

Phone: 217-362-3318

Student

School Health Guidelines

2022-2023

Please read this
Health information

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Enrollment of your child in Decatur Public Schools assures that you receive notification of school policies and practices, including this required health information. **You are responsible for reading this information.** We welcome your comments or questions at the phone number above.

REQUIREMENTS: EXAMINATIONS & IMMUNIZATIONS

The State of Illinois and Decatur Public School District 61 require the following:

MEDICAL EXAMINATION

Due on the first day of school

- **Must be conducted within one year prior to first entry into:**
 - preschool
 - kindergarten
 - sixth grade
 - ninth grade
 - OR any students new to State of Illinois Schools, regardless of grade. Examination must be provided on the first day of school.
- **Must be performed** by a Doctor licensed to practice medicine, an advanced practice nurse, or a physician's assistant; the completed examination is required; having an appointment is not sufficient
- **Forms** are available at school, at your doctor's office, or on the DPS website
- **Must have parent or guardian signature** on completed Health History portion of exam page.

DENTAL EXAMINATION

- **Required for students in the following four grades, only:**
- **Kindergarten, second grade, sixth grade, and 9th grade**
- **Must be conducted between November 15, 2021, and May 15, 2023**
- **Must be submitted by May 15, 2023**
- **Must be performed by** a dentist; a complete examination is required
- **Must be recorded on the Illinois Proof of School Dental Examination** form available at school or at your dentist's office
- Date of future appointment after May 15, 2023, or IDPH Waiver Form (acquired from school nurse) may be accepted instead of a recorded dental examination.

VISION EXAMINATION

- Required for students entering kindergarten and students who are NEW to Illinois Schools
- Due by first day of school
- **Required for students entering any State of Illinois School for the first time, regardless of grade**
- Performed by an optometrist or ophthalmologist
- Date of future appointment, after first day of school on IDPH Waiver (acquired from school nurse) may be accepted instead of recorded vision examination.

IMMUNIZATIONS – Due the first day of school

- As required by the State of Illinois and the Macon County Health Department (MCHD)
 - Includes diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, HIB, hepatitis B, and varicella (chicken pox) **ALL 6TH-12TH GRADERS REQUIRE A Tdap VACCINE.**
 - Contact the MCHD, 423-6988, or your school nurse for immunization schedules.
 - Attend the Immunization Clinic at the Macon County Health Department are by appointment only until further notice. Please call 217-423-6988 ext. 1100 to schedule an appointment at 1221 East Condit. You may also obtain required immunizations at your doctor's office.

All Preschool – one dose of varicella vaccine

All K-12 – two doses of varicella vaccine

All K-12 - two doses mumps and rubella vaccine

All K – four doses of polio

All 6-12 – Meningococcal vaccine

1st dose on or after 11th birthday

2nd dose on or after 16th birthday

LEAD SCREENING

- **Physician statement** that child age six years or below was screened for lead poisoning must be documented on Examination form for first entry into school.

Statements of exemption are accepted, and submitted to the Illinois Department of Public Health for approval. IDPH rules (77.665.280 and 665.520)

Religious Exemption: A student may be exempted from this policy's requirements on religious grounds if the student's parent/ guardian present to the School Nurse (Superintendent) a physician/parent **signed** certificate of Religious Exemption Form. Request must be presented when health requirement is due. **Medical Exemption:** A student may be exempted from immunizations on medical grounds if a physician provides written verification on the Certificate of Child Examination form. Medical exemptions are presented to the Illinois Department of Public Health for approval.

VACCINE - PREVENTABLE COMMUNICABLE DISEASE CONTROL POLICIES

On the same day a report of the following vaccine-preventable communicable diseases, school personnel shall contact the Macon County Health Department to initiate an investigation of the reported outbreak: chicken pox, diphtheria, pertussis, tetanus, polio, measles, mumps, and rubella. The school nurse will assist in determining additional cases of the illness in the school and community and will follow the directions of the Macon County Health Department regarding notification of families and exclusion from school of unprotected susceptible students.

The Illinois Office of Education and the Illinois Department of Public Health have established procedures to be followed for control of an outbreak of measles. Authority for this policy is derived from *The Illinois School Code* (Chapter 122, Section 27-8) and from "AN ACT in relation to public health" (Chapter 111 ½, Paragraphs 22 and 24, Illinois Revised Statutes, 1977).

07/2011

STUDENTS MAY BE EXCLUDED FROM SCHOOL (denied the privilege of attending) AT THESE TIMES:

NON-COMPLIANCE WITH MEDICAL EXAMINATIONS AND IMMUNIZATIONS

Students **will** be excluded from school (denied the privilege of attending school) when:

- They are entering (for the first time) preschool, kindergarten, grade 6, or grade 9 and fail to submit their completed medical examinations and immunizations by October 15, 2022.
- They are *new* to Decatur Public Schools and fail to submit their completed medical examinations and immunizations by first day of attendance.

The parent or guardian is responsible for transporting the excluded student home.

STUDENT ILLNESS AND INJURY

Students are excluded from school when the school nurse determines that:

- Parental observation or medical care is needed;
- Exclusion is required for communicable disease control;
- The student's illness or injury presents a barrier to learning.

The consent of the parent or guardian, or other responsible adult acting in their stead, must be obtained prior to releasing a student from school.

