

STUDENT HEALTH POLICY

Medication Management Policy

Objectives:

- To ensure the safe and correct support of all children with medical conditions or who require medications during the school day.

Administering medication:

- Medications should only be administered to students when necessary during school hours or school-related activities, and with either medical authorization or as an emergency first aid response.
- The school doctor/nurse is responsible for administering medication when needed.
- The school doctor/nurse should seek verbal consent from the student before administering medication and ensure the student's privacy and confidentiality.
- The school doctor/nurse should ensure that the medication being administered is given to the:
 - a) Correct student.
 - b) Right time.
 - c) Right dose in accordance with the prescription.
 - d) Right route of administration (e.g., orally, topically, eye drops, or by EpiPen).
 - e) Final check that the medication has been swallowed.

Prescribed Medicines:

- Schools should have written consent from the parent/carer to administer medication.
- The consent form must include specific information about the medication, including the name, dose, time, method, and any special instructions.
- It is the parent's responsibility to provide the prescription, written consent, and the medicines.
- Medication should be in the original bottle and container, clearly labeled with the student's name, dosage, administration time, and within its expiry date.
- Children with severe allergies requiring epi-pen medication, such as nut allergies, should have their medication readily accessible at all times.
- Children with asthma should have inhalers available as necessary, and inhalers should be taken to all physical activities.

Non-prescribed medicines:

- School administrators and health personnel should consider whether the benefits of administering over-the-counter medications outweigh the risks. For example, administering paracetamol to a student with a high fever can prevent further illness.
- When over-the-counter medications are necessary, school physicians and nurses should develop standing orders that support one-time verbal parental permission for specific over-the-counter medications (e.g., acetaminophen).

Storage of medicines:

- All medications should be stored in a secure locked cupboard, and keys should be kept locked away when not in use.
- Drugs that require refrigeration should be stored according to the manufacturer's instructions in a secure location, such as the school clinic.
- Medications that may require urgent access and administration, such as EpiPens and asthma inhalers, should be kept with the students. Spare medications should be stored within the medicine storage cupboard.
- The date of opening the medication should be clearly marked on the medicine bottle. Oral medications can be used for one month after opening, while topical ointments can be used for three months after opening.
- The cupboard should be checked at the end of each term, and any medications no longer required should be returned or disposed of safely.
- Any expired drugs should be returned to the parent/carer or disposed of safely.

Record keeping:

- All medications, whether prescription or non-prescription, must be recorded and kept in the record log stored within the school clinic.
- The school nurse should ensure that written details include:
 - 1) Name of the child.
 - 2) Name of the medicine.
 - 3) Dose.
 - 4) Method of administration.
 - 5) Time of administration.
 - 6) Any side effects.

Diabetes Policy

Objectives

This policy provides guidance to ensure that students with diabetes are supported in managing their diabetes healthcare tasks while at school in order to stay healthy and safe.

The policy aims to ensure that all individuals involved in the management of a child's diabetes are fully aware of this policy and the procedures contained within it.

Diabetes Medical Management Plan

Diabetes requires 24-hour management. As each child handles their diabetes differently, it is important for the school nurse to hold a meeting with the parents of every diabetic student before the beginning of the academic year to discuss a personalized Diabetes Medical Management Plan (DMMP).

Aim: Regulate the administration of insulin or other medication during school hours to help maintain blood glucose levels within the target range and prevent the onset of hypoglycemia or hyperglycemia. This plan is developed and approved by the student's personal physician and family.

The plan should be reviewed and signed by both the parents and the school principal.

A copy of the DMMP should be sent to the class teachers, floor monitor, academic supervisor, and all school staff who have daily contact with the diabetic student.

Each year, the management plan must be reviewed by the school principal and the parent. If the service requirements remain the same, only the signatures from the principal and a parent are required to renew the plan. If the service requirements have changed from the previous plan, a new management plan must be developed.

The DMMP should include the following information about diabetes management and treatment:

- Target blood sugar range.
- Dosage of insulin or other medication, schedule for taking insulin, and the delivery system (insulin pen or pump).
- The student's ability to perform self-management tasks at school.
- Schedule for checking blood glucose levels and the responsible party for checking.
- Meal or snack plan.
- Exercise requirements and management of physical activity.

