

Awfaz Global School

HEALTH HANDBOOK

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Awfaz Global School

School Health Regulations

School Health Office

The school maintains a small clinic on each campus staffed by a full-time Registered Nurse (see page 19, Role of the School Nurse at Awfaz). Students are referred to the health office with a note from their teachers or accompanied by a staff member or a peer. Initial assessments are recorded and the school nurse will provide care accordingly. Students are generally allowed in the health office for one hour. All students will be under direct supervision of the school nurse at all times. After an hour, students will either be sent back to class or sent home. If the nurse deems that it is in the best interest of the child to be sent home to rest or to be seen by a doctor, a parent/guardian will be contacted for their child to be sent home or be picked up. For safety reasons, parents/guardians must call the school to notify of their child's safe arrival home.

Conditions for Sending Your Child to School

Many parents ask, "When is my child sick enough to stay home from school?" This is not always an easy question to answer!

In general, you are recommended not to send your child to school if he/she has:

Fever (37.5°C and above in the past 24 hours)

Vomiting (in the past 24 hours)

Diarrhea (in the past 24 hours)

Chills

Sore throat

Strep throat (must have been taking an antibiotic for at least 24 hours before returning to school)

Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night

Head lice – until your child has been treated according to the nurse or doctor's instructions

Allergic reaction

For emergency management purposes and in order to keep an accurate attendance record for your child, please call the main office at 974-44980124 between 8:00 a.m. and 8:30 a.m. to report your child's absence.

If your child is well in the morning but becomes ill at school and the school nurse feels the child is too sick to benefit from school or is suspected to be contagious to other children, teachers and/or staff, a parent/guardian will be called to come and take the student home from school. Please be sure that arrangements can be made to transport your child home from school and that childcare is available in case of illness. If your daytime or emergency phone number changes during the year, the main school office — where all official records are kept — must be notified immediately. A child who is sick will not be able to perform well in school and is likely to spread the illness to other children, parents, teachers and staff. It is strongly advised to make a plan for childcare ahead of time so you will not be caught without a comforting place for your child to stay if he/she is ill. (Related topic: See Physician's Certificate to Resume School on pg. 17 and Appendix B)

Conditions for Sending Students Home

Fever, Vomiting and Diarrhea

Students running a fever of 37.5~38.0°C, excessively vomiting or suffering from diarrhea will strongly be advised to be sent home. All cases will be assessed carefully and the school nurse will make the decision whether a student is fit to stay in class. Even if a student is not showing extreme signs and symptoms of sickness, if the school nurse deems it in the best interest of the student, the student may possibly be sent home or asked to be picked up by a parent/guardian.

Participation in Extracurricular Activities

If a student is involved in extracurricular activities — such as after school clubs — and misses class due to a visit to the clinic, the school nurse will decide if the student should be allowed to participate in the activity. If the nurse deems it necessary for the student to be excluded from the activity, the student will be sent home or reported to the appropriate teacher and/or administrator. The school nurse, teacher and administrator will deal with each case accordingly.

Clinic Etiquette

When a student comes to the clinic, they are often upset and in mild distress. However, when visiting the clinic, students are expected to show a certain degree of manners in order to receive the care they deserve. Please take the time to talk about this section with your child. Following are some ideal behaviours a student should follow when visiting the clinic:

1. Knock on the door. Sometimes there are sick students resting or sleeping in the clinic. Or, the nurse may be attending to a student in a privacy-seeking situation. Please make the effort to enter the clinic by knocking on the door and being greeted in by the school nurse.
2. Visit the clinic with no more than one other student. The school clinic is not a very big office. Therefore, it is overwhelming when a crowd of students accompany a single visiting student.
3. Let the student who is sick/injured do the talking. Often times, students that assist sick/injured students will do the talking. Unless the sick/injured students are unable to speak for some medical reason, let them talk for themselves in order to avoid any misunderstanding of the situation.
4. When seeing the school nurse, speak calmly and clearly, informing the following details:
Name
Class
What happened (who, when, where)
Why are they seeking the nurse's care
5. Generally, for emergency management purposes, all students must be sent to the clinic with a teacher's note unless in a situation where students need immediate medical attention.

Conditions for Exclusion from School

There are conditions that a student will be excluded from school if a student fails to adhere to health regulations mentioned within. There are no exceptions to these conditions. Any concerns must be addressed case-by-case in meetings with the Principal and/or the nurse. Each condition of exclusion is stated in detail in the pages to follow.

