenix (4), and Tucson (5). (see the ADHS, [SunWISE](#) program)

The Centers for Disease Control and Prevention (CDC) now categorizes skin cancer as epidemic. Nearly 90% of these deadly cancers start from sun exposure during the childhood years. Besides the risk for cancer, sun exposure to unprotected skin also results in painful burns, premature aging, and weakened immune systems and the American Academy of Ophthalmology has cautioned that excess exposure to UV radiation may increase the incidence of cataracts.

To protect children from the sun it is recommended that sun exposure from May through September be limited during peak sun intensity--10:00 a.m. to 2:00 p.m. That may be difficult to achieve given that recess and PE classes occur during those times. Some things schools can do:

- Strongly encourage students to apply sunscreen each day. Some schools stock large pump bottles of sunscreen for students to apply before they go outdoors. Sunscreen should be applied 20 minutes before going outside to allow for protective interaction with the skin.
- Promote the use of sun hats. These wide-brimmed hats can be imprinted with school logos and come in a variety of colors
- Promote the use of sunglasses that are protective against UVA and UVB rays. Studies show a correlation between cumulative UVB exposure and cataracts.

The Arizona Department of Health Services (ADHS) [SunWISE](#) program is available to elementary schools.

The *SunWise* program may include the following:

- Free assemblies and presentations\*
- School contests
- Curriculum
- Educator resources

**\*Note: Necessary Clearance must be in place prior to the engagement, (See [Handbook of School Policies and Procedures](#), Section 4.8.3 Guest Speakers)**

### 4.5.2 Heat Safety

Children perspire less than adults, making it harder for them to cool off. Physical Education (P.E.) teachers and coaches should be instructed as follows:

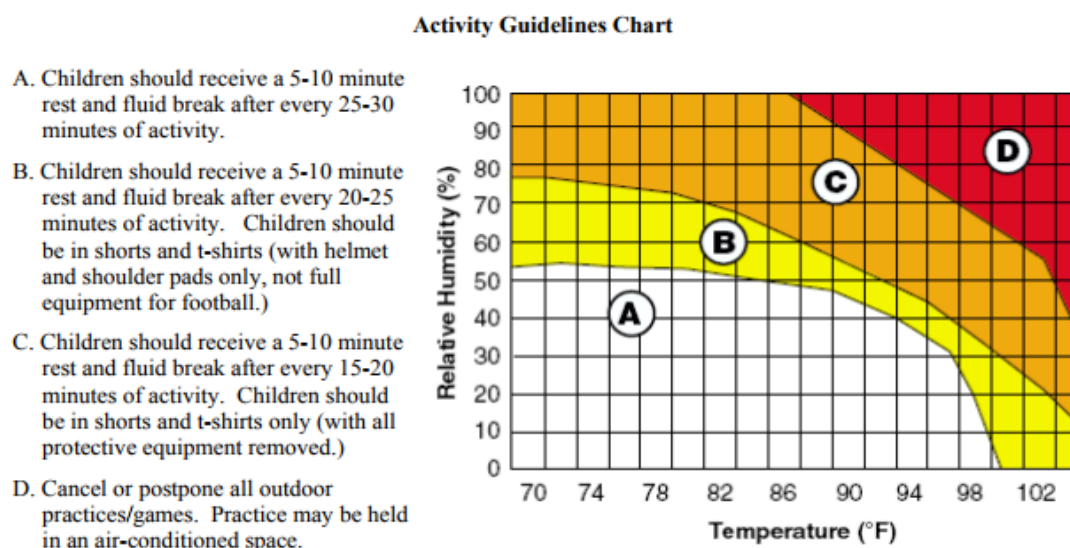
It is best for students to begin P.E. or sports in an already well-hydrated condition because they can get

easily dehydrated if they do not replace body fluids lost by perspiring. In our intense and extended seasons of heat, dehydration can rapidly progress to heat cramps, heat exhaustion, and if not treated, heat stroke.

P.E. teachers and coaches should

- Be aware of temperature and humidity levels.
- Ensure children get used to the heat and humidity gradually, especially at the beginning of a season or after a long period of lower activity.
- Reduce practice length and intensity as the temperature and humidity levels rise.
- Schedule fluid breaks for all P.E. classes and sports practices, increasing in frequency as the heat and humidity levels rise.

The following Activity Guidelines Chart gives more specific details:



#### 4.5.3 Air Quality Safety

Air pollution can harm anyone but can be more of a problem for persons with asthma, making symptoms worse and triggering attacks. Ozone and particle pollution are the two key air pollutants that affect asthma. Awareness of current air quality information and modifying outdoor activities on bad air days are important when caring for persons with asthma at school. In many areas air quality reports can be found on local radio or TV stations or in the newspaper. Air quality is reported using the Air Quality Index (AQI), as shown in the table below.

**Air Quality Index Chart**

Index Value	Name	Color	Advisory
0 to 50	Good	Green	None
51 to 100	Moderate	Yellow	Unusually sensitive individuals should consider limiting prolonged outdoor activity.
101 to 150	Unhealthy for Sensitive Groups	Orange	Children, active adults, and people with respiratory disease, such as asthma, should limit prolonged outdoor activity.
151 to 200	Unhealthy	Red	Children, active adults, and people with respiratory disease, such as asthma, should avoid prolonged outdoor activity; everyone else should limit prolonged outdoor activity.
201 to 300	Very Unhealthy	Purple	Children, active adults, and people with respiratory disease, such as asthma, should avoid outdoor activity; everyone else should limit outdoor activity.
301 to 500	Hazardous	Maroon	Everyone should avoid all physical activity outdoors.

The American Lung Association recommends that children with asthma not exert themselves outside--and in some cases should be kept in--if the **AQI level reaches 70, (Moderate)**. If the AQI reaches **100, (Unhealthy)** all students should be kept in. For online information on air quality in Arizona, reports are available for Pima, and Pinal counties at:

- Pima.gov [Air Quality Index](#)
- Pinal County [AQI Forecast](#)

## 5. SCREENING PROGRAMS

Various screening programs conducted in schools are helpful in identifying students who may have a potential health problem which could negatively affect their learning and/or overall health. Screening allows for student referrals for necessary follow-up care.

The following allow school health personnel to plan and implement various screening programs:

- Obtain the required/recommended training
- Identify students to be screened
- Locate and schedule appropriate testing sites
- Notify the teachers of schedules
- Recruit and train volunteers
- Obtain necessary equipment or supplies
- Conduct the screenings.

Screening duties are as follows:

- Screen designated students
- Re-screen as needed
- Make referrals as needed
- Follow-up on referrals
- Chart all results and follow-up information on student health records
- Help implement any necessary student accommodations
- Submit an annual written report to ADHS for hearing and screen only

Volunteers are required to fulfill all Safe Environment requirements, (See the Diocese of Tucson, [Our Call](#)

[to Protect](#) website). ALL Clearances Checks must be COMPLETE BEFORE a volunteer begins.

## 5.1. HEARING SCREENING

Arizona law, ARS 356-889, R 9-13-101 - 109, mandates hearing screening of a designated population in every public, private, and charter school. Preschools and schools shall establish a hearing screening program in accordance with the rules and regulations issued by the State of Arizona( See Sensory Program, Hearing Screening Statutes and Rules - [www.azdhs.gov](http://www.azdhs.gov)).

### 5.1.1 Training and Equipment

All hearing screeners must be certified by attending a course taught by an approved T3 Trainer. Certified screeners are required to attend and pass a renewal course every five (5) years. An audiologist, a speech-language pathologist, or a certified screener can directly supervise volunteers during mass screenings in a school setting. ( See Sensory Program, Policies and Procedures for Hearing Trainers and Screeners - [www.azdhs.gov](http://www.azdhs.gov)).

Training may also be available through:

Southwest Hearing Care, Inc. 1661 N. Swan Road, Suite #220 Tucson, AZ 85712 (520) 325-889	Tucson Unified School District School Health Services 102 N Plumer Tucson, AZ 85719 (520) 225-3284
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

All hearing screening equipment must be calibrated annually. Machines may be borrowed from the Sensory Program. Visit [www.azdhs.gov](http://www.azdhs.gov), Sensory Program, for a list of locations throughout the state.

The Diocese of Tucson Department of Catholic Schools office also has two audiometers available for loan. To schedule them on a weekly basis, call (520) 838-2547.

### 5.1.2 Screening Population

Hearing screening is required for students in Preschool through Gr. 2; Gr. 6 and Gr. 9, and any student in Gr. 3 – 5; Gr. 7-8 and Gr. 10-12, who does not have written documentation of screening. Any student who failed a second screening in the previous year, any student receiving special education (this includes those receiving speech therapy), and any student referred by self, parent, teacher, psychologist, etc. or by the school health professional should also be screened. (See [Health Screening Grid, Appendix H-1](#))

### 5.1.3 Screening Procedures

Arrange to use a quiet room with a door that closes and sufficient electrical outlets.

- Notify teachers of the screening schedule.
- Be aware of outside traffic, environmental, air conditioning, lighting, or appliance noises that may interfere with hearing results.
- If you have more than one screener working, they can work in the same room, providing there is sufficient space. In this case, the children being tested should be seated facing away from each

other.

Volunteers are required to fulfill all Safe Environment requirements, (See the Diocese of Tucson, [Our Call to Protect](#) page). ALL Clearances Checks must be COMPLETE BEFORE a volunteer begins.

#### 5.1.4 Results and Referrals

Hearing screening results are charted on the student's health record. Referrals are made according to the Hearing Screening Statutes and Rules requirements. (See [Hearing Referral Form, Appendix I-1](#))

Teachers should be notified within ten (10) days if an audiologist has diagnosed a student as hard of hearing or deaf.

#### 5.1.5 Annual Report

A mandatory annual Hearing Screening Report is submitted to the Arizona Department of Health Services, (ADHS) between April 1 and June 30. The [ADHS Sensory Program](#), provides specific instructions to complete the report.

##### Submission Guidelines Hearing Screening Report

- To manually complete, the [Hearing Screening Report form](#) (See [Appendix H-2](#)) download and print.
- Go online to [ADHS Sensory Screening Reporting](#) input the information from the hearing screening report form you manually completed. Hearing screening reports **will no longer be accepted by mail** and should be submitted online only.

### 5.2 VISION SCREENING

The vision screening program helps to identify students with potential vision problems and provide appropriate intervention. It is not intended to take the place of a complete examination done by an eye care professional.