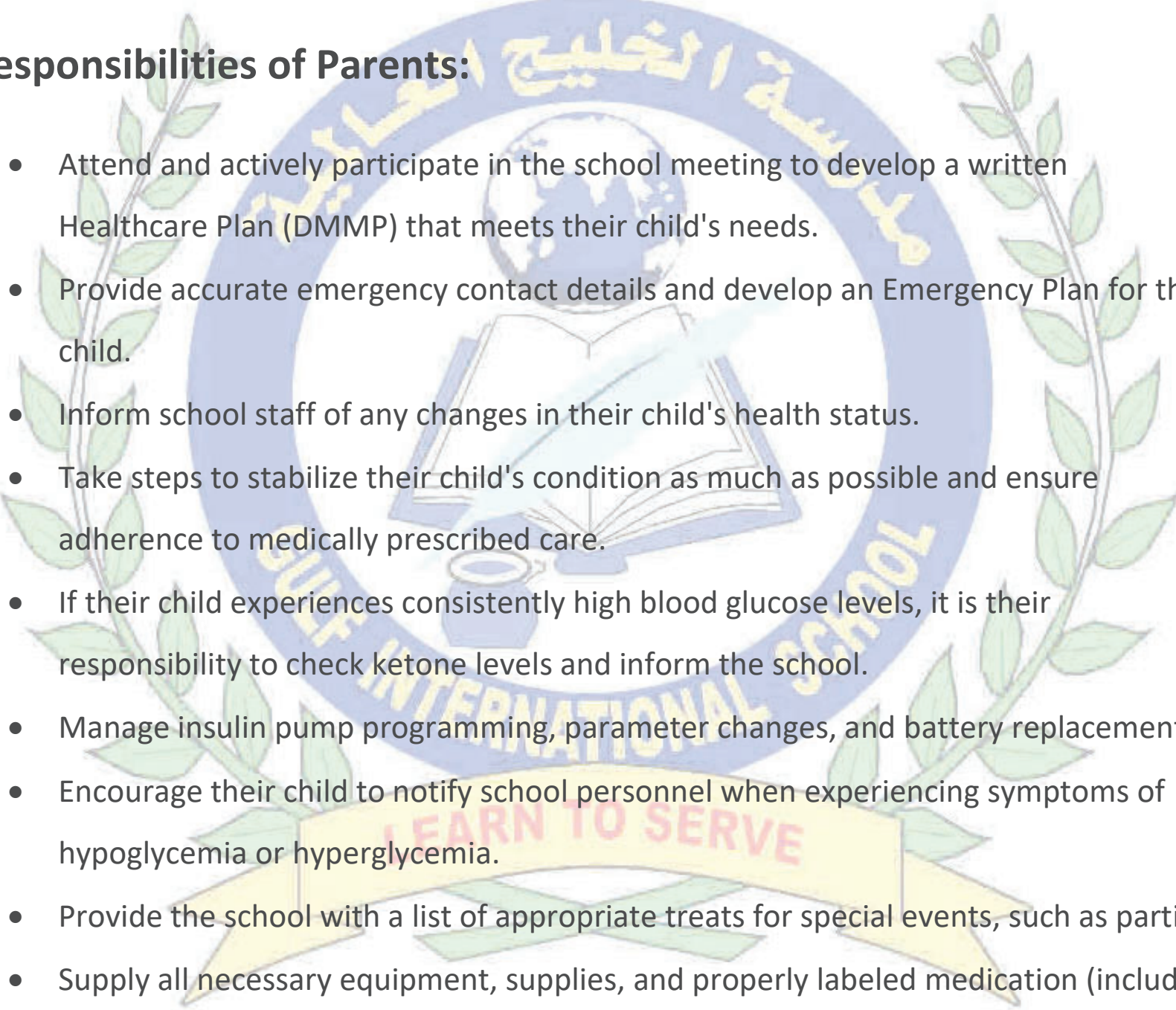
- The student's specific signs and symptoms of hypoglycemia/hyperglycemia and how to treat them (Emergency Plan).
- Situations in which the school nurse should notify the parents or guardians.
- List of emergency contacts.

Diabetes Management: A Shared Responsibility

Effective diabetes management in schools is based on good teamwork among all parties involved.

