

School Nurse Procedures and Information

Parent Edition

St. Christina Catholic School

2025

St. Christina Asthma Procedure

St. Christina is committed to provide a safe environment for all students. The focus of this procedure will be on the communication and education concerning asthma, the understanding of St. Christina's practices to prevent complications from asthma, the emergency response to all potential asthma attacks, and responsibilities of the parent/guardian of students with asthma.

Communication

Timely ongoing communication among St. Christina administration, nurses, teachers, staff and parents is essential in providing a safe environment for students with asthma.

- Parents are responsible for informing the school/nurse in the event their child has asthma before the beginning of the school year or as soon as possible after the diagnosis is established.
- Parents are responsible for informing the school nurse of any changes in the child's asthma management.
- An Asthma Action Plan and asthma emergency medication (rescue inhaler) should be provided before the start of school. Information on file must be updated on an annual basis or more frequently, as needed.
- The school nurse will discuss with the student's teachers the specific details in the individual student's asthma action plan as indicated.
- At the parent's request, St. Christina will make reasonable efforts to coordinate a meeting with specific student service team members and the administrative team, with parents and/or students to discuss the student's asthma and their action plan.

Responsibilities/Practices

Parent/Student Responsibilities

Parents are asked to assist St. Christina in the prevention, care, and management of their child's asthma and potential reactions/exacerbation of symptoms. To achieve these goals, parents are asked to follow these guidelines:

- Inform the school nurse of your child's diagnosis of asthma prior to the start of the school or as soon as possible after diagnosis
- Parents will provide an Asthma Action Plan completed and signed by a Health Care Provider prior to the start of the school year or as soon as possible after diagnosis
- Parents will provide a Medication Authorization Form, completed and signed by the parent/guardian, for necessary emergency medications.
- Parents will provide a Physician Order form signed by the physician.

- Parents are encouraged to provide an additional rescue inhaler for their child which is to be labeled with their child's name and will be kept in the nurse's office.
- Parents are responsible for replacing expired emergency medication
- Parents will inform the school nurse of any changes in the child's asthma status
- Parents will inform the school of any changes in emergency contact information
- Students will be aware of proper use and indication for use of their asthma inhaler
- Students will report any persistent breathing problem following indicated use of their inhaler so that immediate action can be taken.
- Upon written authorization of a physician and parent/guardian, the student is allowed to self-carry and self-administer his/her rescue inhaler

School/Administration Responsibilities

- Students will be reminded to bring their rescue inhaler with them for all off-campus field trips
- In the event of an asthma attack/emergency requiring emergency medical services, a St. Christina administrator/teacher will accompany the student in the ambulance to the designated hospital until the student's parent arrives. The St. Christina school nurse will remain on site at the school.

Nurse Responsibilities

- The school nurse will contact the child's parent/guardian in the event of a respiratory emergency.
- In the event of an asthma attack, the school nurse will ensure that the student's Asthma Action Plan is being followed and will initiate an emergency crisis plan for continued respiratory compromise.
- The school nurse will notify the parent/guardian when the student's emergency medication is expiring.
- In the event of an asthma emergency, the school nurse will coordinate a meeting (post-incident) to follow up with parent and student to discuss any necessary changes to the student's Asthma Action Plan.

St. Christina Food Allergy Procedure

St. Christina is committed to provide a safe environment for all students. The focus of this procedure will be on the communication and education concerning food allergies, the understanding of St. Christina's practices to prevent allergic reactions to food, the emergency response to all episodes of anaphylaxis, and the responsibilities of the parent/guardian of students with food allergies.

Communication

Timely ongoing communication among St. Christina administration, nurses, teachers, staff and parents is essential in providing a safe environment for students with food allergies.

- Parents are responsible for informing the school/nurse of any food allergies before the beginning of the school year or as soon as possible after the diagnosis is established.
- Parents are responsible for informing the school nurse of any changes in the child's food allergies.
- A Food Allergy Action Plan and emergency medication should be provided before the start of school. Information on file must be updated on an annual basis or more frequently, as needed.
- The school nurse will discuss with the student's teachers the specific details in the individual student's Food Allergy Action Plan as indicated.
- At the parent's request, St. Christina will make reasonable efforts to coordinate a meeting with specific student service team members and the administrative team, with parents and/or students to discuss the student's food allergy and their action plan.