The parent or guardian is responsible for transporting the ill or injured student.

HEALTH EMERGENCIES

In an emergency, the principal and nurse act in the student's best interest, with the parent or guardian notified immediately or as soon as possible.

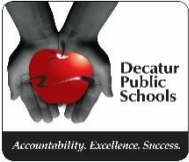
- ***The State of Illinois requires that working emergency telephone numbers be provided to the school. Please check phone numbers on file and update as needed.***

MEDICAL EXCLUSION POLICIES

The following guidelines have been established by the School Health Department in accordance with recommendations of the Illinois Department of Public Health. Decatur Public Schools will exclude (not allow students to attend school) and will readmit students according to these guidelines. For information, contact the school nurse or the Coordinator of School Health Services, 362-3318.

CHICKEN POX	Exclude 5 or more days after first appearance of rash, until no fever and blisters are dry.
DIARRHEA	Exclude until <u>no</u> diarrhea and no fever for 24 hrs.; if persistent, a physician's statement that no viral, bacteriological, or parasitic condition exists is required.
FEVER	Children with temperatures of 100.4 degrees or higher should not be sent to school. Exclude until no fever for 24 hours <u>without the use of Tylenol or other medication.</u>
GIARDIASIS & SHIGELLOSIS	Exclude until negative stool culture, no fever, no diarrhea.
HAND, FOOT, & MOUTH DISEASE	Exclude if sores in mouth of drooling child or if weeping sore on hands.
HEAD LICE	Exclude until live lice are removed; parent or guardian must accompany child to school for readmission head check.
HEPATITIS A	Exclude for one week or more after onset of jaundice and until other acute symptoms are gone.
HEPATITIS B	Generally no exclusion but consider potential for blood-borne exposure - consult health care provider.
IMPETIGO	Exclude for 24 hours after antibiotic treatment begins <u>and</u> if student cannot refrain from touching sores.
INFLUENZA	Exclude as long as fever is 100.4 degrees Fahrenheit or greater (unmedicated). Additional exclusions may be necessary for documented nasal strains or pandemic flu based on State of Illinois guidance.
MEASLES	Exclude until 4 days after appearance of rash. Susceptible contacts (not immunized, immunosuppressed) are excluded for 21 days after diagnosis of last case.

MENINGITIS (Bacterial, Viral)	Exclude until absence of fever.
MUMPS	Exclude until 5 days after onset of symptoms. Susceptible contacts (not immunized, immunosuppressed) are excluded at least 26 days following onset of parotitis in last case.
PERTUSSIS	Exclude until at least 5 days after the start of antibiotics.
RING WORM	Student may return to school after treatment begins. (May be over the counter treatment). Affected skin areas must be covered at school.
CONJUNCTIVITIS (pink eye)	Exclude if conjunctivitis is accompanied by symptoms of systemic illness or if child is unable to keep hands away from eye.
STREP THROAT/SCARLET FEVER & STREP SKIN INFECTIONS	Exclude until 24 hours after antibiotic treatment started (continue antibiotic until all gone).
SHINGLES	Generally no exclusions if lesion can be covered.
SCABIES	Exclude for 24 hours after treatment begun.
PIN WORMS	Exclude for 24 hours after treatment begun.



Good Health Habits Can Help Stop Germs

Fact Sheet

Good Health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent the flu.

1. Avoid close contact.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

2. Stay home when you are sick.

Stay home from work, school, public gatherings, and errands when you are sick. You will help prevent others from catching your illness.

3. Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Dispose of tissue.

4. Clean your hands.

Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.

5. Avoid touching your eyes, nose, or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. Practice other good health habits.

Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Students Can Have a Good Day at School if they have:

- **Rest:** Both children and teenagers need at least 8 – 11 hours of sleep each night, so they can be at their best all day.
- **Food:** All students need a healthy breakfast each day at home or at school. Without breakfast, children develop headaches and stomachaches and have trouble learning and playing.
- **Clothes:** Dress students for the weather – light, cool clothes when it is hot, and warm clothes when the weather is cold. Please obey your school’s dress code.
- **Homework:** Help your students remember their homework and prepare for school each day. You may contact teachers at any time by phone or email. Use our website, www.dps61.org.
- **A Good Attitude:** Help your students go to school without worries and stress, which make their school days more difficult.



Too Sick for School?

Below are some guidelines to help you make the decision about when to keep your child home from school. They were developed to help prevent the spread of potentially contagious disease.

Keep your child home if he/she has any of the following symptoms:

<u>Symptom</u>	<u>Explanation</u>
Fever	Greater than 100.4°F in the past 24 hours. May return when fever-free for 24 hours (WITHOUT the use of fever-reducing medication).
Vomiting	Any unexplained episode in the past 12 hours. May return 24 hours after the last episode. Nausea and feeling need to vomit.
Diarrhea	Three or more unexplained episodes of watery or loose stools in 24 hours OR sudden onset of loose stools. May return 24 hours after last episode.
Rash	Any new rash accompanied by a fever. May return after the rash goes away or clearance is given by a health care provider.
Skin Lesions (sores)	Drainage from a sore that cannot be contained within a bandage OR sores are increasing in size OR new sores are developing day-to-day.
Cough/Cold	Serious, sustained coughing, shortness of breath, or difficulty breathing. Runny nose that student can’t control or requires medication.
Any illness or injury Toothache or earache Headache	Symptoms that prevent the student from active participation in usual school activities OR student is requiring more care than school staff can safely provide.