Vision screening, though not mandated by Arizona law, is recommended annually for all students in PK - 4<sup>th</sup> grade, and at least every other year for students in 5<sup>th</sup> grade and up. Schools should establish a vision-screening program in accordance with the [ADHS Recommended Vision Screening Guidelines](#).

#### 5.2.1 Screening Procedures

Health office staff should be aware of the following important points when preparing for vision screening:

- Health office staff should attend a "Train the Trainer class, and in turn, can train volunteers to assist with the vision screening.
- Vision screening training may be available through local public school districts (i.e. Tucson Unified School District School Health Services (520) 225-3284).
- Volunteers are required to fulfill all Safe Environment requirements (See the Diocese of Tucson, [Our Call to Protect](#) website). ALL Clearances Checks must be COMPLETE BEFORE a volunteer begins.
- Health office staff must notify teachers of the screening schedule.

The vision screening process involves screening, re-screening as necessary, referral as necessary, follow-up, and implementation of any necessary student accommodations.

Referral criteria are as follows:

- For all ages, refer if there is a 2-line difference in distance acuity between left and right.
- Worse than 20/40 – ages three to five in either or both eyes
- Worse than 20/30 ages six and up in either or both eyes

(See [Vision Referral Letter, Appendix I-2](#))

All results and follow-ups should be recorded in the student's health record.

### 5.2.2 Lions Club International

The Lions Club International is the world's largest Service Organization, with more than 1.4 million members. Their motto is *We Serve*, and their signature project is *Vision*, which began in 1927 when Helen Keller challenged the Lions to become *Knights of the Blind*.

Catholic schools in the Diocese of Tucson have partnered with different Lions Clubs in the diocese. The South Tucson Lions Club screens all students in the Tucson Area schools annually. They also help with coordinating with other Lions Clubs in our outlying communities to provide similar services. Finally, the Lions Clubs work with schools to assist in obtaining exams and glasses for needy children.

Lions Club vision screening fulfills ADHS Recommended Vision Screening Guidelines. The availability of different vision screenings may vary:

- Arizona State Certified Lions Vision Screener who tests for
  - Visual acuity
  - Hyperopia
  - Myopia
  - Astigmatism
  - Anisocoria
  - Anisometropia
  - Strabismus
- Spot Screener who provides a simple *pass/refer* result and produces written detailed documentation for use as a starting point for further professional eye examinations.
- Color vision deficiency using the Ishihara color test chart.

To request more information about scheduling the Lions Club Vision Screening (See [South Tucson Lions Vision Screening](#))

## 5.3 HEIGHT, WEIGHT, and BMI ASSESSMENTS

A healthy child grows at a genetically predetermined rate that can be compromised by improper nutrition or illness. Early detection of abnormalities in growth can contribute to identification of chronic illness and possible growth hormone deficiency or risk for obesity.

Height and Weight measurements should be done on all students K-9<sup>th</sup> grade each year. Considering current trends toward overweight and obesity in growing numbers of school-age children, it is additionally recommended that Body Mass Index (BMI) be calculated for each child.

Body Mass Index (BMI) is a number calculated from a child's weight and height. It is a reliable indicator of body fatness for most children and teens. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat. BMI is an inexpensive and easy-to-perform method of screening for weight categories that may lead to health problems.

After BMI is calculated for children and teens, the BMI number is plotted on the BMI-for- age growth charts



developed by the National Center for Health Statistics and the Centers for Disease Control (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age. The categories used with children and teens are listed below.

Underweight .....	Less than the 5 <sup>th</sup> percentile
Healthy weight .....	5 <sup>th</sup> percentile to less than the 85 <sup>th</sup> percentile
At risk of overweight .....	85 <sup>th</sup> to less than the 95 <sup>th</sup> percentile
Overweight .....	Equal to or greater than the 95 <sup>th</sup> percentile

(See Sample [CDC Growth Charts](#); (See BMI Growth Charts, Appendices [H-3a](#) and [H-3b](#)).

Not all students will need to have their height, weight, and BMI plotted on a growth chart every year, but if a student appears at risk for under- or over-weight; if there is an unusually large change in weight-for-height; or if a parent or teacher expresses a concern about a child's weight, the child should have his/her data plotted.

Notation should be made of any student who falls above the 95th or below the 5th percentiles for BMI. This should be brought to the attention of the parent/guardian first by personal contact and then followed with a referral to the family physician. (See [Overweight Risk Referral, Appendix I-3](#))

### 5.3.1 Screening Procedures

Arrange to use a quiet room with a door that closes and sufficient electrical outlets.

- Notify teachers of the screening schedule
- Locate a suitable room/area with a privacy screen to afford a measure of privacy
- Recruit and train volunteers\* to assist with height and weight assessment, paying attention to correct measurement technique and confidentiality of student data
- Review the data for instances of over- or underweight students and make any necessary referrals
- Chart results and follow-up information in the student record

\*Volunteers are required to fulfill all Safe Environment requirements, (See the Diocese of Tucson, [Our Call to Protect](#) website). ALL Clearances Checks must be COMPLETE BEFORE a volunteer begins.

### 5.3.2 Equipment

- Measurement Beam-balance scales with non-detachable weights and without built-in measuring rods are recommended. Spring-balance scales such as bathroom scales are not recommended due to their lack of reliable accuracy.
- Height measuring boards (stadiometers) with movable headpieces, readable to the nearest 1/8 inch are recommended. The movable measuring rod on platform scales is not as reliable.

### 5.3.3 Measurement

Use of proper technique is important to avoid errors. The most frequent errors are reading and/or recording the measurement incorrectly. Screeners avoid distractions and work carefully at a comfortable

pace to avoid these mistakes.

Height:

1. Measure standing without shoes/hat. Clothing/hairstyle should not interfere. Student should stand 'tall and straight', eyes straight ahead with shoulder blades, buttocks and heels touching the measuring board.
2. Both feet must be flat on the floor, knees together, legs and back straight, arms hanging naturally at sides.
3. Lower headboard until it firmly touches the crown of the head and creates a right angle with the measuring board.
4. Read the height to the nearest  $\frac{1}{4}$  inch at the bottom of the headboard, where it touches the measuring board.
5. Note the measurement and immediately record.

Weight:

1. Student should be able to stand upright.
2. Measure weight without heavy clothing and shoes.
3. Check that the 'sliding weights' on the beam balance is in a zero position and the scale is in balance.
4. Student stands upright at the center of the platform with arms hanging naturally at sides.
5. Slide the appropriate weights back and forth until the indicator arrow rests in the exact center.
6. Note the measurement and immediately record.

## 5.4 SCOLIOSIS

Everyone's spine has natural curves, but some spines also curve from side to side. Unlike poor posture, these curves can't be corrected simply by learning to stand up straight. This condition of side-to-side spinal curves is called *scoliosis*. On an X-ray, the spine of an individual with scoliosis looks more like an "S" or a "C" than a straight line.

Scoliosis affects approximately 2 percent of the population. It usually develops in middle or late childhood, before puberty, and is seen more often in girls than boys. Though scoliosis can occur in children with various conditions, most scoliosis is found in otherwise healthy youngsters. However, it also runs in families, (approximately 20 percent). Most of scoliosis is "idiopathic," meaning its cause is unknown. It can go unnoticed in a child because it is rarely painful in the formative years. For this reason, some schools sponsor scoliosis screenings. Although only a physician can accurately diagnose scoliosis, school screenings can help identify abnormalities in the spine.

### 5.4.1 Spinal Screening

According to the NASN publication, *School Nursing: A Comprehensive Text*, there is insufficient evidence to support or refute screening. The American Academy of Orthopedic Surgeons and the Scoliosis Research Society however continue to endorse scoliosis screenings in schools.

If spinal screening is done in a school, it is recommended that schools request the help of a Registered Nurse who has had spinal training and experience or to establish a working relationship with an orthopedic physician who can assist in training.

Written permission from a parent/guardian is required before scoliosis screening may be done on any

student. (See [Scoliosis Screening Permission Form, Appendix H-5](#))

The American Academy of Orthopedic Surgeons recommends screening girls twice, in 5th and 7th grade (10 and 12 years of age), and screening boys in 8th or 9th grade (13 or 14 years).

\*Note: Personnel who do scoliosis screening are required to

- have appropriate and current formal or informal training
- fulfill all Safe Environment requirements, (See [Diocese of Tucson- Volunteer Opportunities](#)). ALL Clearances Checks must be COMPLETE BEFORE screening takes place.

#### 5.4.2 Screening Procedures

Maximum privacy must be given to the students during the screening procedure. Students are to be screened individually in a private area. Girls and boys are made aware that they will have to remove their shirt at the time of screening, so the back can be observed. Girls should wear a sports bra for the screening. These points are also mentioned in the parent letter/permission form.

If any abnormalities are detected during screening, notes should be made on a data form, (See [Spinal Screening Form, Appendix H-6](#)) which lists the various body features the examiner looks for when screening, (e.g., shoulder, hip, and scapula symmetry, equal arm-to-waist spaces, etc.).

Qualified health personnel should

- Be current on necessary training
- Notify teachers of the screening schedule
- Locate a suitable room to afford a measure of privacy
- Recruit and train volunteers\*
- Distribute and collect signed parent letter/ permission forms
- Orient the students to scoliosis screening
- Evaluate screening results and conduct any necessary re-screenings
- Make appropriate referrals and follow up
- Chart results and follow-up information in the student record.
- Chart permission slips, screening results, referrals, and follow-up in the student's health record

\*Volunteers are required to fulfill all Safe Environment requirements, (See the Diocese of Tucson, [Our Call to Protect](#) website). ALL Clearances Checks must be COMPLETE BEFORE a volunteer begins.

#### 5.4.3 Referral Guidelines

After screening, referrals for significant or questionable findings are to be made to the parent/guardian. As a courtesy to parents/guardians and to avoid undue anxiety, please phone parents/guardians before a written referral is sent. (See [Scoliosis Referral, Appendix I-5](#))

- Student is placed on a *watch list* for rechecking in 6 months or earlier if a thoracic hump or lumbar hump is between 1/4 and 3/8 inch. If a scoliometer is being used, the measurement would be between 5o and 7o.

- Student with a thoracic hump or lumbar hump equal to or greater than 3/8 inch--or 7o if using a scoliometer--would be referred for medical examination.

## 5.5 MANAGEMENT of PEDICULOSIS (Head Lice)

The Protocol for Management of Pediculosis (head lice) is in accordance with the Arizona Administrative Code (AZ R9-6-355) and incorporates evidence-based practice. In cases of pediculosis, the student's privacy and the family's right to confidentiality will be maintained, and the management of pediculosis should not interfere with the educational process.