Responsibilities/Practices

Parent/Student Responsibilities

Parents are asked to assist St. Christina in the prevention, care, and management of their child's food allergies and reactions. To achieve these goals, parents are asked to follow these guidelines:

- Inform the school nurse of your child's allergies prior to the start of the school or as soon as possible after diagnosis
- Parents will provide an Food Allergy Action Plan completed and signed by a Health Care Provider prior to the start of the school year or as soon as possible after diagnosis
- Parents will provide a Medication Authorization Form, completed and signed by the parent/guardian, for necessary emergency medications.

- Parents will provide a Physician Order form signed by the physician.
- Parents are responsible for replacing expired emergency medication
- Parents will inform the school nurse of any changes in the child's allergy status
- Parents will inform the school of any changes in emergency contact information
- Students will be aware of their specific food allergy and will understand which foods they cannot consume at school.
- Students will report any unusual symptoms in the event of accidental ingestion of food allergen so their specific Food Allergy Action Plan can be followed.
- Upon written authorization of a physician and parent/guardian, the student is allowed to self-carry and self-administer his/her emergency medication

School/Administration Responsibilities

- Students will be reminded to bring their emergency medication with them for all off-campus field trips
- In the event of an anaphylactic reaction requiring emergency medical services, a St. Christina administrator/teacher will accompany the student in the ambulance to the designated hospital until the student's parent arrives. The St. Christina school nurse will remain on site at the school.

Nurse Responsibilities

- The school nurse will contact the child's parent/guardian in the event of an allergic reaction.
- In the event of an allergic reaction, the school nurse will ensure that the student's Food Allergy Action Plan is being followed.
- The school nurse will notify the parent/guardian when the student's emergency medication is expiring.
- In the event of a food related allergic reaction, the school nurse will coordinate a meeting (post-incident) to follow up with parent and student to discuss any necessary changes to the student's Food Allergy Action Plan.

St. Christina Seizure and Epilepsy Procedures

St. Christina is committed to provide a safe environment for all students. The focus of this procedure will be on the communication and education concerning seizures, the emergency response to all episodes of seizures, and responsibilities of the parent/guardian of students with seizure disorder/epilepsy.

Communication

Timely ongoing communication among St. Christina administration, nurses, teachers, staff and parents is essential in providing a safe environment for students with seizure disorder/epilepsy.

- Parents are responsible for communicating to the school the presence of a seizure disorder/epilepsy and providing a current (updated annually) Seizure Action Plan by the first day of school or as soon as possible after a diagnosis is made.

Responsibilities/Practices

Parents/Guardians Responsibilities

Parents are asked to assist St. Christina in the prevention, care, and management of their child's seizure disorder. To achieve these goals, parents are asked to follow these guidelines:

- Inform the school nurse of your child's seizure disorder prior to the start of the school or as soon as possible after diagnosis. This should include any known triggers.
- Parents will provide an Seizure Action Plan completed and signed by a Health Care Provider prior to the start of the school year or as soon as possible after diagnosis
- Parents will provide a Medication Authorization Form, completed and signed by the parent/guardian, for necessary emergency medications.
- Parents will provide a Physician Order form signed by the physician.
- Parents are responsible for replacing expired emergency medication
- Parents will inform the school nurse of any changes in the child's allergy status
- Parents will inform the school of any changes in emergency contact information
- Students with a seizure disorder will be advised to communicate clearly to school personnel as soon as possible if she/he feels symptoms that may precipitate seizure activity.

Nurse Responsibilities

- School nurse will notify parent/guardian immediately in the event of any seizure activity.
- School nurse will inform appropriate faculty/staff of students with a diagnosis of epilepsy/seizure disorder
- School nurse will maintain all required documentation on file, including Seizure Action Plan and ensure that forms are updated annually.
- School nurse will notify parent/guardian immediately in the event of any seizure activity.