We want all children to attend school, but home is the best place for a child who is ill. If your child is sick with a diagnosed communicable disease, please notify the school as soon as possible. This notification will greatly assist others who, due to medical reasons and/or treatments, have weakened immune systems and may require immediate and specialized care.

the flu



A Guide for Parents

What is the flu?

The flu (influenza) is an infection of the nose, throat, and lungs that is caused by influenza virus. The flu can spread from person to person. Most people with flu are sick for about a week, but then feel better. However, some people (especially young children, pregnant women, older people, and people with chronic health problems) can get very sick and some can die.

What are the symptoms of the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Cough can last two or more weeks.

How does the flu spread?

People that have the flu usually cough, sneeze, and have a runny nose. This makes droplets with virus in them. Other people can get the flu by breathing in these droplets or getting them in their nose or mouth.

How long can a sick person spread the flu to others?

Most healthy adults may be able to spread the flu from 1 day before getting sick to up to 5 days after getting sick. This can be longer in children and in people who don't fight disease as well (people with weakened immune systems).

How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. CDC recommends that all children from the ages of 6 months up to their 5th birthday get a flu vaccine every fall or winter (children getting a vaccine for the first time need two doses).

- Flu shots can be given to children 6 months and older.
- A nasal-spray vaccine can be given to healthy children 2 years and older (children under 5 years old who have had wheezing in the past year or any child with chronic health problems should get the flu shot).

You can protect your child by getting a flu vaccine for yourself too. Also encourage your child's close contacts to get a flu vaccine. This is very important if your child is younger than 5 or has a chronic health problem like asthma (breathing disease) or diabetes (high blood sugar levels).

Is there medicine to treat the flu?

There are antiviral drugs for children 1 year and older that can make your child feel better, be less contagious, and get better sooner. But these drugs need to be approved by a doctor. They should be started during the first 2 days that your child is sick for them to work. Your doctor can discuss with you if these drugs are right for your child.

What Can YOU Do?

How else can I protect my child against flu?

1. Take time to get a flu vaccine and get your child vaccinated too.
2. Take everyday steps to prevent the spread of germs. This includes:
 - Clean your hands often and cover your coughs and sneezes
 - Tell your child to:
 - Stay away from people who are sick
 - Clean hands often
 - Keep hands away from face
 - Cover coughs and sneezes to protect other (it's best to use a tissue. Then, throw it away).

What should I use for hand cleaning?

Washing hands with soap and water (For as long as it takes to sing the Happy Birthday song twice) will help protect your child from germs. When soap and water are not available, wipes or gels with alcohol in them can be used (the gels should be rubbed into your hands until they are dry).

What can I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. If your child is older than 2 years, you can buy medicine (over-the-counter) without a prescription that might make your child feel better. Be careful with these medicines and follow the instructions on the package. But never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

What if my child seems very sick?

Call or take your child to a doctor right away if your child:

- has a high fever or fever that lasts a long time
- has trouble breathing or breathes fast
- has skin that looks blue
- is not drinking enough
- seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking) get better but then worse again
- has other conditions (like heart or lung disease, diabetes) that get worse

Can my child go to school if he or she is sick?

No. Your child should stay home to rest and to avoid giving the flu to other children.































Should my child go to school if other children are sick?

It is not unusual for some children in school to get sick during the winter months. If many children get sick, it is up to you to decide whether to send your child to school. You might want to check with your doctor, especially if your child has other health problems.

When can my child go back to school after having the flu?

Keep your child home from school until his or her temperature has been normal for 24 hours. Remind your child to cover their mouth when coughing or sneezing, to protect others (you may want to send some tissues and wipes or gels with alcohol in them to with your child).

For more information about flu, visit www.cdc.gov/flu

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER 					
COUGH					
SORE THROAT 					
SHORTNESS OF BREATH 					
FATIGUE 					
DIARRHEA OR VOMITING 					
RUNNY NOSE 					
BODY/ MUSCLE ACHES 					

 Symptom of illness



cdc.gov/coronavirus

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COVID-19 in Children and Teens

Information for parents and caregivers about COVID-19 in children and teens

While fewer children have been sick with COVID-19 compared to adults, children can be infected with the virus that causes COVID-19, can get sick from COVID-19, and can spread the virus that causes COVID-19 to others. Children, like adults, who have COVID-19 but have no symptoms (“asymptomatic”) can still spread the virus to others.

Most children with COVID-19 have mild symptoms or have no symptoms at all. However, some children can get severely ill from COVID-19. They might require hospitalization, intensive care, or a ventilator to help them breathe. In rare cases, they might die.

CDC and partners are investigating a rare but serious medical condition associated with COVID-19 in children called Multisystem Inflammatory Syndrome in Children (MIS-C). We do not yet know what causes MIS-C and who is at increased risk for developing it. Learn more about [MIS-C](#).

Babies under 1 year old and children with certain underlying conditions may be more likely to have severe illness from COVID-19.