- Head lice in schools have always been a challenging problem. Although not considered a public health threat they are a nuisance. Children with head lice lose time in the classroom and families experience shame because of exclusion from school. Head lice, however, do not carry disease. Infestations occur in all socioeconomic groups and do not represent poor hygiene.
- Lice live on blood drawn from the scalp and are spread by close head-to-head contact. They are considered home acquired. Lice do not jump or hop from head-to-head; they crawl. Lice do not spread infection.
- Symptoms include complaints of itchiness or child scratching behind the ears and nape of neck.
- Lice lay eggs called nits which are most commonly seen behind the ears and nape.
- Nits must be within ¼ inch of a warm scalp to hatch; nits further from the scalp are not considered viable.
- Only lice, not nits, spread the *infestation*. Therefore, a person is only contagious when they have live lice.

### 5.5.1 Control of Head Lice

Chemical (pediculicide) shampoos kill live lice and are the only known effective treatment.

- Chemical shampoos can be purchased over the counter. However, studies have suggested that lice removed by combing and brushing are damaged and rarely survive.
- It is essential to re-treat 9 days later or as directed on the shampoo bottle.
- Chemical shampoo does not kill nits and should not be applied if only nits are present.
- Manual removal of nits (especially the ones within 1 cm of the scalp) after treatment with any product is recommended.
- Nit removal can be difficult and tedious, fine-toothed "nit combs" are available.
- Shared objects that contact the head are no longer considered to pose much of a risk of spread of lice because insects stay close to their blood supply on the scalp. However, it is best to avoid sharing clothing and headgear between users without washing it first.
- Households and close contacts should be examined and treated if they have live infestations.
- Treatment of the home environment is no longer required and is optional because lice spread is primarily head-to-head.
  - Home treatment options include washing articles (contact with the head in last 1 to 2 days) in a hot washer and drying in a hot dryer
  - vacuuming floors, carpets, and furniture
  - bagging all toys, bedding, and fabrics in sealed plastic bags. Keep away from people

for more than 2 days as lice can only live away from the scalp for two days.

### 5.5.2 Referrals

1. Refer the child with live head lice for treatment at the end of the day. Presence of “nits” only is not a valid reason to exclude from school. Parents/Guardians should be advised on how to remove nits. The child is excluded from school until he/she receives chemical treatment at home in accordance with Arizona Administrative Code and can return when the initial treatment has been completed. (See [Parental Notification of Head Lice, Appendix I-6](#))

Case control measures: “An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculicide.” (Code (AZ R9-6-355))

2. Parent of child with lice receives verbal notification to include:
  - Instruction on proper chemical (pediculicide) shampoo treatment and retreatment 9 days later, or as recommended on shampoo bottle
  - Instruction to examine entire household and close contacts, and to chemically treat if they have infestations
  - Instruction on optional treatment of the home environment, (laundry, bagging, vacuuming, and nit combing)
  - Parents/guardians may be asked to bring in containers/boxes of products used to assure adequate treatment and assist in identifying resistant cases
  - Child’s returns to the health office the next day following treatment for assessment
  - Child is released to classroom if child was treated effectively
  - Child is assessed by health staff in 10 days i.e. following re-treatment
3. Teacher should
  - Discourage sharing clothing and headgear, and head-to-head contact
  - Do not conduct classroom-wide checks. These are neither warranted nor merited as lice do not jump head-to-head and privacy should be respected
  - Only check classmates who are symptomatic and parental notification letters will be sent out if lice cases are confirmed in 20% of class (definition of an “outbreak” by epidemiologic/public health standards)
4. Resources:
  - \* American Academy of Pediatrics Position Paper
  - \* National Association of School Nurses
  - \* Centers for Disease Control and Prevention
  - \* AZDHS Communicable Disease Reference Guide
  - \* School Health Professionals of the Diocese of Phoenix Catholic Schools
  - \* Amphitheater Health Services

### 5.6 Accident Prevention

Despite our best efforts, accidents and injuries do occur. Health office personnel have an important role to play in preventing injury, accidents and reducing their number and severity.

- Each year before the start of school, a school-site safety inspection must be done. It is best to obtain the help of someone not employed by the school to conduct this inspection. Parents/Guardians who are firefighters, policemen, or military personnel are a good choice for inspectors, but anyone who is detail-oriented or knowledgeable in safety matters would be acceptable.
- A copy of the annual School Site Assessment Survey form, for the Diocese of Tucson, Office of Property and Insurance -Risk Management is done in collaboration with the diocesan Risk Manager. The school administrator is primarily responsible for ensuring student safety, but all faculty and staff should work together to be aware of safety hazards.
- The number and type of injuries seen in the health office can point to an area of bullying, the need for equipment repair, etc.

## 6. HEALTH SUPPORT SERVICES

### 6.1. CARE for INJURIES and ILLNESS

All school personnel are responsible for the handling of injuries and sudden illness occurring at school and during school-sponsored activities.

#### 6.1.1 CPR/First Aid Certification

There must be a minimum of one school personnel member with a current CPR and first aid certification on the premises at all times. Athletic Directors should conduct an orientation to include CPR and first aid training for all coaches and P.E. teachers. All Health Office Personnel must hold current CPR/First Aide certification.

- Copies of the American Red Cross First Aid Manual or other comparable First Aid Manual should be readily available.
- First aid kits should be available in several locations throughout the school.
- After-school sports should have their own first-aid kit available, and all coaches should be aware of its location. It is the responsibility of the athletic director to inspect the first aid kit each year and work with the health coordinator to replenish needed supplies.
- First aid kits must be taken on all field trips and off-site sporting events.

#### 6.1.2 Serious Chronic Illness

Students with serious or chronic illness should have emergency medication kits and/or care plans on file in the health office. Appropriate personnel should be trained in how to respond to a medical emergency for these students.

When a student is injured or becomes ill at school, the condition of the student will dictate the immediate course of action. Assessment Flow Sheets are a useful aid in determining the best course of action for more serious injuries. (See Assessment Flow Sheets, Appendices [K-1](#), [K-2](#), [K-3](#), [K-4](#), [K-5](#))

- A current/complete Emergency Information form should be on file for each student.
  - student's name, address
  - parent/guardian's name, home, and work phone numbers
  - physician's name and phone number
  - names of persons to be contacted if parents/guardians cannot be reached

- permission to take action in cases in which parents/guardians cannot be reached. (See [Emergency Information and Immunization Record Card, Appendix B-1](#))
- All life-threatening or potentially critical situations require calling 9-1-1. When in doubt, call 9-1-1.
- If necessary, give the student immediate first aid care to preserve life, prevent dangerous loss of blood, or prevent other emergencies.
- If the student is experiencing a serious allergic reaction (anaphylaxis) (e.g. bee sting, food, etc.), call 9-1-1 and follow the previously-established emergency treatment plan for the student.
- Notify the child's parents/guardians immediately. In all cases, when possible, wait for instructions from parent/guardian before proceeding further.
- School personnel shall not transport injured or ill students for medical treatment. If the situation is serious or life threatening, 9-1-1 must be called.
- **The school's right to give treatment goes no further than immediate first aid which will protect the life of the individual until professional treatment can be secured.**
- **The school reserves the right to act as deemed necessary by the principal or principal's designee in a life-threatening situation. Students with less serious illnesses or injuries are referred to parents/guardians for medical follow-up.**
- If an ill/injured student remains at school, s/he will not be allowed to go home unless accompanied by a parent/guardian or parent designee.
- If an accident requires a doctor's or dentist's intervention, an *Accident Report* form must be completed. (See [Diocesan Accident Report, Appendix L-1](#))
- All incidents must be thoroughly documented in the student's health record.

### 6.1.3 Less Serious Injuries/Illness

Less serious injuries or complaints will be treated in the health office. If appropriate, the student will be sent back to class. If the injury merits more attention, parent will be called. Some examples are:

- Student receives a large bruise or "goose-egg", even if the child feels well enough to stay in school.
- Student sprains a joint which has been treated appropriately, with the parent/guardian, determine if the child can remain in school or if parent will seek further medical care.
- Student receives a large or deep laceration that may require stitches, call and recommend further medical care.
- Student receives a blow to the head and exhibits any symptoms, call the and recommend further medical attention.
- **When in doubt about any injury, call the parents/guardians!**

In the absence of definite symptoms, the student may be treated and sent back to class. If s/he returns later with the same complaint, it is best to call the parent/guardian to pick up the child. A few guidelines (See Center for Disease Control, [Influenza, Guidance for School Administrators](#)) for sending a student home due to illness are:

- Fever of 100 F or above
- Vomiting or diarrhea
- Suspicious, widespread rash
- Severe, unrelieved headache

- Possible pinkeye not related to allergies
- Severe, red sore throat
- Repeated complaint of any nature or if the child appears unwell
- Abdominal pain unrelieved by eating, resting, or a bowel movement

Parent/guardian of the ill student should be advised to pick up their child within **an hour** of being notified.

The [American Academy of Pediatrics](https://www.aap.org/) recommends that health office personnel advise parent/guardian to keep their child home when exhibiting the following symptoms:

- Fever (100 degrees +) or has had one during the past 24 hours
- Difficulty breathing or has a heavy cough
- Mucous or pus draining from red eyes, or thick, yellow-green drainage from his/her nose.
- Two or more very loose or watery bowel movements in the past 24 hours
- Vomiting two or more times in the past 24 hours
- Severe sore throat that lasts more than 48 hours, especially when accompanied by a fever and/or swollen glands
- Significant rash, particularly when other symptoms are present
- Severe ear pain
- Severe headache, especially with a fever

**Parents/Guardians may allow children to return to school after symptoms are gone for at least 24 hours. For fever, students may return when free of fever for 24 hours without the use of fever reducers such as acetaminophen.**

If a child has ingested or been exposed to a hazardous substance the Poison Control Center should be called: **1-800-222-1222**. The Arizona Poison Control System is a 24-hour service which provides information on:

- Drug overdoses
- Exposure to or ingestion of hazardous substances
- Pill identification
- Adverse reactions to medications or other chemicals
- Bites and Stings
- Information on disposal of hazardous chemicals
- Pesticide information
- Information on educational programs
- Food poisoning

Other injury/impairment procedural tools can be found in the ADHS *Emergency Guidelines For Schools Manual*,

<https://www.azdhs.gov/documents/prevention/womens-childrens-health/cyshcn/nursing/emergency-school-guidelines.pdf>

## 6.2 REQUESTING EMERGENCY ASSISTANCE

Health office personnel should obtain the following information regarding *Emergency Medical System (EMS)* response to a school emergency before the beginning of the new school term:



- How to activate the system activated in your community (e.g., 9-1-1)
- The level of EMS personnel training (e.g., Basic Life Support (BLS) or Advanced Life Support (ALS))  
Such as anaphylaxis, may require ALS personnel
- Expected response time
- Mode of transportation
- Hospitals will patients be transported to

The following information should be given when calling EMS:

- Nature of illness or injury
- Name and address of school (this information should be posted with other emergency information at appropriate locations—the person calling for help may not know or remember the school's address)
- Specific directions to location of patient
- A person should be assigned to wait outside for the EMS vehicle to guide them to the patient

Upon the EMS arrival, health personnel should provide the following information:

- Identifying information (name & age of patient, etc.)
- Chief complaint (mechanism of injury)
- Present condition (respiratory, circulatory, neurological status)
- Vital signs, if possible
- Details regarding symptoms (quality, quantity, location, duration, aggravating or alleviating factors, etc.)
- Other relevant information (medications, allergies, non-English-speaker, etc.)
- Copy of the *Emergency Information and Immunization Record Card*

If the parents/guardians are not present in time to accompany their child to the hospital, a school personnel member is required to accompany the child. The parents/guardians should be informed which hospital the child is being taken to.