St. Christina Diabetes Procedure

St. Christina is committed to provide a safe environment for all students. The focus of this procedure will be on the communication and education concerning diabetes, the emergency response to all diabetes related incidents, and responsibilities of the parent/guardian of students with diabetes.

Communication

Timely ongoing communication among St. Christina administration, nurses, teachers, staff and parents is essential in providing a safe environment for students with diabetes.

- Parents are responsible for informing the school/nurse in the event their child has diabetes before the beginning of the school year or as soon as possible after the diagnosis is established.
- Parents are responsible for informing the school nurse of any changes in the child's diabetes management.
- A Diabetes Medical Management Plan and diabetes medication should be provided before the start of school. Information on file must be updated on an annual basis or more frequently, as needed.
- At the parent's request, St. Christina will make reasonable efforts to coordinate a meeting with specific student service team members and the administrative team, with parents and/or students to discuss the student's diabetes and their medical management plan.

Responsibilities/Practices

Parent/Student Responsibilities

Parents are asked to assist St. Christina in the prevention, care, and management of their child's diabetes and potential hyperglycemia or hypoglycemia incidents. To achieve these goals, parents are asked to follow these guidelines:

- Inform the school nurse of your child's diagnosis of diabetes prior to the start of the school or as soon as possible after diagnosis
- Parents will provide an Diabetes Medical Management Plan completed and signed by a Health Care Provider prior to the start of the school year or as soon as possible after diagnosis
- Parents will provide a Medication Authorization Form, completed and signed by the parent/guardian, for necessary emergency medications.
- Parents will provide a Physician Order form signed by the physician.
- Parents are responsible for replacing expired emergency medication
- Parents will inform the school nurse of any changes in the child's diabetes status
- Parents will inform the school of any changes in emergency contact information

- Students will be aware of proper use and indication for use of their diabetes medication and equipment
- Students will report any symptoms indicating hyperglycemia or hypoglycemia.

School/Administration Responsibilities

- Students will be reminded to bring their diabetes medication and equipment with them for all off-campus field trips
- In the event of a diabetes related emergency requiring emergency medical services, a St. Christina administrator/teacher will accompany the student in the ambulance to the designated hospital until the student's parent arrives. The St. Christina school nurse will remain on site at the school.

Nurse Responsibilities

- The school nurse will contact the child's parent/guardian in the event of a diabetic emergency.
- In the event of a diabetic emergency, the school nurse will ensure that the student's Diabetes Medical Management Plan is being followed.
- The school nurse will notify the parent/guardian when the student's emergency medication is expiring.
- In the event of a diabetic emergency, the school nurse will coordinate a meeting (post-incident) to follow up with parent and student to discuss any necessary changes to the student's Diabetes Medical Management Plan.

St. Christina Head Lice Procedure

Head lice infestation is frequently seen among school age children from three to twelve years of age; however, any person can get head lice, regardless of age, social status, race or gender. Family units, not the school institution itself, are the primary cause of cases leading to outbreaks of lice in schools. The American Academy of Pediatrics and Department of Public Health do not consider head lice to be a health hazard or a medical condition. Lice do not spread disease and personal hygiene is not a contributing factor.

Transmission of Head Lice:

- A. Head lice are spread by *direct contact* (head-to-head) with an infested individual.
- B. Lice are spread by *indirect contact* through combs, hats, brushes, etc., of infested individuals.
- C. Lice cannot hop or fly (they crawl).
- D. You cannot get head lice from pets.
- E. You cannot get head lice from lying in the grass

Symptoms of Head Lice:

- A. Itching of the scalp. By the time itching occurs, lice have likely been present for a month.
- B. Redness or red bumps at the base of the neck and behind the ears.
- C. Feeling something moving in the hair
- D. Difficulty sleeping; head lice are more active in the dark.