Babies under 1 year old might be more likely to have severe illness from COVID-19. Other children, regardless of age, with the following [underlying medical conditions](#) might also be at increased risk of severe illness compared to other children:

- Asthma or chronic lung disease
- Diabetes
- Genetic, neurologic, or metabolic conditions
- Sickle cell disease
- Heart disease since birth
- Immunosuppression (weakened immune system due to certain medical conditions or being on medications that weaken the immune system)
- Medical complexity (children with multiple chronic conditions that affect many parts of the body, or are dependent on technology and other significant supports for daily life)
- Obesity

This list does not include every underlying condition that might increase the risk for severe illness in children. As more information becomes available, CDC will continue to update and share information about risk for severe illness among children.

If your child has an underlying condition, make sure to discuss your child’s potential for getting very sick with their healthcare provider. Symptoms of COVID-19 are similar in adults

and children and can look like symptoms of other common illnesses such as colds, strep throat, or allergies. The most common symptoms of COVID-19 in children are fever and cough, but children may have any of these signs or symptoms of COVID-19:

- Fever or chills
- Cough
- Nasal congestion or runny nose
- New loss of taste or smell
- Sore throat
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Stomachache
- Tiredness
- Headache
- Muscle or body aches
- Poor appetite or poor feeding, especially in babies under 1 year old

What you can do

Monitor your child for COVID-19 symptoms.

Pay particular attention to:

- Fever (temperature 100.4 °F or higher)
- Sore throat
- New uncontrolled cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, see if there is a change from their usual cough)
- Diarrhea, vomiting, or stomachache
- New onset of severe headache, especially with a fever

Keep track of who your child comes into close contact with

[Take steps](#) to protect your child if you are sick and slow the spread of COVID-19.

To learn more about how to protect yourself from the virus that causes COVID-19 visit the [How to Protect Yourself and Others](#) page.

Keep your child home and call their healthcare provider if your child gets sick

If your child has [symptoms of COVID-19](#):

- Keep your child home.
- Consider whether your child needs to see a healthcare provider and be [tested for COVID-19](#). CDC recommends all people with [symptoms of COVID-19](#), including children, get tested. CDC has a
- [Coronavirus Self Checker](#) is available in its website, which may help you make decisions about seeking medical care for possible COVID-19.
- [Protect yourself from COVID-19 while caring for your sick child](#) by wearing a mask, washing your hands frequently, monitoring yourself for symptoms for COVID-19, and using other preventive measures.
- Notify your child’s school that your child is sick. Also inform the school if your child has had a COVID-19 test and what the result is, if available.
- Review your child’s school (or another childcare facility) policies related to when a child who has been sick can return.
- Bring your child back to school or other in-person activities only after they can [safely be around others](#).

In a medical emergency, call 911 or bring your child to the emergency department.

Do not delay seeking emergency care for your child because you are worried about the spread of COVID-19.

Emergency departments have infection prevention plans to protect you and your child from getting sick with COVID-19 if your child needs emergency care.

If your child is showing any of these emergency warning signs, seek emergency medical care immediately.

- Trouble breathing
- Pain or pressure in the chest that doesn’t go away
- New confusion
- Can’t wake up or stay awake when not tired
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list does not include all possible symptoms.

Call your child’s healthcare provider for any other symptoms that are severe or concerning to you.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/symptoms.html>

Allergies at School

Over 50 million American children and adults have allergic reactions which involve many cells, chemicals, and tissues throughout the body and which can become life-threatening.

Many persons at school deal with:

- Asthma, a chronic lung disease that can be triggered by respiratory tract infections, smoke, weather, scents and chemicals, animals, and stress at home and at school.
- Severe allergic reactions to foods and substances such as nuts, scents worn, sprayed, or emitted from scented objects, latex, soy, medications, and insect stings.
- “Hay fever” (allergic rhinitis), can trigger sinus and ear infections. Be aware of your child’s allergic times and triggers (fall/spring) and administer their allergy medication to help provide relief.
- Eczema (atopic dermatitis) with itching, reddening, and flaking or peeling of the skin.
- Hives (urticaria), are most commonly associated with foods or with medications.
- **Notify your school nurse if your child has life-threatening health conditions.**

A Healthy, Safe School Environment

The following steps have been taken to create a healthy, safe school environment for all:

- **Students needing medication, care, or accommodations during the school day** must provide information from their physician each year.
- **Scented products may not be sprayed at school** by students or staff members. Included are hair spray, deodorants, air fresheners, and cologne. Failure to comply with this directive may result in discipline referral and appropriate consequences.
- **Persons will be directed to not wear scents at school** if others become ill. Included are cologne, lotion, body spray, and hair spray. Failure to comply with this directive will result in discipline referral and appropriate consequences.
- **No school can be guaranteed to be allergen free.**
- **Pets are not kept in school classrooms** if any person could be sensitive or allergic to them.
- **School nurses will help families of students with symptoms of allergic conditions** to assure that medical care is provided and steps are taken at school to maintain their health.