The student will be excluded if 1 or more of the following policies and regulations are not followed:

Turn in completed Student Health Record forms no later than first day of school.

Turn in completed Physician Examination Form no later than first day of school.

All mandatory immunization must be completed or up-to-date with a medical vaccination schedule.

Full compliance with the health regulations stated within.

Student Health Record forms

The Student Health Record forms must be completed by a parent/guardian before starting school. Students will NOT be refused admission to AGS solely on their medical status, unless the school determines that its resources are insufficient to accommodate the student's medical needs. However, students WILL NOT be allowed to start school until all health forms are turned in to the school nurse. Parents/guardians will be contacted by the school a minimum of once a year or multiple times, as necessary throughout the school year, in order to retain the most updated medical records of your child. Parents/guardians are strongly encouraged to inform the school nurse with students' medical updates at the time of changes.

Physical Examination Form

The students in the following grades must receive a physical examination at a medical facility of the parent/guardian's choice. The grades are as follows:

Grade 1

Grade 4

KG1 (1st year student)

All new admitting students

All students in the grades listed above must undergo a physical examination and have the physical examination form filled out by a physician, signed, and dated before starting school. Students will not be refused admission to AGS solely on their medical status unless the school determines that its resources are insufficient to accommodate the student's medical needs.

However, students WILL NOT be allowed to start school until all health forms are turned in to the school nurse. Also, please note that your child must undergo a physical examination in two consecutive years if your child was admitted in the grade before the physical examination is mandated. The physical examination will be waived if your child's last physical examination was performed 6 months prior to the first day of the next school year; however, we strongly recommend all students in the above-mentioned grades to receive a physical examination.

The physical examination can be performed at most medical clinics. Take the Physical Examination form to the doctor's office at the time of the appointment.

Immunization Requirements

AGS has adopted the Qatari Immunization Schedule. The required vaccinations will change accordingly with the most current Qatari immunization schedule. The Immunization Schedule is available at the Supreme Health Council. The following is a list of mandatory and strongly recommended immunizations for attending AGS.

Mandatory Vaccinations All mandatory immunization must be completed or up-to-date with medical vaccination schedules before starting school. Students WILL NOT be allowed to start school until all mandatory immunizations are completed and all health forms are turned in to the school nurse.

DPT I (4 shots by age 7.5)

DT II (1 shot between age 11~12)

Polio (2 orally taken vaccines by age 7)

Measles & Rubella (MR) (2 shots by 1st grade)

Strongly Recommended Vaccinations

Strongly recommended vaccinations are not required by the school; however, students are strongly encouraged to get them. These recommended vaccinations also will decrease the risk of being infected with the associating viruses. Parents/guardian can make their own decisions about if they want to have their child immunized after knowing the risks and benefits of each immunization.

Mumps (2 shots after age 1)

Cervical cancer — Cervarix® or Gardasil® (3 shots received over a 6-month period)

Chicken pox (2 shots after age 1)

Haemophilus influenzae type b (Hib) (4 shots if given during infancy)

Hepatitis A (3 shots)

Hepatitis B (3 shots received over a 6-month period, pre-matriculate requirement in most colleges and universities in the United States)

Pneumococcal — Prevenar (4 shots if given during infancy for pneumonia)

Tuberculosis (BCG) (live attenuated vaccine, usually given at 3 months old)

Vaccination Refusal

Students with parents/guardians who choose not to vaccinate their children with mandatory vaccinations WILL NOT be allowed to attend school. Parents/guardians are asked to discuss their concerns and reasons of refusal with the school nurse and the head of school before your child is officially excluded from school.

The only exception to this regulation is if your child is allergic to any of the mandatory vaccines. A written letter must be presented from a physician in order for a student to be waived from meeting the school requirements.

Allergies & Sensitivities

Parents/Guardians must inform the school of any allergies or sensitivities known that the child suffers (especially allergies to specific food and medications, bee stings etc.) in the Student Health Record form. A list of students with allergies will be notified to their class teachers. This procedure is necessary in order to prevent medical emergencies such as anaphylactic shock. It is important for the teachers to be aware of their students' allergies in scenarios such as class parties and field trips. All information will be kept confidential and will be accessed only by personnel involved with your child.