Diagnosis of Head Lice:

- A. The gold standard is finding a live louse on the head.
- B. Tiny white or clear eggs, called nits, may be spotted at the nape of the neck or behind the ears, within 1cm of the scalp
- C. Nits can be distinguished from dandruff and hair casts because they are firmly attached to the hair shaft and are difficult to remove. Nits do not “flick” away as dandruff and hair casts will.

Treatment of Head Lice:

- A. If head lice are identified at school, the student has the option to stay in school and finish the day or be sent home. The student should receive treatment at home prior to returning to school.
- B. A variety of natural and chemical treatments are available
- C. Comb every strand of hair using a special lice removal comb
- D. *A two-step removal process is recommended*

- a. Treat upon discovery
- b. Repeat treatment in 7-10 days to kill newly hatched eggs
- E. Discard hair care items or wash in the dishwasher
- F. Wash clothes, coats, and bedding in hot water and dry in the dryer
- G. Vacuum furniture, carpet, rugs, and car
- H. Any items that cannot be washed or dry cleaned need to be bagged up and the bag sealed for a minimum of 2 weeks.

Management of Head Lice

- A. The focus should be on early identification and treatment, and to lessen risk of direct and indirect contact
 - a. **School**
 - i. Mass head lice screenings during school are no longer recommended.
 - ii. The nurse will be available to check a student's head if demonstrating symptoms.
 - iii. The nurse is available as a resource for families who need help with lice assessment or management
 - b. **Parent Responsibilities**
 - i. Parents should check children for lice if lice is suspected
 - ii. If lice are discovered by the parent, initiate treatment to limit further exposure
 - iii. If one family member has lice, check other members in the home and treat as necessary
 - iv. We encourage notifying the school nurse if lice has been discovered
 - v. We encourage families to notify others with whom your child has been in recent close contact as a courtesy to them

More Information

- A. Head lice usually survive for less than 1 day away from the scalp at room temperature. Nits/ Eggs cannot hatch at an ambient temperature.
- B. Nits (eggs) are often found ¼ inch from the scalp
- C. Nits may persist after treatment, but successful treatment should kill crawling lice.
- D. It can take 1 month or more for a lice infestation to cause itching
- E. Prevention is the best cure. Instruct not to share combs or hats.

St. Christina Concussion Procedure

In the event a student suffers from a concussion the following procedure is to be followed:

- A written doctor's note is required in order to be cleared to attend class

St. Christina Fainting Procedure

In the event an individual faints, the following procedure is to be followed:

- Parents/guardian will be contacted

St. Christina Elevator Use Procedure

In the event a student is requesting use of the elevator, the following procedure is to be followed.

- The nurse will provide approval to use the elevator for medical needs
- Examples include crutches, medical scooters, walking boots, etc.

St. Christina Attendance Procedure

In the event a student needs to miss school, the Main Office is to be notified. The school nurse is not to be contacted regarding attendance.

St. Christina Medical Communication Procedure

Please send medical information pertaining to a student to the School Nurse at nurse@stchristina.org

ADDENDUMS:

Hand, Foot, and Mouth Disease (HFMD)

Children diagnosed with or suspected of having Hand, Foot, and Mouth Disease shall be excluded from school to protect the health of all students and staff. A return to school may occur under the following conditions:

- The child must be fever-free for at least 24 hours without the use of fever-reducing medication.
- All blisters must be dried, scabbed over, or completely healed; open or oozing blisters are not permitted at school due to continued risk of contagion.
- The child should not exhibit excessive drooling caused by mouth sores.
- The student must be well enough to participate in regular school activities.

It is important to recognize that children with HFMD may continue to transmit the virus even after symptoms subside, as viral shedding can persist for weeks. Parents are

strongly encouraged to practice good hand hygiene and keep affected children isolated as much as possible until the criteria above are fully met.

This policy is intended to protect the school community and limit the spread of HFMD. For further questions, contact the school nurse or administration.