Communication Between Family and School

Together, we can support your student at school. **Please contact your school nurse about your child’s health, allergies, and needs at school.** Physician orders are needed for P.E. excuses with start and end dates and P.E. accommodations of more than one day. Medications may be administered for chronic conditions. Students’ health records follow them throughout their school careers and are filed for many years following the date of graduation. **The mission of the School Health Department is to eliminate health barriers to learning, so every child may attend and achieve.**

Anaphylaxis

Undesignated Epinephrine Auto-Injectors

2022-2023

ANAPHYLAXIS UNDESIGNATED EPINEPHRINE AUTO-INJECTORS

- **Medicines:** Common culprits are penicillin and other antibiotics, aspirin and aspirin-related products, and insulin.
- **Foods:** Common food allergies are peanuts, tree nuts, shellfish, fish, milk, eggs, soy, and wheat. In children, the most common food allergies are milk, eggs, peanuts, soy, and wheat. In adults, the most common food allergies are shellfish, tree nuts, and peanuts.
- **Insect stings and bites:** Stinging insects such as bees, wasps, hornets, yellow jackets, certain tick bites, deer flies, “kissing bug,” and fire ants can cause anaphylaxis.
- **Latex:** Natural rubber latex may cause mild skin irritation or it can trigger a severe allergic reaction. Direct contact with latex items (Latex gloves, condoms, and balloons) can cause a reaction. Inhaling small latex particles that have become airborne can trigger latex allergy. Putting on and removing latex gloves can release small latex particles into the air.
- **Physical activity:** Exercise-induced anaphylaxis is a rare allergic reaction that occurs after vigorous physical activity. Temperature, seasonal changes, drugs, alcohol, or eating certain foods before exercise may be co-factors. In other words, **both** exercise AND another factor must be present for a person to have the severe allergic reaction.

What is Epinephrine?

Epinephrine (adrenaline), a self-injection medication, is the first-line treatment for severe or life-threatening allergic reactions (anaphylaxis). Epinephrine is a highly effective medication that can reverse severe symptoms. However, it must be administered promptly during anaphylaxis to be most effective. Delayed use of epinephrine during an anaphylactic reaction has been associated with deaths.

Anaphylaxis

Undesignated Epinephrine Auto-Injectors

2022-2023

The Access to Epinephrine in Schools Public Act 97-0361 allows your child's school to maintain a supply of emergency epinephrine auto-injectors for students who have forgotten their EpiPen at home. A school nurse may administer an EpiPen to any students suffering from anaphylaxis. If your child does have severe allergies, ask the school to implement an Emergency Action Plan, an Individual Health Care Plan, or a Section 504 Plan. The supply of emergency epinephrine allowed under this Act is not intended to replace epinephrine prescribed to students with known allergies.

Epinephrine auto-injectors will only be available for Kindergarten through 12th grade students weighing 33 or more pounds.

IF YOU CHOOSE TO EXCLUDE YOUR CHILD FROM THE USE OF AN EPINEPHRINE AUTO-INJECTOR, YOU MUST PROVIDE IN WRITING YOUR OBJECTIONS TO YOUR CHILD'S SCHOOL

Notice to Parents

Per Public Act 07-0361, a school district or nonpublic school and its employees and agents, including a physician providing standing protocol or prescription for school epinephrine auto-injectors, are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector, regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's, physician's assistant, or advance practice registered nurse.

Asthma
Undesignated albuterol Inhaler
2022-2023

ASTHMA UNDESIGNATED MEDICATION ADMINISTRATION

DEFINITION:

The possibility of respiratory distress will be considered when student, staff, or visitor present with the following symptoms or any combination:

- First signs of cold, exposure of known trigger
- Shortness of breath
- Coughing
- An itching chin or throat
- Watery eyes
- A stomachache
- Wheeze
- A tight chest
- Coughing at night
- Breathing is hard and fast
- Nose opening wide
- Retractions (sucking in skin at the ribs and neck)
- Blue or gray lips and/or nail beds
- Trouble breathing while walking and talking.

Respiratory distress may be characterized as mild-to-moderate or severe. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a Statement of Certification.

The parent or guardian will be notified of the episode for follow-up with a healthcare provider. If the asthma episode is mild, the student may return to the classroom. If the student does not respond in 15-20 minutes of the first administration of the medication, Emergency Medical Services System, EMS, needs to be activated by calling 911.

Notice to Parents

In accordance with 105 ILCS 5/22-30(f), the school nurse or trained personnel, as defined in State law, may administer an undesignated asthma medication, Albuterol metered inhaler, to a person when they, in good faith, believe a person is having respiratory distress. The District will supply an undesignated asthma medication in the name of the District and provide or administer according to State law. Undesignated asthma medication means an asthma medication prescribed in the name of Decatur Public School or one of its schools. The supply of emergency Albuterol allowed under this Act is not intended to replace Albuterol prescribed to students with known asthma.

IF YOU CHOOSE TO EXCLUDE YOUR CHILD FROM THE USE OF ALBUTEROL INHALER, YOU MUST PROVIDE IN WRITING YOUR OBJECTIONS TO YOUR CHILD'S SCHOOL

OPIOID OVERDOSE
UNDESIGNED NALOXONE ADMINISTRATION
2022-2023

NARCAN OPIOID OVERDOSE ADMINISTRATION

DEFINITION

Opioid overdose occurs when the amount of opioid in the body is so great the individual becomes unresponsive to stimuli and breathing becomes inadequate. Lack of oxygen affects vital organs, including the heart and brain, leading to unconsciousness, coma, and eventually death. Naloxone/NARCAN is indicated for the reversal of opioid overdose in the presence of respiratory depression or unresponsiveness.

INFORMATION AND GUIDELINES

This procedure is to be used in conjunction with the "Standing Order for Administration of Naloxone" to provide treatment to unresponsive individuals in the school setting. Naloxone is not to be given to anyone known to be allergic to naloxone hydrochloride.