Parents/Guardians with students taking anti-histamines or who are prescribed an EPI-PEN must also indicate all medications taken by the child on the Student Health Record form. If parents/guardians would like to keep any personal over-the-counter medicines, prescribed medicines and/or an emergency backup EPI-PEN in the clinic, they must notify the school nurse as well. See page 10 under Prescribed and Over-the-Counter Medications and Appendix A: Medication Authorization Form. (Related topic: See Peanuts/Nuts Free School on page 12.)

Medical Conditions

Parents/Guardians must inform the school of any acute or chronic medical conditions that may interfere with the child's regular school activities.

To list a few, these conditions include:

Asthma

Diabetes

Epilepsy

Heart disease

Depression

Eating disorders

Attention Deficit Hyperactivity Disorder

Autism

The school should be aware of any medical treatment the child is receiving in order to accommodate with the student's well being during school. Please indicate these medical conditions in the Student Health Record form.

Various emergency care/action plan forms are available from the school nurse. If your child requires any medical management regimen during school hours, please see the school nurse to collect the appropriate form for your child.

Prescribed and Over-the-Counter Medications

With parental permission granted to the school on the Student Health Record form, commonly taken over-the-counter medications, such as antacids and acetaminophen, will be dispensed to your child by the school nurse when deemed appropriate.

The clinic is stocked with the following over-the-counter medications:

Panado (suspension)

Maalox (Antacids, fruit-flavored, chewable tablets)

Imobium (Sugar coated, for diarrhea)

Panadol Tab (Acetaminophen, for cold symptoms)

Ibuprofen

Mentholatum Medical Lip Balm (for chapped lips)

Additionally, parents must inform the school nurse of any prescribed medications your child is scheduled to take during school hours, if any. If medication is to be taken on a daily basis, or for 5 consecutive school days or more, please consult directly with the school nurse. Also, please understand that any prescribed medication to be administered must be authorized in writing by a physician and that any non-prescribed medication to be administered for more than 3 consecutive days must also be authorized in writing by a physician.

All administration of medication will be under the direct supervision of the school nurse or the role will be delegated to your child's class teacher under certain circumstances. Details such as the name of the medication, time of administration, dose and route of administering the medication must also be provided (See Appendix A: Medication Authorization Form).

Prescribed and Over-the-Counter Medications (cont.)

All prescribed medications must be clearly marked with a student's name and grade and will be kept in a locked cabinet or in the refrigerator if it needs to be kept cold. Also, please note that it is the student's responsibility to come to the Health Office at the scheduled time for the school nurse will not administer medication in the classroom.

Counseling/Guidance for Students

Overall student health is a concern of the school nurse, whether physical or mental. Students often feel comfortable sharing their concerns with the school nurse. The nurse will keep all private conversations with students confidential unless she/he feels the students' problems require the attention of the administration, the class teacher, parents or parties outside of school.

Bullying

Awfaz Global School has zero tolerance for bullying. The school nurse may assist students with personal problems and concerns regarding bullying. The nurse, the student, the class teacher and the administration may work together as a team to resolve problems (see Role of the School Nurse at Awfaz, No. 4, page 20, and Student-Parent Handbook, under Teasing and Bullying, for more details).

Accident or Injury in School

Serious accidents and injuries are generally reported to the school nurse. A teacher or staff member who witnessed the scene or who is responsible for the student should fill out an accident form. This form is to help teachers and staff keep an accurate and detailed record of the accident, and their discretion will be used in determining if an accident is worth noting. The school nurse may also fill out accident forms when necessary. The school nurse could activate an emergency 911 call if parents/guardians have granted permission to the school in the Student Health Record form to pursue medical care.

Emergency

In the event where emergency medical treatment is needed but either the parents/guardians are not able to be contacted or there is no time to contact parents/guardians prior to treatment, the school will seek emergency medical aid by activating an emergency 911 call for your child if parents/guardians have granted permission to do so beforehand on the Student Health Record form. Please provide the most readily available emergency contact number on the Student Health Record form and update it as needed. It is also strongly recommended that a third person be available for the school nurse to contact in the event both mother and father are unreachable.

Importance of Hand washing and the Use of Hand Sanitizers

Hand washing with water and soap is the best preventative measure for staying healthy; however, we cannot constantly be running to the bathroom to wash our hands. Especially for students, it will be disruptive to the class if a student has to be excused every time he/she coughs or sneezes.