Molluscum Contagiosum

Molluscum contagiosum is a common viral skin infection characterized by small, raised sores or lesions. It primarily affects children and can be transmitted through direct skin-to-skin contact or contact with contaminated objects. The school's approach to managing children with molluscum contagiosum is designed to minimize spread while avoiding unnecessary exclusion.

Return to School Instructions:

- Children with molluscum contagiosum may attend school and daycare, as exclusion is generally not required due to the mild nature of the infection.
- To reduce transmission risk, all visible lesions should be kept covered by clothing or water-tight bandages during school hours.
- Children should be encouraged to practice frequent and effective handwashing and avoid scratching or picking lesions to prevent spread to other parts of the body or other individuals.
- Participation in contact sports or activities involving shared equipment should be avoided if lesions cannot be adequately covered.
- Parents and caregivers should monitor lesions and seek medical advice if lesions become red, swollen, painful, or show signs of bacterial infection.

This policy aims to protect the school community while supporting children with mild skin infections to continue their education with minimal disruption. For additional questions, please contact the school nurse or administration.

Impetigo

Impetigo is a highly contagious bacterial skin infection often characterized by red sores that can rupture, ooze, and form a yellow-brown crust. The school's policy for managing impetigo follows public health recommendations to protect students and staff while supporting a safe return to school.

Return to School Instructions:

- Students diagnosed with impetigo must stay home until at least 24 hours after starting prescribed antibiotic treatment, whether topical or oral.

- All exposed or open skin sores must be securely covered with appropriate dressings or bandages while at school to reduce the risk of transmission.
- Children who are not receiving antibiotic therapy should remain at home until all lesions are dry and crusted over.
- Children may be excluded if sores are not covered or if the school staff determines the infection impedes safe participation in school activities.

Additional Guidance:

- Encourage effective handwashing and avoid sharing towels, clothing, or sports equipment.
- Staff and children should monitor for signs of spreading infection and seek medical advice if lesions worsen or other symptoms develop.

This protocol is intended to minimize the spread of impetigo while enabling affected students to return to school safely with their classmates. Contact the school nurse or administration for further information or clarification.

Strep Throat

Strep throat is a bacterial infection primarily affecting the throat and tonsils and is highly contagious among school-aged children.

Return to School Instructions:

- Students diagnosed with strep throat must remain home until they have received at least 12 to 24 hours of antibiotic treatment, are fever-free without the use of fever-reducing medication, and are well enough to participate in school activities.
- If a fever persists or symptoms worsen, students should continue to stay home and seek medical guidance.
- Parents should notify the school of a strep throat diagnosis and provide any documentation as required by school policy.
- Encourage children to practice handwashing and good respiratory etiquette to reduce the spread of infection.
- Sharing of food, drinks, and personal items should be avoided until the child is fully recovered.

This policy aligns with health authority recommendations and aims to safeguard the health of students and staff. For any questions or clarifications, please contact the school nurse or administration.

Conjunctivitis (Pink Eye)

Conjunctivitis (pink eye) is a common and highly contagious infection affecting the eyes, typically caused by viruses or bacteria. To ensure the safety and well-being of all students and staff, the following guidelines are in place for students diagnosed with pink eye:

Return to School Instructions:

- Exclude students exhibiting active symptoms (eye redness, discharge, matting) until they have received appropriate treatment and are no longer considered contagious, typically after 24 hours of prescribed antibiotic drops (for bacterial conjunctivitis).
- Students who do not have a fever, feel well enough to participate in regular activities, and can avoid close contact may return to school, even if mild symptoms persist, provided there are no signs of systemic illness.
- Upon request, a doctor's note confirming treatment or non-contagious status may be required for re-entry.
- Children with viral pink eye may require exclusion only if symptoms are severe or the child cannot avoid close contact with others.

Prevention and Hygiene Measures:

- Students and staff should practice good hand hygiene and avoid touching their eyes.
- Personal items such as towels, washcloths, and eye drops should never be shared.
- Enhanced cleaning of classroom surfaces is recommended to minimize spread.

This policy follows public health guidelines and aims to reduce the spread of conjunctivitis within the school community. For further questions, contact the school nurse or administration.