PROCEDURE

This procedure is to be used in conjunction with the "Standing Order for Administration of Naloxone" to provide treatment to unresponsive individuals in the school setting.

SIGNS AND SYMPTOMS OF AN OPIOID OVERDOSE

- Mouth/throat loud, uneven snoring or gurgling noises (death rattle)
- Shallow, slow breaths, (fewer than 10 per minute) or not breathing at all
- Skin pale, blue or gray, clammy
- Heart slow or erratic pulse (heartbeat)
- Blue lips or fingertips (from lack of oxygen)
- Mental unresponsive to stimuli such as noise or sternal rub
- Unconsciousness
- Constricted (pinpoint pupils)
- Very limp body.

NOTICE TO PARENTS

Access to Narcan in School Public Act Section 22-30(f) of the School Code and maintain a supply of undesignated opioid antagonists in the name of the District and provide or administer them as necessary at the middle school and high school level according to State law. Opioid antagonist means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration. Undesignated opioid antagonist is not defined by the School Code; for purposes of this policy, it means an opioid antagonist prescribed in the name of the district or one of its schools. School nurse or trained personnel, as defined in State law, may administer an undesignated opioid antagonist to a person when they, in good faith, believe a person is having an opioid overdose. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law. See the website for the IL Dept. of Human Services for information about opioid prevention, abuse, public awareness, and a toll-free number to provide information and referral services for persons with questions concerning substance abuse treatment. 911 CALL WILL BE MADE TO CARE FOR THE OVERDOSED VICTIM.

IF YOU CHOOSE TO EXCLUDE YOUR CHILD FROM THE USE OF NARCAN, YOU MUST PROVIDE IN WRITING YOUR OBJECTIONS TO YOUR CHILD'S SCHOOL

MEDICATION GUIDELINES

Decatur Public Schools District #61

Medications are administered at school in accordance with the Guidelines of the School Health Department of Decatur Public Schools District #61, as governed by the *School Code of Illinois*, the Illinois Department of Human Services, and the Illinois Department of Professional Registration.

- Only in exceptional cases, where failure to take a prescribed medication could jeopardize the student's health and/or education, may medication be taken in school. **Taking of medication is limited to students with long term, chronic illness or disability.**
- *Antibiotics and over-the-counter drugs, e.g. Tylenol and cough medicine, will not be taken at school. Cough drops will not be provided at school.*
- Authorization for the administration of both prescription and non-prescription drugs at school shall be provided on Form 24A and shall consist of a written order from the student's licensed prescriber and written request by the parent or guardian that medication be given during school hours.
- Homeopathic products (derived from minerals, botanical substances, animal parts, micro-organisms, and other sources) will not be taken at school.
- **The nurse may contact** the prescriber, pharmacist, and/or parent in order to assure the appropriateness of medication administration at school. The nurse may decline to administer a medication that does not meet Guidelines, that might be given outside of school hours, or that might jeopardize student safety.
- Medications will be administered by the school nurse or by other properly trained and supervised school personnel within sixty minutes of the time ordered by the prescriber. *Authorized emergency medications may be carried by the student with the knowledge of the prescriber and parent/guardian and completion of the required Self-Administration of Emergency Medication form obtained from the school nurse.*
- All medication containers must be labeled by the pharmacist or prescriber with the name of child, name of medication, amount to be given, time of day to be given, prescriber's name and telephone number, and date of prescription.
- Each dose of medication administered to the student is documented and signed by the individual administering the medication. If medication is not administered as ordered, the parent will be contacted.
- *Any change in medication dosage or administration must have written authorization (Form 24A) by both the prescriber and the parent/guardian before the medication can be given.*
- All medication authorizations must be renewed annually at the beginning of each school year. Medication authorizations and records are filed in the student's Cumulative Health Record.

Lorie Frame, BA, RN, PEL-CSN
Health Services Coordinator
362-3318

Medication Authorization

School _____

To the Prescriber:

Students may receive medications at school in accordance with District #61 Medication Guidelines (as noted on reverse) with authorizations by both the prescriber and the parent/guardian. Medications at school will be administered by the school nurse or properly trained school personnel. Authorized emergency medications may be carried by the student with the knowledge of the prescriber and parent/guardian and completion of the required Self-Administration of Emergency Medication form from the school nurse.

_____ should receive
(Student) (Birth Date)
_____ per _____
(Medication) (Dosage) (Route)
at _____ for _____
(Time) (Period of Time)

The disease or illness is: _____
The desired benefits are: _____
The drug side effects are: _____

OTHER MEDICATIONS STUDENT IS RECEIVING: _____

A COPY OF THIS STUDENT'S ASTHMA ACTION PLAN IS ATTACHED

Prescriber Signature _____ Date _____
Address _____ Phone _____

To the Parent or Guardian:

I hereby give permission for my child _____ to receive this medication at school, as prescribed above.