Therefore, each class room is stocked with a bottle of hand sanitizer, called "Ethaplus for Disinfection." The hand sanitizer contains ethanol, isopropanol and glycerin and is commonly used in a hospital setting. The Ethaplus laboratory assured us the safe use of this

hand sanitizer in a school setting as well. It may cause skin irritation in a few people; in this case, rinsing the hands should cease the problem.

Peanuts/Nuts-Aware School

In recent years the incidence of children developing severe peanuts/nuts allergies, as well as other allergic reactions to such items as dairy products has grown dramatically. The increase in peanut allergy prevalence especially has led AGS to a heightened awareness and demand for a rational plan for prevention. The Peanuts/Nuts-aware environment is strongly encouraged at school as a prevention plan and to decrease the risk of anaphylactic reactions in students with serious allergies to peanuts/nuts. The school will continue promoting this plan to keep AGS a peanuts/nuts-aware environment and a safe place for students with allergies that could result in a life or death situation.

Food, Health, and Safety Recommendations

AGS is a rich environment for sharing food. Safe-handling recommendations for food and are included within this handbook so people involved will learn to handle and serve goods that are safe to share and eat.

Only non-potentially hazardous foods are recommended to be included in a class party. Some examples of non-potentially hazardous foods are: Cookies, brownies, muffins, doughnuts, fudge, cake, bread, candy.

Some examples of potentially hazardous foods that may not be included in a class party are: Cream filled desserts, lemon meringue pie, home canned foods, whipped cream, cream cheese, pumpkin pie, cheesecakes, custard desserts.

Foods shared with others must be protected from exposure to bacteria, viruses and other sources of contamination. To ensure this, food items after baking should be transferred with utensils (tongs, spatulas, bakery papers) or handlers should use disposable plastic gloves to eliminate hand-to-food contact.

Acceptable packaging includes: food-grade plastic wraps and bags, foil or paper plates. Cloth napkins and paper towels are not acceptable packaging. When possible, foods should be pre-wrapped in the quantities in which they will be distributed. No self service is allowed as well.

Awfaz is a Peanuts/Nuts-Aware school. Any baked goods containing peanuts/nuts must be clearly labelled before they are brought onto school grounds (see Peanuts/Nuts-Aware school).

Head Lice and Nits (Pediculosis capitis)

About Lice & Nits:

Head lice are not a health hazard or a sign of “uncleanliness” and are not responsible for the spread of any disease. The most common symptom of having lice/nits is itching. Individuals with a head lice infestation may scratch the scalp to alleviate itching and there rarely is a secondary, bacterial skin infection. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual. Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but cannot be excluded. Lice found on combs are likely to be injured or dead and a healthy louse is not likely to leave a healthy host’s head. In general, nits found more than 1 cm from the scalp are unlikely to be viable, but some researchers in warmer climates have found viable nits farther from the scalp. Head lice are the cause of much embarrassment and misunderstanding, many unnecessary days lost from school and expenses spent on remedies.

How to Manage Lice & Nits:

Because a student with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others and does not have a resulting health problem, he or she should remain in class but be discouraged from direct head-to-head contact with others. If a student is assessed as having head lice, confidentiality must be maintained so the student is not embarrassed. The student’s parents

or guardians will be notified that day via telephone or by a note sent home with the student at the end of school stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how "contagious" your child may be (a student with hundreds of lice versus a student with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the child (ex. siblings).

Awfaz will notify parents and guardians of an infested child's classmates and will strongly encourage that all children be checked at home frequently and treated if head lice are found and diagnosed by a licensed physician before returning to school the next day. It is strongly recommended that you take your child to a dermatologist or any other doctor if you suspect your child of being infested with head lice.

Criteria for Returning to School:

A student will be allowed to return to school after proper treatment has been implemented. Some schools have had "no nit" policies under which a child was not allowed to return to school until all lice/nits were removed. The American Academy of Pediatrics and the National Association of School Nurses discourages such policies and so will Awfaz. The school nurse will recheck a child's head if requested to do so by a parent. In addition, the school nurse will offer extra help to families of children who are repeatedly or chronically infested. No child should be allowed to miss valuable school time because of head lice.

Reassurance of Parents, Classmates and Teachers:

There are still many misunderstandings about head lice and many parents/guardians could get upset and offended when an infestation of head lice has occurred. Therefore, the school would like to assure you that we will do our best to protect you and your child's personal information and confidentiality. Also, the school will assist parents/guardians by making accurate information on diagnosis, treatment and prevention of head lice available in an understandable form. Information sheets will be available by the school nurse upon request. The school nurse is always available via consultations regarding any concerns you may have. Please do not hesitate to contact the school nurse at any time.