### 6.3 ACCIDENT REPORT/INSURANCE CLAIMS

Accident and Claim reports are to be completed for ALL incidents requiring a doctor or dentist's intervention, whether the parent/guardian files an insurance claim through the school insurance or not. School insurance, (Meyers-Stevens and Toohey), is designed to supplement insurance carried by the parents/guardians.

For each incident, an *Accident Report* and an *Accident Claim Form*, (See [Accident Report](#), Appendix L-1, and [Insurance Claim Form](#), Appendix L-2), is required as follows:

1. The *Accident Report Form* is completed, and two copies made
  - The original is to be kept indefinitely in the student's permanent school record
  - First copy goes to the diocesan insurance manager: (Liz Aguillo: [laguallo@diocesetucson.org](mailto:laguallo@diocesetucson.org) )
  - Second copy is attached to a claim form and given to the parents/guardians, (for filing claim)
2. The *Accident Claim Form* is to be completed if a claim is filed, and two copies made

- The school completes Part A
- The parents/guardians complete Part B
- Both parts must be completed or the claim cannot be processed
- The original is given to the parents/guardians. They send it, the *Accident Report* and all itemized bills to the insurer within 90 days of the first date of treatment
- First copy is attached to the original *Accident Report* and is kept indefinitely in the student's permanent school record
- Second copy is attached to the *Accident Report* and sent to the diocesan insurance manager (Complete instructions are given on the back of the Accident Claim Form)

Insurance claim forms are available through the [Diocesan Property & Insurance Department](#), or individual school offices. The school also submits a Monthly Statistical Information report to the Department of Catholic Schools, which includes a tally of accident reports. A thorough documentation of the incident is to be made in the student's health record.

#### 6.4 STUDENTS with ACUTE and CHRONIC HEALTH CONDITIONS

Students with chronic and potentially acute health conditions should have an Individualized Health Care Plan, (IHC) on file. Identification and appropriate management of student health conditions can have a positive impact on a student's attendance and academic performance. Some of these health conditions are:

- Diabetes, Type 1 or Type 2
- Asthma
- Seizure disorders
- Cancer
- Severe allergies to foods or insect bites/stings
- Disorders requiring gastric-tube feedings
- Sickle-cell disease
- Other disorders that require monitoring

Health office personnel are responsible for:

- Reviewing student health records and emergency treatment cards to identify students with health problems
- Creating an Individualized Health Care (IHC) plan in partnership with parents/guardians and health care providers
- Providing necessary treatment and health support
- Informing and educating appropriate school personnel
- Maintaining confidentiality of the student's health records
- Developing emergency plans for students with special health needs
- Monitoring medication administration per diocesan school medication policy
- Maintaining ongoing communication with parents/guardians and teachers
- Being alert to air pollution readings that are in the "unhealthful" range which may affect children with severe asthma. (See Pima County, [Air Quality Index](#), and [Asthma and Outdoor Air Pollution](#))

[flyer, Appendix J-1\)](#)

#### 6.4.1 Specific Health Conditions

- *Diabetes*: Students should have a *Diabetes Management Form* covering Medical Orders and Treatment protocols as part of their IHC. (See sample [Diabetes Management Form, Appendix M-2](#))
- *Asthma*: Students should have an *Asthma Action Plan*, completed by their doctor and parent/guardian, as part of their IHC. (See sample [Asthma Action Plan, Appendix M-3](#))
- *Life-threatening Food or Insect Allergies*: Students should have an *Allergy Action Plan* as part of their IHC. (See sample [Allergy Action Plan, Appendix M-4](#), [Spanish M-4a](#))
- *Seizure Disorders (Epilepsy)*: Students should have a *Seizure Action Plan* as part of their IHC. (See sample [Seizure Action Plan, Appendix M-5](#))

#### 6.5 COMMUNICABLE DISEASES

All Catholic schools in the Diocese of Tucson shall monitor and report all specified communicable diseases per [ADHS](#).



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## OUTBREAK THRESHOLD GUIDE Schools/Child Care Establishments/Shelters

A.A.C. R9-6-101(36) defines "outbreak" as follows:

"Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness. (Note: what may be considered an outbreak in one setting or in one season may not be considered an outbreak in another)

The following table provides the Department's interpretation of "outbreak" as related to each disease or condition for which outbreak reporting is required

Disease/Condition	Outbreak Means	Reporting by Schools, *CCEs, and Shelters
<b>Amebiasis</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 2-week period	
<b>Campylobacteriosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Conjunctivitis: acute</b>	An unexpected increase based on clinical or professional judgement and experience	X
<b>Cryptosporidiosis</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 1-week period	X
<b>Diarrhea, Nausea or Vomiting</b>	An unexpected increase based on clinical or professional judgement and experience	X
<b>Diphtheria</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 7-day period	
<b>Enterotoxigenic or Enterohemorrhagic Escherichia coli</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 1-week period	X
<b>Giardiasis</b>	An unexpected increase based on clinical or professional judgement and experience	
<b>Haemophilus influenzae, type B</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 14-day period	X
<b>Hepatitis B</b>	Diagnosis or detection of 2 or more confirmed, epi-linked acute cases, within a 5 month period	
<b>Hepatitis A</b>	Diagnosis or detection of 2 or more cases, not from the same household or family, within a 2-week period	X
<b>Hepatitis E</b>	Diagnosis or detection of 1 or more cases within a 60-day period	
<b>Measles</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 18-day period	X
<b>Meningococcal Invasive Disease</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 10-day period	X
<b>Methicillin Resistant Staphylococcus aureus (MRSA)</b>	Diagnosis or detection of 3 or more cases of laboratory confirmed MRSA (invasive or skin infections) within a 10-day period	
<b>Mumps</b>	Diagnosis or detection of 2 or more cases confirmed by the Arizona State Laboratory within a 25-day period	X
<b>Pertussis</b>	Diagnosis or detection of 3 or more epi-linked confirmed cases within a 21 day period. If case is part of HCP/HCI/CF/CCE, the diagnosis or detection of 1 case in a 21day period confirms an outbreak	X
<b>Polio</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 21-day period	X
<b>Rubella</b>	Diagnosis or detection of 1 or more cases confirmed by the Arizona State Laboratory within a 23-day period	X
<b>Salmonellosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Scabies</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 2-week period	X
<b>Shigellosis</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Streptococcal Group A infection</b>	Diagnosis or detection of 3 or more cases, not from the same household or family, within a 1-week period	X
<b>Taeniasis</b>	Diagnosis or detection of 2 or more cases within a 90-day period	
<b>Tetanus</b>	Diagnosis or detection of 1 or more probable cases within a 21-day period For populations 13 years of age and younger: diagnosis or detection of 5 or more associated cases within a 21 day period. For populations over 13 years of age: diagnosis or detection of 3 or more associated cases within a 21-day period. HCP, HCI, CF, CCE may consider a more stringent definition for outbreaks within their institution	X
<b>Varicella</b>		
<b>Vibrio infection</b>	Diagnosis or detection of 1 or more cases within a 30-day period	
<b>Yersiniosis</b>	Diagnosis or detection of 2 or more cases within a 2-week period	

\*CCE=Child Care Establishments

Updated 11-23-11

Prompt reporting gives the local health agency time to interrupt disease transmission, locate and treat exposed contacts, identify and contain outbreaks, ensure effective treatment and follow-up of cases, and alert the health community.

School health office personnel monitor the number of specific diseases that occur within the student population. When parents/guardians report their child is out due to illness they should specify the reason. If there is an unusually high number of children out with the same illness, that should be noted.

Below is the *ADHS Outbreak Threshold Guide*. If school numbers reach the definition of ‘outbreak’, it should be reported to the County Health Department.

## 5.1 Reporting Requirements

Per Arizona Administrative Code R9-6-203

- A. An administrator of a school, childcare establishment... shall either personally or through a representative, submit a report, in a department-provided format, to the local health agency within the time limitation in Table 2.2
- B. ... [A]n administrator of a school, childcare establishment... shall submit a report by telephone that includes:
  1. The name and address of the school, childcare establishment,
  2. The number of individuals with the disease, infestation, or symptoms,
  3. The date and time that the disease or infestation was detected or that the symptoms began,
  4. The number of rooms, grades, or classes affected and the name of each,
  5. The information about each affected individual with the disease infestation, or symptoms:
    - a. Name;
    - b. Date of birth or age;
    - c. If the individual is a child, name and contact information for the individual’s parent/guardian and
    - d. Residential address and telephone number
    - e. Whether the individual is a staff member, a student, a child in care, or a resident
  6. The number of individuals attending the school, childcare establishment
  7. The name, address and phone number of the individual making the report.

**Table 2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment or Shelter**

- |                                                    |                                   |
|----------------------------------------------------|-----------------------------------|
| • Campylobacteriosis                               | • Mumps                           |
| • Conjunctivitis: acute                            | • Pertussis (whooping cough)      |
| • Cryptosporidiosis                                | • Rubella (German measles)        |
| • Diarrhea, nausea, or vomiting                    | • Salmonellosis                   |
| • <i>Escherichia coli</i> , Shiga toxin-producing  | • Scabies                         |
| • <i>Haemophilus influenzae</i> : invasive disease | • Shigellosis                     |
| • Hepatitis A                                      | • Streptococcal Group A infection |
| • Measles                                          | • Varicella (chicken pox)         |
| • Meningococcal invasive disease                   |                                   |

**Key:** Submit a report within 24 hours after detecting a case or suspect case.  
Submit a report within five working days after detecting a case or suspect case.  
Submit a report within 24 hours after detecting an outbreak.