- Medications at school will be administered by the school nurse or properly trained school personnel.
- *Authorized emergency medications may be carried by the student with the knowledge of the prescriber and with the signature of the parent/guardian on the Self-Administration of Emergency Medication form.*
- Noon medications will not be given on half-day attendance days when lunch is not served.
- **Every medication/dosage change requires a new authorization form before it will be given.**
- Parents/guardians should supply the school principal/school nurse with sufficient medication for at least one week at a time. If the medication container is not labeled by the pharmacist/prescriber with each of the following, the medication will not be administered.
- **At the end of the school year, the parent/guardian is responsible for removing from the school any unused medication. Unclaimed medication will be destroyed by the coordinator, per protocol.**

- a) name of child c) amount to be given e) physician's name
- b) name of medication d) time of day to be given f) date of prescription

Signature of parent or guardian _____ Date _____

Address _____ Telephone _____

Eliminating & Preventing Head Lice

Get in the habit of CHECKING YOUR CHILD'S HAIR WEEKLY.

What am I looking for?

- Nits (lice eggs) - tiny white or brown oval bumps that are glued around a hair shaft near the scalp.
- Lice – bugs the size of a sesame seed. They walk fast **but don't fly or jump.**

What do I tell my children?

- Don't share hats, coats, combs, or any item that has touched someone's head.
- Don't put your head directly onto someone else's head- even your best friend's.
- Tell a grownup if your head is itchy so you can be checked.
- Anyone can get head lice! It does not mean a person or their home is dirty.

What if I find lice or nits?

***Don't panic.....call your school to report your child's absence, and.....
.....FOLLOW THESE DIRECTIONS FOR GETTING RID OF LICE:***

1. Use of toxic lice shampoos may be effective, but if lice return, use a nontoxic over-the-counter product (like Lice Free).

We don't advise over-use of lice shampoos with pesticides because:

1) they no longer kill most lice and nits, 2) they can't be used if sores from lice bites are on the head, 3) they do not make it easy to remove nits from the hair, and 4) many people, including pregnant women and infants, may be harmed by the pesticides they contain.

2. Remove all nits by combing in natural sunlight, if possible. Metal lice comb help, but the best method involves hand picking each egg and pulling it down & off each strand of hair. **Place removed nits on a paper towel or tissue and flush or throw away outside.** (There is no product that kills nits. Nits that land on a table, your lap, or the floor could hatch and infest all family members.)

3. Wash and dry at high temperatures all of your child's sheets, blankets, pillowcases, and clothes, and anything that has touched his/her head. Keep your child's clothes and linens away from those of other family members. If something cannot be washed, place it in a sealed plastic bag for 2 weeks.

4. Vacuum all floors, rugs, furniture, pillows, and the seats of your car.

5. Check the hair of all people in your home and frequent visitors, also. School nurses will check adults upon request.

6. Return your child to school AS SOON AS POSSIBLE, WITHIN 2-3 DAYS AT THE MOST.

7. Continue to check your child's head weekly throughout the year.

Hitch Hikers at School

Bed bugs have been common in U.S. history. Although the bed bug population dropped dramatically during the mid-20th century, the United States is one of many countries now experiencing an alarming resurgence of bed bugs.

Bed bugs are very successful hitchhikers, moving from one infested site to furniture, bedding, baggage, boxes, book bags, and clothing. They are resilient and capable of surviving months without feeding. Infestations at school are rare.

Bed bugs are small, flat insects that feed on the blood of sleeping people and animals. They are reddish-brown in color, wingless, and can range in size. They can survive up to 18 months without feeding. They are not known to carry disease.

Bed bugs are experts at hiding. They hide during the day in places such as seams: of mattresses, box springs, bed frames, dressers, tables, cracks and/or crevices, behind wallpaper, and under any clutter or objects around a bed. Then they come out while you are sleeping to feed. They are drawn to the air you breathe out (CO2).

Don't send Hitch Hikers to School

If you find bed bugs at home:

Please check your children for bed bugs before sending them to school daily.

Place clothing in a hot dryer for 20 minutes

(kills all stages of bed bugs)

Keep all personal items at home.

Inform principal and/or school nurse.

For more information:

Macon County Health Department 423-6988

<http://www.dph.illinois.gov/topics-services/environmental-health-protection/structural-pest-control/bed-bugs>

<https://www.cdc.gov/parasites/bedbugs>

WELLNESS POLICY

All schools districts are now required to implement Wellness Policies in order to:

- provide nutritional food and beverages for **your student** and all growing young people;
- educate **your student and your family** about good health habits for life;
- create a healthy school environment for **your student**; and
- enable **your student** to choose foods and activities that promote student health, reduce childhood obesity, and support success in school.

District 61 Wellness Policy Supports **Your Student**

➤ **Nutrition Education**

- Nutrition education and learning experiences for all students must emphasize healthy choices and behaviors.

➤ **Physical Activity**

- PE and opportunities for other daily physical activities must be provided to all students.

➤ **Other School-Based Activities**

- Schools must create a school environment consistent with wellness, healthy eating, and being physically active.
- School fundraising programs and vendors must provide healthy choices through controlled sales of foods of minimal nutritional value.

➤ **Nutrition Guidelines**

- Students must be offered and schools must promote nutritious food and beverage choices that meet the requirements of the U.S. Department of Health and Human Services, the Department of Agriculture, and the Child Nutrition Act.
- School Meals served must meet the nutrition requirements and regulations for the National School Lunch Program and School Breakfast Program.

Student wellness, including good nutrition and physical activity, shall be promoted in the District's educational program, school activities, and meal programs. This policy shall be interpreted consistently with Section 204 of the Child Nutrition and WIC Reauthorization Act of 2004 and the Healthy Hunger-Free Kids Act of 2010 (HHFKA).