Frankowski, Barbara L.; Bocchini, Joseph A., Jr.; and Council on School Health and Committee on Infections Diseases. 2010, August. Head Lice. Pediatrics, Vol. 126 No. 2, 392-403. Retrieved from <http://pediatrics.aappublications.org/>

Infectious diseases, Outbreaks and Exclusion Periods

Parent/Guardian Responsibilities:

- Parents/guardians are required to inform the Head of School or the school nurse as soon as possible if you have any reasonable grounds for believing that your child has an infectious disease or has been diagnosed with any infectious disease.
- If the parent/guardian of a child has reasonable grounds for believing that a child has an infectious disease, has been in contact with an infected person or has been diagnosed with an infectious disease, the parent/guardian must follow the procedures set out for that specific disease by your physician and inform the Head of School or the school nurse as soon as possible.
- Parents/guardians must comply with any directions issued by your physician, the school and/or the Supreme Council of Health in the event of an outbreak of an infectious disease.

School Responsibilities:

- The school nurse will consult with the Supreme Council of Health and the Supreme Education Council if deemed necessary, to receive advice on how to take appropriate and safe measures for an out-of-control outbreak.
- If the Head of School believes, on reasonable grounds, that a student enrolled at Awfaz has an infectious disease, he/she will notify and consult with the Supreme Council of Health and the Supreme Education Council and provide details regarding the outbreak. In notifying about an infectious disease, Awfaz must provide any information necessary as requested by the Supreme Council of Health and the Supreme Education Council to allow appropriate public health action to control the spread of the disease.
- If the Head of School, and nurse have any reasonable grounds for believing a student has or has been in contact with a person who has an infectious disease, they will follow procedures set out for that specific disease by the the Supreme Council of Health and the Supreme Education Council.
- If approximately a third of students in a class or a third of the entire school are absent due to an infectious disease, the Head of School may choose to close a class or the school if he/she deems that it is in the best interest of students' health.
- Should the Supreme Council of Health and the Supreme Education Council recommend the school to close, the Head of School will notify parents/guardians of an outbreak at Awfaz and of their responsibilities by circulating a formal letter.

Periods of exclusion from school for children with infectious diseases:

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering open wounds, not sharing food or drinks and not attending school when ill or suffering from vomiting and diarrhea are important means of limiting the transmission of a number of common infectious diseases.

Awfaz strongly requires students diagnosed with an infectious disease or students who have been in contact with any individual with the infectious disease to be excluded from school for the periods specified by a physician and/or the Supreme Council of Health and the Supreme Education Council. (See Appendix B) 17

Physician's Certificate to Resume School

After a student recovers from a disease, that student must bring a Certificate to Resume School issued by his/her physician. Common diseases that require students to bring back a Certificate to Resume School are as follows (Also see Appendix B):

Pertussis (Whooping cough)

Measles

Rubella

Mumps

Chicken Pox

Impetigo

Pharyngoconjunctival fever

Tuberculosis

Enterohemorrhagic E coli (O-157)

Epidemic keratoconjunctivitis (EKC)

Acute hemorrhagic conjunctivitis (AHC)

The only exception to this policy is if students have recovered from influenza, when parents/guardians must keep their children at home for at least 48 hours without a fever (without any fever reducing medication effect), or, for diseases that do not require a Certificate to Resume School, by following the regulations laid out in Conditions for Sending Your Child to School, page 3. Instead of bringing in the Certificate to Resume School, parents/guardians must call the school main office to inform that the student will be returning and has not had a fever in the last 48 hours.

The student will be excused from his/her missed days due to illness, but the missed days will be counted towards absent days with an exception of not affecting the absences/year policy under Tardiness and Frequent Absences in the Student-Parent Handbook.

Role of the School Nurse at Awfaz

In defining the role of the school nurse, the definition provided by the National Association of School Nurses is the most comprehensive and most fitting for AGS.

BACKGROUND

The National Association of School Nurses defines school nursing as:

“A specialized practice of professional nursing that advances the well-being, academic success and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy and learning.