(See sample [Communicable Disease Report Form, Appendix N-1](#))

New Table 2.2 renumbered from Table 2 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3)

In addition to reporting requirements, health office personnel need to be aware of school exclusion rules associated with certain communicable diseases. The Communicable Disease Resource Guide published by Arizona Department of Health Services is the best reference covering all Arizona Communicable Disease Rules and Regulations, (See the AZDHS [Infectious Disease Flip Chart](#); and [Healthy Kids Mobile App](#))

### **6.5.2 Disease Transmission**

Universal Precautions should be employed in the school setting by all persons coming in contact with blood or bodily fluids or surfaces contaminated with blood or other body fluids as follows:

- Vinyl or latex gloves should be worn for touching blood and body fluids. They should be changed after contact with each person.
- Hands should be washed immediately after contact with blood or body fluids or after gloves are removed.
- Those who have lesions or weeping dermatitis should not provide direct care or should always wear protective gloves.
- Contaminated surfaces should be immediately cleaned with an approved disinfectant.
- Bloody tissues, paper towels, and used gloves should be secured in plastic bags before disposal in the trash.
- All contaminated sharps should be disposed of in securely sealed, pierce-proof containers.

Each school must have an Exposure Control Plan that follows the [Bloodborne Pathogens Standard](#) set forth by OSHA (Occupational Safety and Health Administration).

### **6.5.3 Education and Awareness**

The importance of hand washing, sneezing/coughing into elbows, not sharing eating or drinking utensils, and staying home when ill should be promoted actively throughout the school by the health office personnel, especially during cold/flu season.

All children's wounds that are not yet healed or covered with a scab should be thoroughly washed and kept covered by a bandage. Prompt care of wounds is important for preventing infection, especially in view of the rise in cases of antibiotic-resistant bacteria, such as MRSA (Methicillin-Resistant Staphylococcus Aureus). For more information on community-associated MRSA, go to the [CDC website](#).

## **7. MEDICATION at SCHOOL**

### **7.1 MEDICATION POLICY**

Health office personnel are responsible for monitoring medications at school and making sure the medication policy is adhered to. This will include presenting in-service instruction to the faculty and staff



on the requirements of the medication policy.

When it is essential for a student to take medication to remain in school, the following requirements must be met:

- All medication forms are to be completed on an annual basis for each school year.
- Each prescription medication or non-prescription (if not already listed in the standing orders) to be given to a student at school must have:
  - a licensed medical provider's\*\* written order (See **\*\* licensed medical providers**, pg. 42)
  - a completed Parent's Consent for Giving Medication form. (The reverse side of the Consent form contains the Medication Record where the administration of the medication is documented.)
- Each prescription medication must be provided by the parent in the original pharmacy container, labeled with the child's name, date, medication, dosage, time and directions, prescription number, and the prescriber's name. If medication samples are given by the medical provider, they must be accompanied by that provider's written order, containing complete administration information.
- Each non-prescription/over-the-counter medication must be in the original, unopened container, labeled with the student's name and instructions for use.
- No loose pills in baggies, envelopes, or other containers will be administered.
- A separate *Parent's Consent for Giving Medication* form (see sample [Medication and Administration Form, Appendix O-1](#)) for each medication to be given to a child shall be on file at the school.
- The form contains the following information: student's name, name of the medication, prescription number, name of pharmacy, route of administration, dosage and time of day to be administered, expected duration of treatment, medical provider's name, reason for medication, possible side effects, and storage instructions.
- Students are not permitted to have medications in their possession--with the exception of inhalers or EpiPens, (with written permission given by the child's physician and parents/guardians).

## 7.2 SELF-ADMINISTERED MEDICATION

**ARS 15-341(A)(35)** allows parents/guardians to provide annual written documentation to authorize a student to possess and self-administer a handheld inhaler at school and school-sponsored events.

**ARS 15-341(A)(35)** allows parents/guardians to provide annual written documentation to authorize a student who has been diagnosed with anaphylaxis to possess and self-administer emergency medications at school and school-sponsored events.

**Parents/Guardians assume full responsibility for the self-administration of inhalers at school.**

- The student and the parent are jointly responsible for ensuring that all necessary permission forms are kept with either inhalers or EpiPens at all times and that the inhalers are properly administered.
- The student is responsible for ensuring that the medication is not used by another student. It is against school policy for any student to share, distribute, or sell any medication. Policy dictates that any such action on the part of the student will result in serious disciplinary or legal action.
- The school assumes no responsibility for monitoring self-administered inhalers or any side effects thereof. The school health service will assist only with those inhalers deposited in the school health

office.

- Permission to carry and self-administer an inhaler should be given primarily to student athletes who might need this medication to participate in after-school sports when the health office is closed.
- It remains school policy that all non-emergent medication administration be completed when the health office is open and taken in the health office under supervision.
- Documentation is required that the student has demonstrated to the healthcare practitioner/school nurse, the skill level necessary to use and administer the medication.
- The original self-administration form is to be maintained in the school health office and filed in the student's health record at the end of the school year.
- A copy is to be given to the teacher/coach and a copy is to be kept with the medication at all times. (See sample [Permission to Carry an Inhaler](#), Appendix O-9, and [Permission to Carry an EpiPen](#) forms, Appendix O-10)
- All medications must be brought to the health office by the parent/guardian or a responsible adult designated by the parent/guardian.
- Medications will be administered by the school nurse, health office personnel or other person designated by the principal.
- Medication must be taken in the health office under supervision, except for self-administered inhalers and use of an epinephrine auto-injector in case of an emergency.
- **No student is permitted to administer medication to another student.**

***\*\*The following licensed medical providers have prescribing privileges:***

- MD - Medical Doctors (Pediatricians, Family Practitioners, Internists, etc.)
- DO - Doctors of Osteopathy (Osteopathic Physicians)
- NP - Nurse Practitioners (Pediatric-"PNP" or Family-"FNP", etc.)
- PA, PAC - Physician Assistants, Certified PAs
- DMD, DDS - Dentists, Oral Surgeons, Orthodontists, etc.

### 7.2.1 Administering Medication

It is important to have a ready supply of permission forms available when parents/guardians bring in medication. It may be helpful to include a copy of the medication policy with registration materials given to parents/guardians and it should be published in the parent/student handbook.

When medications are brought in, the medication count/amount should be noted on the medication form along with the lot number and expiration date. It also helps to include the manufacturer's name. This is useful information in case of a medical recall.

All medications must be kept in a locked drawer, cabinet, or refrigerator (as needed). Follow storage instructions on the label of the medication.

When giving a medication, the time and giver's initials are entered on the Medication Record on the proper date. A list of people who will be giving medications at the school showing their printed name and written initials should be kept on file if a question may arise about the medication.

If a student does not come for their prescribed medication, it is the responsibility of the health personnel to have the child sent to the office for their medication. If a student takes a daily medication, a plan should



be worked out with the teacher(s) and student to see that s/he gets the medication on time each day.

### 7.2.2 Medication Disposal

Parents/Guardians should be reminded of medications that remain in the health office for their child near the end of the school term. They should be informed of the following points:

- A parent or other designated adult is expected to pick up the medications by the end of the week following the last day of school.
- Medications will not be sent home with students.
- Any medications not picked up within this time frame will be destroyed.
- All medication that must be destroyed is to be disposed of in the presence of a witness and must follow new Federal guidelines for prescription drug disposal.
- For locations to safely dispose of medications, please visit [US Food and Drug Administration](#) website.

### Do not flush medications down sinks or toilets!

The major concerns regarding the presence of medications in water supplies are:

- Increasing bacterial resistance to antibiotics and
- Interference with growth and reproduction in aquatic organisms.

The level of risks to humans and the environment is still being determined. The Arizona Department of Environmental Quality has a [brochure](#) that explains the guidelines.

### Liquid Medications

One way to dispose of liquid medication is to pour it into paper towels or kitty litter which has been placed in a plastic bag. Then seal the bag securely and place it in the trash. Pills can be pulverized, moistened, and placed in a plastic bag with paper towels or kitty litter and then placed in the trash.

## 7.3 PERSONNEL DESIGNATED TO GIVE MEDICATIONS

If the school employs a Registered Nurse, s/he is designated to administer medication. In Arizona, Registered Nurses, (RN) are not legally permitted to delegate medication administration duties to others. Therefore, if there is no RN available at a given time, the principal designates who shall administer the medication.

Non-nursing personnel who are designated to give medications should be instructed in medication administration. Signed documentation of the instruction given should be kept on file in the Health Office. A list of all the people who have been designated and instructed for medication administration should be kept on file as well. (See sample [Medication Administration Training and Persons Designated to Administer Medications forms, Appendix O-11](#))

The minimum information given during instruction includes:

- The Seven Rights of Medication Administration:
  - Right Person - Check the name on the label of the student taking the drug.
  - Right Medicine - Check the label on the medication with the medication permission form.
  - Right Time - Check the time on the medication permission form. If not consistent with current time, check with parent/teacher/other school staff to confirm that the medication should be

- given or has not already been given.
- If PRN medications are being requested in the morning, ask the child if s/he received any medication at home before coming to school, then determine if it can be given or needs to be given at a later time. (You may need to check with the parent.)
- Right Dose - Check the amount of medicine indicated on the label against what is listed on the medication permission form.
- Right Route - Very Important: Check the label carefully. Is this a pill or liquid to be taken by mouth? If drops, are they eye, or ear drops? If it is a cream to be rubbed on skin, be sure where it goes.
- Right Documentation - Document the date/time and injection site if appropriate in medication log. Include your name/title and initials.
- Right Evaluation - Assess student for any side effects, tolerance, effect of medication. Inform teaching staff to notify health office personnel immediately of any sign or symptom of allergic reaction and take appropriate action.
- School Medication Policy: Be sure the proper forms have been completed and signed for each medication to be given.
- Confidentiality of Student Information: No information about the student or medications should be discussed with people other than the parents/guardians or teachers who may need to know.
- Proper Storage of Medication: Check the medication label to see if it should be refrigerated. All medication must be stored in a lockable storage area.
- Handling Medication Errors: See section below on Medication Errors.