The Superintendent or designee will ensure:

1. Each school building compiles with this policy;
2. The policy is available to the community on an annual basis through copies of or online access to the Board Policy Manual; and
3. The community is informed about the progress of this policy's implementation.

Goals for Nutrition Education and Nutrition Promotion

The goals for addressing nutrition education and nutrition promotion include the following:

- Schools will support and promote sound nutrition for students.
- Schools will foster a positive relationship between sound nutrition, physical activity, and the capacity of students to develop and learn.
- Nutrition education will be part of the District's comprehensive health education curriculum. See School Board policy 6:60, Curriculum Content.

Goals for Physical Activity

The goals for addressing physical activity include the following:

- Schools will support and promote an active lifestyle for students.
- Physical education will be taught in all grades and shall include a developmentally planned and sequential curriculum that fosters the development of movement skills, enhances health-related fitness, increases students' knowledge, offers direct opportunities to learn how to work cooperatively in a fitness, increase students' knowledge, offers direct opportunities to learn how to work cooperatively in a group setting, and encourages healthy habits and attitudes for a healthy lifestyle. See Board policy 6:60, Curriculum Content and Board policy 7:260, Exemption from Physical Education.
- During the school day, all students will be required to engage in physical education at a minimum three (3) times per week in a five (5) day week, unless otherwise exempt. See Board policy 6:60, Curriculum Content and Board policy 7:260, Exemption from Physical Education.
- The curriculum will be consistent with and incorporate relevant *Illinois Learning Standards for Physical Development and Health* as established by the Illinois State Board of Education (ISBE).

Nutrition Guidelines for Foods Available During the School Day

Students will be offered and schools will promote nutritious food and beverage choices during the school day that are consistent with Board policy 4:120, Food Services (requiring compliance with the nutrition standards specified in the U.S. Dept. of Agriculture's (USDA) *Smart Snack* rules). In addition, in order to promote student health and reduce childhood obesity, the Superintendent or designee shall:

1. Restrict the sale of *competitive foods*, as defined by the USDA, in the food service areas during the meal periods;
2. Comply with all ISBE rules; and
3. Prohibit marketing during the school day of foods and beverages that do not meet the standards listed in Board policy 4:120, Food Services, i.e., in-school marketing of food and beverage items must meet *competitive foods* standards https://boardpolicyonline.com?b=decatuor_61

Competitive foods standards do not apply to foods and beverages available, but not sold in school during the school day; e.g., brown bag lunches, food for classroom parties, school celebration, and reward incentives.

Exempted Fundraising Day (EFD Request)

All food and beverages sold to students on the school campuses of participating schools during the school day must comply with the “general nutrition standards for competitive foods” specified in federal law.

ISBE rules prohibit EFD’s for grades 8 and below in participating schools.

The Superintendent or designee in a participating school may grant an EFD for grades 9 through 12 in participating schools. To request an EFD and learn more about the District’s related procedure(s) contact the Superintendent or designee. The District’s procedures are subject to change. The number of EFDs for grades 9 through 12 in participating schools is set by the ISBE rule.

Guidelines for Reimbursable School Meals

Reimbursable school meals served shall meet, at a minimum, the nutrition requirements and regulations for the National School Lunch Program and/or School Breakfast Program.

Monitoring

At least every three years, the Superintendent or designee shall provide implementation data and/or reports to the Board concerning this policy’s implementation sufficient so all the Board to monitor and adjust the policy (a triennial report.) This triennial report must include without limitation each of the following:

- An assessment of the District’s implementation of the policy
- The extent to which schools in the District are in compliance with this policy
- The extent to which the policy compares to model local school wellness policies
- A description of the progress made in attaining the goals of the policy
- How the District will make the results of the assessment available to the public
- Where the District will retain records of the assessment

The Board will monitor and adjust the policy pursuant to policy 2;240, Board *Policy Development*.

Community Involvement

The Superintendent or designee will actively invite suggestions and comments concerning the development, implementation, periodic reviews, and updates of the school wellness policy from parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, school administrators, and the community. Community involvement methods shall align their suggestions and comments to policy 2:140, *Communications To and From the Board* and/or the *Community Engagement* subhead in policy 8:10, *Connection with the Community*.

Recordkeeping

The Superintendent or designee shall retain records to document compliance with this policy, the District’s records retention protocols, and the Local Records Act.

LEGAL REF.:

Child Nutrition and WIC Reauthorization Act of 2004, Pub. L. 108-265, Sec. 204.

Child Nutrition Act of 1966, 42 U.S.C. & 1771 *et seq.*

National School Lunch Act, 42 U.S.C. & 1751 *et seq.*

Healthy, Hunger-Free Kids Act of 2010, 42 U.S.C. & 1758b. Pub. L. 111-296.

42 U.S.C. & 1779, as implemented by 7C.F.R. & 210.11 and 210.31.

105 ILCS 5/2-3.139.

23.III.Admin. Code Part 305, Food Program.

ISBE's "School Wellness Policy" Goal, adopted Oct. 2007.

CROSS REF.: 2:140 (Communications To and From the Board), 2:150 (Committees), 2:240 (Board Policy Development), 4:120 (Food Services), 5:100 (Staff Development Program), 6:60 (Curriculum Content), 7:260 (Exemption from Physical Education), 8:10 (Connection with the Community)

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Decatur Public School District 61