Their respective responsibilities are as follows:

Responsibilities of Parents:

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- Attend and actively participate in the school meeting to develop a written Healthcare Plan (DMMP) that meets their child's needs.
 - Provide accurate emergency contact details and develop an Emergency Plan for their child.
 - Inform school staff of any changes in their child's health status.
 - Take steps to stabilize their child's condition as much as possible and ensure adherence to medically prescribed care.
 - If their child experiences consistently high blood glucose levels, it is their responsibility to check ketone levels and inform the school.
 - Manage insulin pump programming, parameter changes, and battery replacements.
 - Encourage their child to notify school personnel when experiencing symptoms of hypoglycemia or hyperglycemia.
 - Provide the school with a list of appropriate treats for special events, such as parties.
 - Supply all necessary equipment, supplies, and properly labeled medication (including glucagon if required), ensuring they are available to the school at all times and replaced before expiration.
 - Provide backup supplies, including an insulin pen and a hypo kit.
 - The hypo kit should contain a blood glucose meter, testing strips, finger pricking device with lancets, antiseptic wipes, extra batteries, glucose tablets or fast-acting carbs like fruit juice, and glucagon if needed.

Responsibilities of the Principal:

- Provide leadership to ensure that all health policies related to diabetes management in school are up-to-date and implemented.
- Facilitate problem-solving and negotiations among the school team members and the student's family.
- Allocate physical resources on campus to safely accommodate and implement all activities mentioned in the individualized health care plan (DMMP).
- Arrange for trained staff to provide diabetic care during field trips and all school-sponsored activities and transportation.

Responsibilities of the School Nurse:

- Organize and facilitate planning meetings with the student's parent/guardian and other key school staff to discuss the development and implementation of the student's individualized health care plan (DMMP).
- The school nurse has the primary responsibility for carrying out diabetes management tasks according to the DMMP.
- Provide or arrange training for all school-based personnel who will have direct contact with the diabetic student on how to respond in an emergency.
- Provide emergency treatment and supportive care in accordance with the established emergency care plan.
- Maintain extra backup supplements and insulin in the school clinic.
- Establish a process for ongoing and emergency communication with the parent/guardian, including procedures for repairing or replacing equipment and replenishing supplies and medications.

Responsibilities of Teachers:

- Allow the student with diabetes unrestricted access to the bathroom and water.
- Allow students to consume their snacks and meals according to the care plan.
- Allow students to perform necessary diabetic care as specified in the DMMP.

- Be able to recognize the signs of hypoglycemia and hyperglycemia and provide assistance.
- Recognize the student's equipment required for diabetic care, such as the glucometer and insulin pump.
- Show understanding, as variations in blood glucose levels can interfere with the student's ability to concentrate. Hypoglycemia can affect mood and ability to follow directions, which may be mistaken for misbehavior.
- During academic testing, children with diabetes may need to check their blood sugar before, during, or after the test as the stress of test-taking can impact blood sugar levels.
- Remind diabetic students to check their blood sugar levels before, during, and after physical activity and exercise.
- Encourage students to exercise and participate in sports at the same level as their peers, as regular exercise is an important part of managing diabetes.

Responsibilities of Other Staff Members:

School Counselor:

- Although the school counselor may not always have direct contact with the student, they should be aware of students with diabetes in the school and the potential impact of diabetes and its treatment on the student's behavior and performance.
- The school counselor may be called upon to assist the student with any expressed concerns related to diabetes and to identify and respond to ineffective coping mechanisms that affect school performance and attendance.

Transportation Supervisors and Bus Drivers:

- Consider seating the diabetic student near the front of the bus for closer observation.
- Communicate any concerns regarding the student's diabetes management actions to the school nurse.
- Be able to identify signs and symptoms of student distress.

- Understand that diabetic students may carry snacks or emergency response equipment and may need to eat and/or drink during the bus ride.

All school staff members should be aware of whom to contact for help in case of an emergency.

Diabetic Emergency

There are two types of diabetic emergencies that school personnel may encounter:

1. Hypoglycemia (low blood sugar)
2. Hyperglycemia (high blood sugar)

It is important to recognize and intervene early to prevent the progression of symptoms. Never leave diabetic students alone if they are experiencing symptoms of low or high blood glucose. If they need to go to the office or see the nurse, ensure a responsible person accompanies them.