Inherent in this definition is the framework that school nurses engage in professional nursing practice, use the nursing process for decision-making, document the care they provide and assure confidentiality. Professional nurses address the physical, mental, emotional and social health of their clients. In addition, professional school nurses have, as the ultimate outcome of their practice, the support of student success in the learning process. In this context the school nurse provides services to the entire school population, which may include preschoolers, children with special needs, traditional school populations, visitors and, to a limited degree, adults within the school community.

BASIC ROLE OF THE SCHOOL NURSE

The school nurse supports student success by providing health care assessment, intervention and follow-ups for all children within the school setting.

Seven roles of the school nurse have evolved from this definition.

1. The school nurse provides direct health care to students and staff.

The school nurse provides care to students and staff who have been injured or who have acute illnesses. Care may involve treatment of health problems within the scope of nursing practice, communication with parents for treatment and referral to other providers. The school nurse uses the nursing process to assess, plan, implement and evaluate care for students with chronic health conditions. The school nurse is responsible for medication administration and the performance of health care procedures that are within the scope of nursing practice and are ordered by an appropriately licensed health care provider. The school nurse also assists teachers and staff in monitoring chronic health conditions.

2. The school nurse provides leadership for the provision of health services.

In addition to providing health services directly, the school nurse must take into account the nature of the school environment, including available resources. As the health care expert within the school, the school nurse assesses the overall system of care and develops a plan for assuring that health needs are met. This leadership role includes developing a plan for responding to emergencies and disasters and training staff to respond appropriately. It also involves the appropriate delegation of care within applicable laws. Delegation to others involves initial assessment, training, competency validation, supervision and evaluation by the school nurse.

3. The school nurse provides screening and referral for health conditions.

In order to address potential health problems that are barriers to learning or symptoms of underlying medical conditions, the school nurse often engages in screening activities. Screening activities may include vision, hearing, postural, body mass index or other screening. Determination of which screenings should be performed is based on several

factors, including legal obligations, the validity of the screening test, the cost-effectiveness of the screening program and the availability of resources to assure referral and follow-up.

4. The school nurse promotes a healthy school environment.

The school nurse provides for the physical and emotional safety of the school community. The school nurse monitors immunizations, assures appropriate exclusion from and re-entry into school and reports communicable diseases as required by law. The school nurse provides leadership to the school in implementing precautions for blood borne pathogens and other infectious diseases. The school nurse also assesses the physical environment of the school and takes actions to improve health and safety. Such activities may include an assessment of the playground, indoor air quality evaluation or a review of patterns of illness or injury to determine a source of concern. Additionally, the school nurse addresses the emotional environment of the school to decrease conditions that may lead to bullying, violence and/or an environment not conducive to optimal mental health and learning.

5. The school nurse promotes health.

The school nurse provides health education by providing health information directly to individual students, groups of students or classes, or by providing guidance about the health education curriculum, encouraging comprehensive, sequential and age-appropriate information. They may also provide programs to staff, families and the community on health topics. Other health promotion activities may include health fairs for students, families or staff; consultations with other school staff such as food service personnel or physical education teachers regarding healthy lifestyles; and staff wellness programs. The school nurse is a member of the coordinated school health team that promotes the health and well-being of school members through collaborative efforts.

6. The school nurse serves in a leadership role for health policies and programs.

As the health care expert within the school system, the school nurse takes a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams and school health advisory councils. The school nurse promotes nursing as a career by discussions with students when appropriate, role modeling and serving as a preceptor for student nurses or as a mentor for others beginning school nursing practice. Additionally, the school nurse participates in measuring outcomes or research, as appropriate, to advance the profession and advocates for programs and policies that positively affect the health of students or impact the profession of school nursing.

7. The school nurse serves as a liaison between school personnel, family, community and health care providers.

As case manager, the nurse communicates with the family through telephone calls, assures them with written communication and home visits as needed and serves as a representative of the school community. The school nurse also communicates with health providers and health care agencies while ensuring appropriate confidentiality, developing partnerships and serving on coalitions to promote the health of the community. The school nurse may take on additional roles to meet the needs of the school community.”

CONCLUSION

Healthy children are successful learners. The school nurse has a multi-faceted role within the school setting, one that supports the physical, mental, emotional and social health of students and their success in the learning process. However, as prevention is the best health method to avoid the situations aforementioned, it often rests with students, teachers and staff members and families to keep a school safe. In following the policies and regulations in this handbook, we can strive to keep Awfaz a healthy, student-safe environment.