### 7.3.1 Medication Errors

There may be a range of variability in the time or dose that can be safely given for many medications given at school. A rule of thumb is that a regular medication can be given as much as one hour after the scheduled dose and still be acceptable. However, certain actions may constitute a potentially serious medication error, such as:

- giving the wrong medication to a student
- giving an excessive dose of a medication
- giving a medication by the wrong route
- giving a medication too early or too late (more than one hour late)
- missing a dose of medication.

If a medication error is made, the following steps must be taken:

1. Notify the Principal immediately. (A judgment must be made quickly to determine if there is imminent danger to the student. A doctor, pharmacist, or poison control center (1-800- 222-1222) may need to be consulted. If there is imminent danger, call 911 and then call the parents/guardians. If there is no imminent danger, proceed to the next step.)
2. The principal or designee will notify the parents/guardians and together a determination will be made as to the immediate course of action.
3. The person giving the medication in error will complete a Medication Incident Report. (See [sample Medication Incident Report form, Appendix O-12](#))
4. Medication Incident Reports are kept on file in the school office and may be destroyed by shredding

after the student has reached the age of 20. If legal action has been involved, the report is to be kept indefinitely in the student's permanent file.

Following the resolution of the situation, the incident should be discussed to determine why it happened and how it can be prevented in the future.

### 7.3.2 Medication on Field Trips

When it is absolutely necessary for a student to have prescribed medication available on a field trip, the following procedure will be used:

- An envelope will be provided for each child's medication and will include the following information:

#### MEDICATION FOR FIELD TRIP

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Medication: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Dose: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Prescriber: \_\_\_\_\_ Rx #: \_\_\_\_\_

Pharmacy Name & Phone: \_\_\_\_\_

**I agree to provide to the above-named student, at the appointed time, the above-named medication, which is contained in this envelope.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

- The person administering the medication on the field trip shall return the above in an envelope to the principal/designee upon return to school.
- The person administering the medication on the field trip must sign the Medication Administration Record upon return to school.

Form can be found in the Appendices. (See [Medication for Field Trip, Appendix O-8](#))

### 7.4 EMERGENCY MEDICATIONS

Per protocol developed by the Arizona Department of Health Services for Emergency Administration of Epinephrine in schools as authorized by § ARS 15-157 and as expressed in the former Rule R7-2-809 and Rule R7-2-810 of the Arizona Administrative Code, and the procedures laid out in the standing medical order for the emergency administration of short-acting bronchodilator by a trained individual for a person in respiratory distress, the administration of albuterol inhalers in the case of respiratory distress is permitted.

The Emergency Medications Policy pertains solely to students enrolled in kindergarten through 12<sup>th</sup> Grade, during regular school hours and school-sponsored activities. State-licensed preschools and before and after care programs are to follow the protocol as mandated by the Arizona Department of Health Services Bureau of Child Care Licensing, the Arizona Administrative Code, and Arizona Revised Statutes for Child Care Facilities. Under this State protocol, preschools and before and after care programs are given guidelines that permit them to administer medications that are prescribed to an individual student.

### 7.4.1 Standing Orders

The Standing Orders for both Epinephrine and Albuterol are to be signed and reviewed annually by a physician. As an accommodation, the Diocese will enter into an agreement annually with a physician to satisfy this State requirement and will do so on behalf of all the Catholic Schools in the Diocese which choose to administer these emergency medications.

Each school participating in the use of these emergency medications must

- Have a copy of the standing orders, and the medication policy.
- Have written parent/guardian permission to administer medications using the *School Health Services Emergency Medication Consent Form*. (See [School Health Services letter, Appendix O-3, Spanish O-3a](#), and the [Heath Services Emergency Medication Consent Form, Appendix O-4, Spanish O-4a](#)) These must be updated yearly and kept on file in the schools' health offices.
- Have records regarding the administration of albuterol and injectable epinephrine such medications; and report annually to the Arizona Department of Health Services on approved forms.

### 7.4.2 Staff Training

The use of emergency medication is only designated to trained staff.

Training shall be conducted by a regulated health care professional whose competencies include the administration of auto-injectable epinephrine.

Training shall be conducted annually on the recognition of anaphylactic shock symptoms, and procedures to follow when anaphylactic shock occurs shall be given to all school site personnel.

Trainees must sign the signature sheet provided by the trainer to be filed. If s/he attended online training, a copy of the Certificate of Completion must be on file.

Each school shall compile a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.

### 7.4.3 Procedure for Giving of Epinephrine in an Emergency

All Catholic Schools in the Diocese of Tucson are encouraged to adopt a Procedure on how to deal with the recognition of anaphylactic shock symptoms and how to administer auto-injectable epinephrine pursuant to a standing order.

Anaphylaxis: A life-threatening allergic reaction. In the most extreme case, the airway is blocked because of swelling around the voice box and because of a spasm of the windpipe and air passages of the lung. There may also be rapid and dramatic drops in blood pressure (circulatory collapse) leading to the loss of consciousness and/or shock. The faster the beginning of symptoms, the more severe the reaction. Symptoms of anaphylaxis vary, but those involving the skin (hives, itching, skin redness) are most common. A majority of cases also involve swelling of the lips and tongue as well as of the airways (tightness in the throat, shortness of breath). Anaphylaxis may also involve the gastrointestinal system (nausea, stomach pain, vomiting, diarrhea, coughing), the cardiovascular system (fast heartbeat, chest pain, low blood

pressure) or the central nervous system (headache, confusion). This reaction can be potentially triggered by:

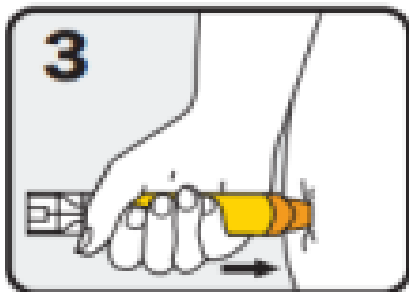
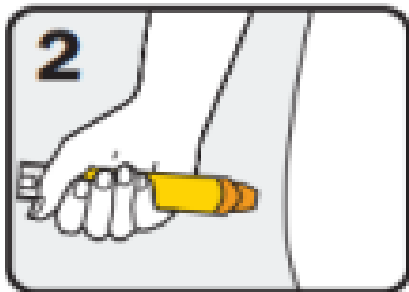
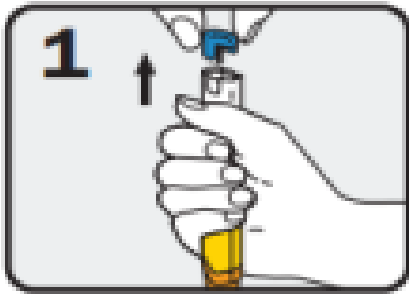
- *Insect venom*: honeybee, wasp, hornet, yellow jacket, ants, deer flies, black flies, kissing bugs, etc.
- *Drugs*: penicillin and other antibiotics; local anesthetics like lidocaine, Novocain; pain medications such as aspirin; hormones such as insulin.
- *Foods*: egg white, milk, shellfish and other seafood, nuts and peanuts.
- *Inhalants*: pollens and strong odors, glue, typewriter whiteout, gasoline, etc.

Epinephrine: (The drug in EpiPen ® and EpiPen Jr ® Autoinjector) Constricts blood vessels to increase blood pressure, relaxes smooth muscles in the lungs to reduce wheezing and improve breathing, stimulates the heart (increases heart rate) and works to reduce hives and swelling that may occur around the face and lips.

A student presenting anaphylaxis with respiratory distress, (e.g., cyanosis, wheezing, poor air movement, shock, respiratory failure), needs immediate emergency care. If there is no action plan or prescribed auto-injector and/or this is a previously undiagnosed student, then the following protocol will be followed by trained staff:

1. Get a quick history if possible
  - Check for medical alert tag
  - When did it happen
  - What was eaten, inhaled or touched
  - Has it happened before
2. Assess for shortness, wheezing, harsh sounds during breathing, hives, swelling of lips, tongue and throat, confusion, unresponsiveness, lack of bladder control, very rapid low pulse, and low blood pressure.
3. Get someone to call 911 immediately and the student's parents/guardians/guardian, and then call the school nurse.
4. Institute basic life support consisting of ABC's of maintenance of airway, breathing, circulation (CPR) if needed.
5. Give "epi-pen" (or epinephrine/adrenaline) as ordered. Massage the area well. Repeat one time in 15 minutes if necessary.
6. If the offending agent can be identified and is still present, be sure to remove it from the area or move the person away from it.
7. Complete School Emergency Administration of Auto-Injectable Epinephrine Report Arizona Administrative Code R7-2-809 form and send it to:

*Noreen Adlin, NREMTP  
Trauma and EMS Operations Manager  
Arizona Department of Health Services- Bureau of EMS and Trauma Services  
Email: Noreen.adlin@azdhs.gov  
Office Phone (602)364-3275 FAX Number: (602)364-3568  
Mail: 150 North 18th Ave, Ste. 540, Phoenix, Arizona, 85007-3248*



Form fist around EpiPen® and  
PULL OFF BLUE SAFETY  
RELEASE

Hold leg still and PLACE  
ORANGE END against outer mid-  
thigh (with or without clothing).  
**Hold in place for 30 seconds.**

#### How to order free EpiPen's through EpiPen4Schools Program:

- 1) Create a login: <https://www.epipen4schools.com/Login/>
- 2) Create new order
- 3) Follow directions to create a new order
  - AZ
  - Private
  - Find your school name
  - Click Free
- 4) Select what kind of EpiPen's your school needs. The dosages are based on weight.  
K-8 please select 1 of each. High schools select 2 adult packs (0.3mg)
- 5) Fill in school information and school health personnel information

#### How to fill out standing order forms:

## PROTOCOL FOR EMERGENCY ADMINISTRATION OF EPINEPHRINE IN SCHOOL

- 1) Fill out the 1st line with school name and address
- 2) On second page: Name of school, address, telephone number of school, telephone number of health office; please include health personnel name

### STANDING ORDER CERTIFICATION FORM

- 1) Fill out the shipment information section with health personnel name, title and address of school
- 2) Upload/Email/Fax forms

#### NOTE:

- ✓ *EpiPen Standing Order forms will be signed by a physician on a yearly basis and sent to participating schools from the Diocesan Health Coordinator.*
- ✓ For the following additional forms please see the appendices.
  - [Epinephrine Procedure/Parent Consent](#), Appendix O-4 ([Spanish O-4a](#))
  - [ADHS School Emergency Administration of Auto-Injectable Epinephrine Report](#), Appendix O-5
  - [Emergency Medication Parent Letter](#), Appendix O-6 ([Spanish O-6a](#))

## 7.4.4 Procedure for Giving Albuterol in an Emergency

The administration of albuterol in case of asthma exacerbation (or respiratory distress)

### 7.4.4.1 Possible Symptoms and Intervention

Symptoms (May include one or more of the following)

- Coughing, wheezing, noisy breathing, decreased breath sounds, or whistling in the chest
- Difficult breathing, tightness in chest, shortness of breath, or chest pain
- Complaints of discomfort when breathing
- Shallow breathing, breathing hard and fast
- Nasal flaring (front part of nose opens wide to get in more air)
- Can only speak in short sentences or not able to speak
- Blueness around the lips or fingernails
- Chest retractions, use of accessory muscles
- Fast pulse

*Severe Respiratory Distress:*

- Quickly evaluate the child. (e.g., unable to speak, lips blue, decreased consciousness, tachycardia, shallow breaths, hypotension, retractions).
- Call 911 and immediately administer albuterol 6 puffs 15-30 seconds apart.
- Restrict physical activity and allow the student to rest.
- Encourage the student to breathe slowly and relax.
- Place the student in an area where he/she can be closely observed.