The student's individualized health care plan (DMMP) should specify the appropriate actions to be taken at each level of severity of hypoglycemia or hyperglycemia. It should also include parameters for how to notify parents and/or the physician in the event of unresponsive hypoglycemia or hyperglycemia despite school interventions.

Hypoglycemia (Low Blood Sugar):

- Hypoglycemia is defined as a blood glucose level less than 70 mg/dL.
- Low blood glucose can develop within minutes and requires immediate attention.

Causes may include:

1. Too much insulin administration.
2. Delayed or inadequate food intake.
3. Excessive or intense exercise.
4. Illnesses such as flu, colds, or gastrointestinal illness.

• **Symptoms/Signs:**

Mild	Moderate	Severe
<ul style="list-style-type: none"> ▪ Hunger & Weakness ▪ Shakiness ▪ Paleness ▪ Anxiety & Irritability ▪ Dizziness ▪ Sweating ▪ Personality Change ▪ Inability to concentrate 	<ul style="list-style-type: none"> ▪ Headache ▪ Poor coordination ▪ Blurry vision ▪ Slurred speech ▪ Confusion ▪ Hard & fast heartbeat 	<ul style="list-style-type: none"> ▪ Loss of consciousness ▪ Seizure ▪ Inability to swallow

If symptoms occur and the student is CONSCIOUS:

- Test the student's blood glucose level and ask if a meal or snack was missed.
- Give 15 grams of fast-acting sugar such as glucose tabs, candy, juice, or as directed by the DMMP.
- Wait for 15 minutes, then re-test the blood glucose level. Call the parent and follow their recommendations.
- After 15 minutes, check the blood glucose level again:
 - If the blood glucose level is within the target range, determine how long until the next meal.
 - If it's longer than 30 minutes, give the student a protein snack as directed in the DMMP.
 - If it's within 30 minutes, send the student back to class.
 - If the blood glucose level is below the target range, give another 15 grams of fast-acting sugar (step 2).
 - Steps 2 and 3 can be repeated up to 3 times (rule of 15). If there is no improvement after the 3rd treatment with fast-acting sugar, call the parent and advise a medical assessment.
 - If unable to reach the parent, call the emergency contact. If unable to reach the emergency contact, call 911.

If the student is unable to swallow or UNCONSCIOUS:

- Call 911.
- Check the airway, breathing, and circulation, and initiate CPR if necessary.
- If CPR is not needed, position the student on their side.
- If prescribed in the DMMP, administer glucagon. Glucagon should only be administered if it is prescribed in the student's plan, and only trained school personnel should administer it.
- If the student is wearing an insulin pump, turn off or disconnect the pump.

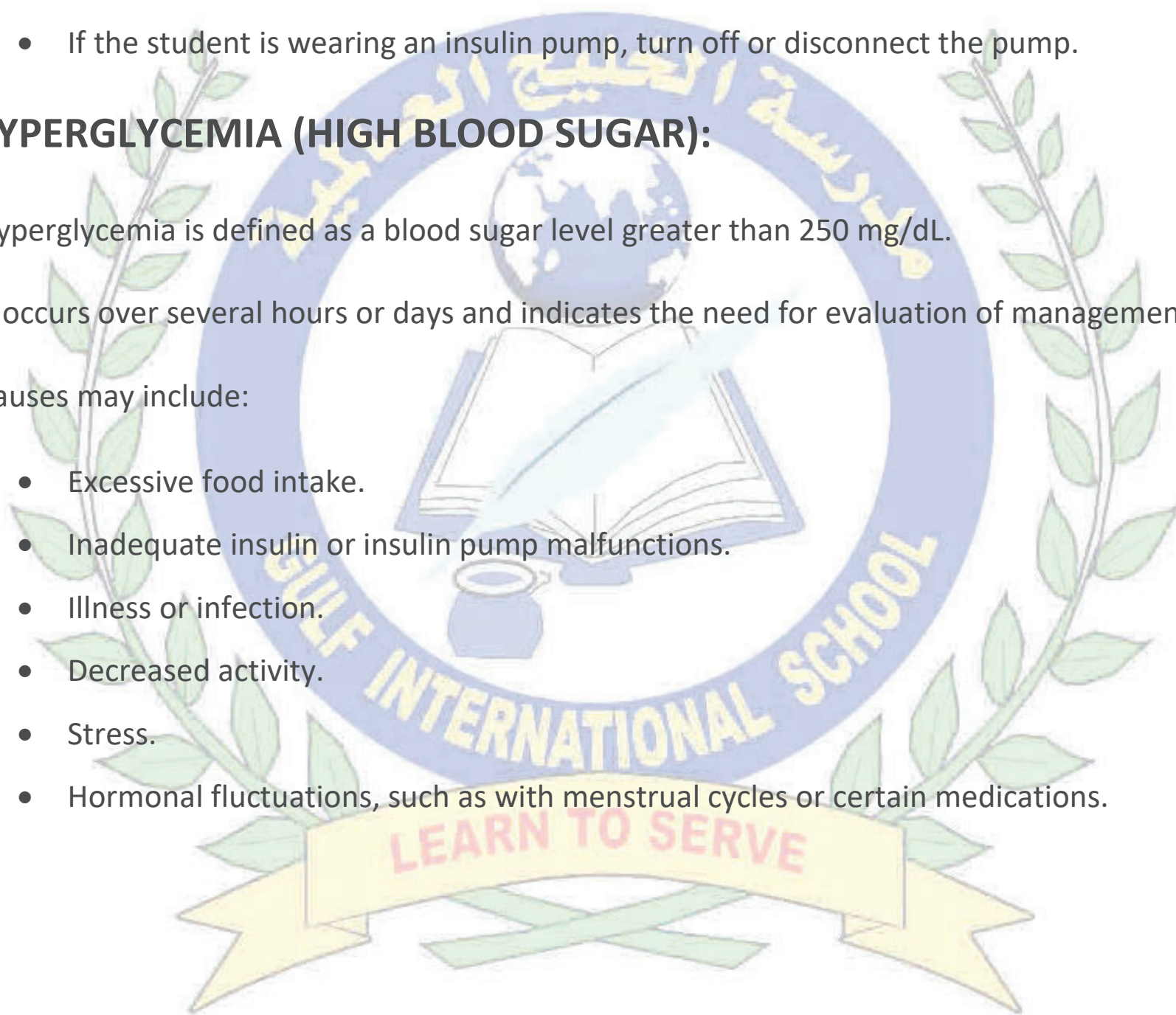
HYPERGLYCEMIA (HIGH BLOOD SUGAR):

Hyperglycemia is defined as a blood sugar level greater than 250 mg/dL.

It occurs over several hours or days and indicates the need for evaluation of management.

Causes may include:

- Excessive food intake.
- Inadequate insulin or insulin pump malfunctions.
- Illness or infection.
- Decreased activity.
- Stress.
- Hormonal fluctuations, such as with menstrual cycles or certain medications.



- **Symptoms/Signs:**

mild	moderate	severe
<ul style="list-style-type: none"> ▪ Extreme Thirst ▪ Frequent urination ▪ Fatigue/sleepiness ▪ Increased Hunger ▪ Blurred vision ▪ Weight Loss ▪ Stomach pains ▪ Flushing of skin ▪ Lack of concentration 	<p>Mild symptoms plus:</p> <ul style="list-style-type: none"> ▪ Dry mouth ▪ Nausea ▪ Stomach cramps ▪ Sweet, fruity breath 	<p>Mild and moderate symptoms plus:</p> <ul style="list-style-type: none"> ▪ difficult breathing ▪ Chest pain ▪ Very weak ▪ Confused ▪ Vomiting ▪ Unconscious

If symptoms occur and the student is CONSCIOUS:

- Allow the student to freely use the bathroom.
- Encourage the student to drink water only.
- Test the student's blood sugar level and inform the parent.
- Administer insulin as specified in the DMMP.
- Recheck the blood glucose level according to the DMMP (for example, every two hours) to determine if it is decreasing to the target range.

If the student is vomiting or becomes UNCONSCIOUS:

- If possible, confirm hyperglycemia by testing the blood glucose level.
- Immediately call the parents or emergency contact to have the child picked up. In such cases, the care required goes beyond the abilities of school personnel.
- If the student is vomiting and it is impossible to reach the parents, CALL 911.

Infectious Diseases Policy

Objectives

Infectious diseases are diseases caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another.

This policy outlines the strategies and actions that schools are required to take to prevent the transmission of an infectious disease or control transmission of an infectious disease when a case/s is identified.