- No response: Repeat 6 puffs of albuterol, each 15-30 seconds apart.

*Respiratory Distress:*

- Administer albuterol medication, 2-4 puffs from school stock supply for observable symptoms.
- Contact parents/guardians (even if the situation does not appear severe).
- Reassess student after 10-15 minutes. Check for ease of breathing. If there is no improvement, then administer another 2-4 puffs of albuterol.
- If the student is still not improving, contact 911.
- If students improve, keep the student in the health office under supervision until breathing returns to normal.
- Document on Medical Encounter card: time, administration, respirations, pulse, and other noted symptoms followed by outcome.
- Record data in statistical program and in student health record.
- School Health Personnel to follow-up with student's family/physician.

*Common Side Effects*

- Nervousness, shaking (tremor)
- Headache, dizziness
- Mouth/throat dryness or irritation
- Sore throat, cough, hoarseness
- Nausea, vomiting, diarrhea
- Sleep problems (insomnia)
- Runny or stuffy nose
- Muscle pain



## STOCK ALBUTEROL INHALER PROTOCOL & ACTION PLAN

### For Treating Emergency Respiratory Distress

Is this **SEVERE** Respiratory Distress?

- |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Struggling to breathe / Shortness of breath</li> <li>• Coughing, wheezing, tightness in the chest</li> <li>• Difficulty speaking</li> <li>• Blueness around the lips or fingernails (might look gray or "dusky")</li> </ul> | <ul style="list-style-type: none"> <li>• Chest retractions (chest/neck are pulling in)</li> <li>• Use of accessory muscles (stomach muscles are moving up and down)</li> <li>• Fast pulse (e.g., tachycardia)</li> <li>• Agitation</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

YES

NO

**CALL 911**

AND follow the Actions  
for Severe Respiratory  
Distress Below

**For Mild-to-Moderate Respiratory Distress:**

1. Administer 4 puffs of albuterol with valved holding chamber, each 15-30 seconds apart.
2. Restrict physical activity & allow the individual to rest. **DO NOT LEAVE THE INDIVIDUAL UNATTENDED!**
3. Instruct office staff to notify parent/caregiver AND school nurse and/or principal.
4. Observe individual again after 10-15 minutes.

NO IMPROVEMENT

IMPROVEMENT

**If there is no improvement:**

1. Administer 4 more puffs of albuterol with valved holding chamber, each 15-30 seconds apart.
2. If there is still no improvement, **immediately call 911 AND follow actions for Severe Respiratory Distress.**

IMPROVEMENT

Individual should demonstrate the following:

- No more chest tightness or shortness of breath
- Can walk & talk easily

**If the individual shows improvement:**

1. Keep him/her in the health office under supervision until their breathing returns to normal AND the office staff has contacted the student's parent/caregiver.
2. Follow the post-incident instructions on the back of this form.

1. **Immediately administer 8 puffs of albuterol with valved holding chamber, each puff 15-30 seconds apart.**
  2. Document the time 911 was called.
  3. Restrict physical activity, encourage slow breaths & allow individual to rest. **DO NOT LEAVE THE INDIVIDUAL UNATTENDED!**
  4. Instruct office staff to contact parent/caregiver AND school nurse and/or principal.
  5. Document the time EMS services arrived AND the name of the EMS provider.
  6. Observe individual after 15 minutes if EMS has not yet arrived.
- \*\*\*If the individual shows improvement, wait for EMS to arrive & assess the individual.**

**NO IMPROVEMENT AFTER 15 MINUTES &  
EMS HAS NOT YET ARRIVED**

1. **Repeat 8 puffs of albuterol with valved holding chamber, each 15-30 seconds apart.**

## How to order free inhalers through Pima County Stock Inhaler for Schools Program:

Stock Inhaler for Schools program manager:

Ashley A. Lowe

Phone: 520-626-8814

aaray@email.arizona.edu

### Note:

- ✓ Albuterol Standing Order forms will be signed by a physician on a yearly basis and sent to participating schools from the Diocesan Health Coordinator.
- ✓ For the following additional forms please see the appendices.
  - Albuterol Procedure/Parent Consent
  - [Stock Albuterol Documentation Log](#), Appendix 0-7
  - Emergency Medication Parent Letter

## 7.5 OVER-THE-COUNTER MEDICATIONS STOCK SUPPLY

With the permission of the school principal and the designated health office budget permitting, the following over-the-counter medications have been approved for use and may be stocked within the health office:

Acetaminophen  
Ibuprofen  
Chloraseptic Spray and Mouthwash  
Chloraseptic lozenges or Generic sore throat lozenges  
Mylanta, Tums or Generic equivalent  
Calamine lotion  
Baking Soda  
Icepacks, Hot Water Bottle, Hot packs  
Bactine  
Antibiotic ointment  
Sterile normal saline eye drops/wash  
Vaseline  
Heating pad for menstrual cramps  
Benadryl (diphenhydramine)

The standing orders for the above-listed over-the-counter medications are to be signed and reviewed annually by a physician. As an accommodation, the Diocese will enter into an agreement annually with a physician to satisfy this requirement and will do so on behalf of all the Catholic Schools in the Diocese which choose to stock and administer these over-the-counter medications.

Each school participating in the use of these over-the-counter medications must have a copy of the standing orders, and the medication policy. Stock over-the-counter medications will be administered by the school nurse, health office personnel or other person designated by the Principal, with **strict adherence** to the instructions outlined in the Standing Orders and the medication manufacturer's recommendations.

The above listed over-the-counter medications may be administered only with written consent from the student's parent/guardian using the Over-the-Counter Medication Authorization Form found in the Appendices. (See [Over-the-Counter Medication Permission, Appendix O-2](#)) Administration of the over-the-counter medications will be documented in the student's file and the parent/guardian will be notified immediately of time and dose of any medication administered.

As with The Emergency Medications Policy developed by the Diocese of Tucson Department of Catholic Schools, the administration of over-the-counter medications pertains solely to students enrolled in kindergarten through twelfth grade during regular school hours and school-sponsored activities. State-licensed preschools and before and after care programs are to follow the protocol as mandated by the Arizona Department of Health Services Bureau of Child Care Licensing, the Arizona Administrative Code, and Arizona Revised Statutes for Child Care Facilities. Under this State protocol, preschools and before and after care programs are given guidelines that permit them to administer medications that are prescribed to an individual student.

## 8. STUDENT PREGNANCY

Students often confide in Health Office personnel. Compassion, support, and guidance are important when helping students through difficult situations. One of these situations is student pregnancy.

Students who become pregnant may remain enrolled in the school at the discretion of the principal, provided the principal consults with and obtains the approval of the pastor prior to making a final decision. In every case, the best interests of both the student and the school must be considered.

- Pregnant students who remain enrolled in the school should undergo outside, formal, professional counseling at the expense of their parents/guardians.
- This policy should also apply to the father of the child if he is also a student in the school.
- Medical clearance and physical activity guidelines from the student's physician will be required for her to participate in Physical Education class.

( See [Handbook of School Policies and Procedures](#), section 3, School Policies and Procedures, 3.17 SPECIFIC INFRACTIONS)

## 9. ANCILLARY HEALTH/SAFETY PROMOTION ACTIVITIES

Schools in the Diocese of Tucson that participate in the National School Lunch Program or other federal Child Nutrition programs are required by federal law to establish a local school wellness policy. All other schools are encouraged to develop a Wellness Program to create a school nutrition environment that promotes students' health, well-being, and ability to learn.

Requirements for Local Wellness Policies can be found on the [AZ Department of Education](#) website, and include goals for:

- Nutrition education
- Nutrition promotion
- Physical activity and
- Other school-based activities that promote student wellness

### **9.1 RECESS BEFORE LUNCH, (RBL)**

The implementation of Recess Before Lunch (RBL) supports the areas addressed in the Wellness Policy. RBL is a change in the traditional scheduling order of lunchtime and recess, allowing students to go to recess first, and then eat lunch. It does require careful planning, effective communication, and a strong commitment from faculty and staff to make it work. However, once in place, this change is beneficial to the students and staff in creating a better eating environment and improved food intake.

- Students will be more settled and ready to start afternoon classes.
- There may also be a decrease in behavioral problems on the playground, in the lunchroom, and in the halls.
- Plate waste studies have shown that children waste less food and drink more milk-- they are often hungrier for lunch after playing first.
- The atmosphere in the lunchroom is much more relaxed, as the kids are not rushing through lunch to get outside.
- Frequently, children who eat first and then have recess develop tummy aches because their food doesn't have time to digest properly.

### **9.2 HEALTH EDUCATION BASIC SKILLS**

Health education is an important part of the Local Wellness Policy and a critical component of a Coordinated School Health Program.

The primary goal of health education is to provide a set of learning experiences designed to promote health-related behaviors that will result in a lifetime of competent self-care, health, and well-being for the individual as well as the community.