Responsibility of Parents/Guardians

Parents are requested not to send their children to school if any of the following apply:

1. The child has symptoms of an infectious illness that is mentioned in the list of school exclusion table .
2. A fever over 100.4° Fahrenheit (F) or 38° Celsius (C) – Your child can return to school after they've been fever-free for 24 hours without antipyretics. Antipyretics are medicines that treat or prevent fever.
3. Diarrhea – Having loose poop (stool) more often that isn't caused by a change in diet.
4. Throwing up (vomiting) – More than 2 times in a 24-hour period.
5. Coughing that disrupts normal activity.
6. Wheezing or get short of breath.
7. Yellow or green drainage from the eye(s).
8. A new rash – Not all rashes mean your child must stay home from school. Check with their doctor or health care provider.
9. Parent's must provide an authorized medical report for any illness for the absence to be counted as excused.

If a child has been sent to school and is clearly unwell, as described above, a parent or guardian will be contacted and requested to collect them from school as soon as possible.

Collecting child when ill

If the school contacts a parent/guardian to say that their child is unwell the parent/guardian must arrange to collect the child as soon as possible. This is primarily for the well-being of the student who is unwell. In the case of infectious diseases, it is also very important for the well-being of the other students and the school staff. Staff will aim to keep the student as comfortable as possible while waiting for a parent/guardian to arrive.

For some infectious diseases, the school may require a doctor's 'fitness to return' note before the student is permitted to return to school.

School exclusion table

The school exclusion table identifies which infectious diseases require exclusion and for what period.

Conditions	Duration of exclusion
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children
Hand, Foot and Mouth disease	Exclude until all blisters have dried
Mumps	Exclude for 5 days or until swelling goes down (whichever is sooner)
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well
Measles	Exclude for at least 4 days after onset of rash
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while

	the lesion is weeping. Lesions to be covered by dressing, where possible
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness
Conjunctivitis	Exclude until discharge from eyes has ceased
Pertussis (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced
Diarrhoeal illness	exclude until there has not been vomiting or a loose bowel motion for 24 hours

Internal School Procedures when a student is Unwell

If a student feels unwell or appears unwell, on arrival at school or during the school day, this procedures in will be followed for the well-being of the student who is sick and of all members of the school community.

- If a staff member is concerned that a student is unwell they will send him/her to the school clinic.
- Having checked with the student, the school doctor/nurse will advise whether or not the student is well enough to stay at school.

- If the student needs to go home because they have an infectious illness, or is too unwell to participate in school activities, the school nurse will make contact with the parents.
- In the case of a student who is unwell who is awaiting collection, further contact with other students will be limited by removing them from the classroom and staff will ensure that the student is supervised, reassured and kept warm and comfortable.
- If symptoms appear to be serious or distressing an ambulance should be called.
- All other necessary precautions will be taken to limit the spread of infection, i.e. careful hand-washing and use of suitable sanitising cleaning products, as required.
- If the student has fever, vomiting or diarrhea at the school time, he will be excluded from attendance to the school for at least 24 hours.
- The school doctor/nurse will report cases of students who need to be excluded from the school to the principles and academic director.

Prevention Strategies

the following strategies are followed within our school to help prevent the spread of infectious diseases:

1. Encourage all children and their families to get sufficient sleep, eat nutritious meals, practice good oral hygiene, and get enough physical activity to keep their bodies healthy.
2. teaching and implementing effective handwashing throughout the school, with staff leading by example
3. Encourage frequent hand washing to prevent the spread of germs and viruses.
4. Clean, sanitize, and disinfect surfaces.
5. Teach children to cough and sneeze in their elbows or in to a tissue and to turn away when coughing or sneezing, etc.
6. Make sure rooms are well-ventilated.
7. Send unwell children home as soon as possible

8. Handle food safely.
9. Create a school environment where mask wearing is normal and welcome. Consider making masks available to students and school professionals who wish to wear one.
10. Send out reminders and provide educational resources about vaccines.
11. facilitating the Schools Immunisation Programme
12. Excuse a child from class if the child has a fever, vomiting, or other symptoms like cough, sore throat, sneezing, or runny nose that prevent them from participating in activities and require extra care.
13. provision of PPE gloves, aprons, Biohazard Body Fluid Cleaning Up Kit, suitable sanitising cleaning products and cleaning equipment for staff who are in contact with bodily fluids when caring for a child.