Teachers are encouraged to integrate the Diocesan School Health Curriculum Guide in their lesson plans across the curriculum as much as possible. (See the Diocese of Tucson, [School Resources](#) website)

The health curriculum teaches content and skills in the following topics:

- Nutrition Substance Abuse Prevention
- Disease Prevention Family Life and Sexuality
- Safety Mental and Emotional Health

The school nurse or health office personnel can play an important role in health education by teaching health units in the classroom or by acting as a health information resource to classroom teachers. If the school does not have a nurse or health office staff member, there is a list of health promotion resources. (See [Health Education/Promotion Resource List, Appendix Q-1](#))

## 10. FEDERAL HEALTH and SAFETY REGULATIONS

### 10.1. BLOOD BORNE PATHOGENS

Schools shall comply with Federal regulations (Federal Register; Vol. 56, No. 235, Title 29, Code of Federal Regulations, Part 1910.1030) regarding blood-borne pathogens. The requirements for school are as follows:

- An OSHA Exposure Control Plan, easily accessible to each employee
  - [OSHA Model Exposure Control Plan](#) to be completed to meet the needs of each individual school facility.
- OSHA [annual training](#) for all employees
- *Annual Hepatitis B/HIV Training Session*, and signed form by all attendees
- A signed *Risk of Exposure Notification* form on file.
- Employees classified as *pre-exposure risks* must have a signed *Hepatitis B Vaccination Consent/Refusal form* on file.
  - The Hepatitis B immunization must be offered, free of charge, to pre-exposure-designated employees.
  - An investigation and follow-up of all significant blood or bodily fluid exposures and referral of the exposed employee to an appropriate health care provider.

### 10.2 HAZARDOUS MATERIALS

Schools shall comply with Federal (Federal Register, Vol. 59, No. 27) and state regulations regarding hazardous materials. The requirements for compliance are as follows:

The school must have a *Hazard Communication Plan*, easily accessible to all employees. (See additional resources on the Diocese of Tucson, [Property and Insurance](#) website)

The Hazard Communication Plan must include information on:

Proper labeling of containers  
Material Safety Data Sheets on all hazardous materials  
Employee training and information concerning hazardous materials

If a child has ingested or been exposed to a hazardous substance the **Poison Control Center** should be called: **1-800-222-1222**. The Center provides 24-hour services which provide information on:

- Drug overdoses
- Exposure to or ingestion of hazardous substances
- Pill identification
- Adverse reactions to medications or other chemicals
- Bites and Stings
- Information on disposal of hazardous chemicals
- Pesticide information
- Information on educational programs

- Food poisoning
- Poison prevention in the home

### 10.3 BIOHAZARDOUS MEDICAL WASTE DISPOSAL

All schools shall comply with the directives of the Department of Environmental Quality regarding [Biohazardous Medical Waste Disposal](#).

Biohazardous medical waste is medical waste composed of one or more of the following from patient care:

- Cultures and stocks
- Human blood and blood products
- Human pathologic wastes
- Research animal wastes
- Medical sharps
- \*Other Potentially Infectious Materials mean all Human body fluids.

Items can also include:

- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
- Items that are caked with dried blood or other potentially infectious materials can release these materials during handling.
- Sharps such as hypodermic needles, syringes,
- Broken glass or any other used or unused medical device that can cause a cut, puncture.

**If the care of a student at school produces biohazardous waste, it is the responsibility of the parent/guardian to provide containers and dispose of full containers.** All sharps should be discarded into a hard-plastic container labeled **BIOHAZARD MATERIAL** with the biohazard logo against a red background. **Before the container needs to be replaced, the parent will need to have another one available.**

All biohazardous medical waste must be handled and disposed of carefully. All personnel who will be handling this waste should be trained as to the proper disposal of all materials.

- Disposable latex or vinyl gloves should be worn.
- All items should drop freely into the chosen container.
- When the container is two-thirds full, the lid should be replaced and secured with tape.
- The used container should be given to the parents for their disposal.
- When gloves are removed, hands need to be washed with soap and running water.

Any school with larger numbers of students requiring this special care should have a contract with a medical waste company for special containers and their removal. A list of approved facilities can be found on the [Arizona Department of Environmental Quality](#) (ADEQ) website.

#### 1. BAGGING

- Disposal of items which are visibly contaminated or potentially infectious must be separated from

the general trash by proper disposal into a separate, closed (tied off or taped) plastic bag.

- Before bagging, bulk stool or vomit may be discarded into the toilet and flushed. Caution: Limit rinsing, shaking, wringing or dunking to prevent contamination of your clothing, skin, toilets and air.

## 2. TYPES OF BAGGING

- Disposable diaper wipes and gloves etc. must be placed into a plastic lined container before disposal into the general trash.
- All clothing, which has been soiled with urine, vomit, stool, blood or other body fluid, must be placed into a separate plastic bag, labeled with name and sent home for laundering.
- All paper towels, bandages, cotton, gauze, gloves etc., used for any type of bleeding injury must be discarded into a separate sealed, plastic bag before discarding into a plastic lined trash receptacle.
- All sanitary napkins and feminine hygiene products must be placed into a plastic lined container and sealed or tied off before discarding in the general trash.

Although these guidelines are acceptable infection control measures, they are not intended to replace or substitute the mandated OSHA standards.

## 10.4. MEDICAL SHARPS DISPOSAL

The parent/guardian of insulin-dependent diabetic students must provide a hard-plastic container labeled BIOHAZARD MATERIAL with the biohazard logo against a red background and dispose of it when full. All sharps should be discarded into this container. Before the container needs to be replaced, the parent/guardian will need to have another one available. **Sharps containers must be stored in a locked cabinet to prevent access by others.**

The following are the ADEQ guidelines for home medical sharps disposal, offering safe and convenient methods to properly dispose sharps.

The handling and disposal of used home generated medical sharps such as needles, syringes, and lancets, are exempted from regulation in Arizona's Medical Waste Regulations (Arizona Administrative Code (A.A.C.) R18-13-1401 et seq.). However, these materials still need to be handled safely. ADEQ needs your help in ensuring that medical sharps are disposed of in a manner that helps minimize health risks to garbage haulers, landfill personnel and the community.

The Environmental Protection Agency (EPA) has identified several ways to safely discard home generated medical sharps, resources can be found on the ADEQ, [Medical Sharps Disposal](#) page:

- Drop-Off Collection Sites: Ask workers at doctors' offices, hospitals, health clinics, pharmacies, health departments, community organizations, police stations and medical waste facilities if the facility offers drop-off sites or collection events for properly packaged medical sharps. This allows those who give themselves medical injections to continue using empty household containers to collect needles, while still preventing the sharps from entering household waste bins.
- Mail-back Programs Usually involve a fee: Mail-back programs are sometimes available for individual sharps users as well as community collection sites. These programs especially benefit rural communities, facilities without a medical waste pick-up service and individuals who wish to

protect their privacy. For these programs, used sharps are placed in special containers and mailed in accordance with U.S. Postal Service requirements.

- Dos and Don'ts: Home sharp users should practice the following if drop-off or mail-back options are not available:
  - Place sharps in either a medical sharps container (purchased from a pharmacy or health care provider) or in a heavy-plastic or metal container.
  - Use household containers, such as plastic detergent bottles, only if the lid is secured with heavy-duty tape and the words, "Do Not Recycle," are written on the container with a permanent marker.
  - **Never** place the container in the recycle bin.
  - Ensure containers are puncture-proof with a tight lid.
  - Refrain from using a clear or glass container.
  - Do not overfill containers.
  - Keep containers out of reach of children and pets.
  - Fully encapsulate sharps prior to disposal in a solid waste receptacle.

## 10.5. PESTICIDE MANAGEMENT

The sources of dangerous chemicals in schools are not always obvious. This guidance applies to any school that purchases, uses, stores, or disposes of chemicals or products containing dangerous materials. Some of the most common dangerous chemical products in schools include:

- Laboratory chemicals (e.g., acids, bases, solvents, metals, salts)
- Industrial arts or "shop" classes (e.g., inks, degreasers)
- Art supplies (e.g., paints, photographic chemicals)
- **Pesticides, fertilizers**
- Maintenance supplies and equipment (e.g., drain cleaners, floor stripping products, paints, oils, boiler cleaners, fuels, mercury switches and gauges)
- Health care equipment (e.g., mercury thermometers).
- [EPA Chemical Management Resource Guide for School Administrators](#)

Before using pesticides, school administrators are strongly advised to first consider alternatives to pesticides which are potentially harmful to people and the environment. If chemical pesticides must be used, the application of these pesticides should be done during non-school hours, preferably on weekends or during holidays.

All Catholic schools shall comply with ARS §15-152A regarding pesticide application notification. The requirements for compliance are as follows:

- Each school shall develop an individual pesticide application notification procedure.
- A business licensee or licensed applicator shall notify a school at least seventy-two hours in advance of any pesticide application in order to permit the school to comply with [ARS 15-152](#).



## 10.6 EYE PROTECTION

All Catholic schools shall comply with Arizona law, ARS §15-151, pertaining to protective eye devices in schools as follows:

- Every student, teacher and visitor in private schools shall wear appropriate eye protective ware while participating in or when observing vocational, technical, industrial arts, art, or laboratory science activities involving exposure to:
  - Molten metals or other molten materials
  - Cutting, shaping, and grinding of materials
  - Heat treatment, tempering, or kiln firing of any metal or other materials
  - Welding fabrication processes
  - Explosive materials
  - Caustic solutions
  - Radiation materials
- Every person maintaining a private or parochial school in this state shall equip schools within their jurisdiction with eye protective ware for use as required by Arizona law.
- For purposes of this section, "eye protective wear" means devices meeting the standards of the American national standards institute's standards for occupational and education eye protection, Z87.1-1989.

## 10.7 ATHLETIC EVENTS

The following items must be available at all athletic events:

- First Aid kit
- Sufficient ice or instant ice-packs and equipment for packing injuries
- Sufficient water and equipment for drinking. Dehydration and electrolyte imbalance occur rapidly in active students in a hot, dry climate. Heat exhaustion is minimized with sufficient water. Students must be allowed sufficient water even if time is a factor. Depriving students of water is never to be used as a disciplinary measure.
- Disposable gloves. Persons treating injuries where blood is present must wear protective disposable gloves.
- Access to a cell phone is desirable.

### *Student Accidents/Injuries*

All students registered in a Catholic school are covered by Meyers-Stevens and Toohey & Co. Inc. accident insurance for school-sponsored athletic events on or off-campus. Coaches are to report any student injury to their athletic director, principal, and school nurse so that appropriate accident forms may be completed. This can be done the following day, as immediate parental/guardian and/or 911 notification or transport to ER and emergency care takes priority.

### *CPR/AED*

There must be a CPR/First Aid certified adult present as all athletic practices and games. The health office staff member can provide information to coaches on how to obtain CPR and First Aid certification. The [American Red Cross](#) offers necessary training. A copy of the American Red Cross First Aid Manual.