

# Great Hearts Medical Manual for Families

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## I. Introduction

The purpose of the **Great Hearts Health Services Manual for Families** is to provide parents and guardians information about available school health services, to identify key personnel with whom they or their student may interact, and to provide direction about health services policy and procedure. The focus of these materials is to provide for the health and safety of students and school staff.

## II. School Health Personnel

- **“Health Assistants”** Health Assistants **are CPR and First aid certified**. Health Assistants usually assist on the Archway campuses. Health Assistants performing hearing screenings have state required certification of training.
- **“Unlicensed School Personnel”** are designated to perform specific health services tasks. The designated, unlicensed school personnel are not required to be CPR and First aid certified. Designated personnel work primarily for the school front office
- **“School Nurses”** A School Nurse shall have a current RN Arizona license and CPR certification. The School Nurse is usually utilized on the Archway campuses. School Nurses performing hearing screenings have required state certification of training.
- **“Director of Nursing”** must have a current RN Arizona license. The Director of Nursing provides resources as well as support to health assistants, designated school personnel, school nurses and Headmasters. The Director of Nursing also coordinates with the Great Hearts administration to develop, update, and implement health services policies and procedures. **The Director of Nursing, Ava Williams-Cornelius, R.N., may be contacted at 623-209-0603.**

## III. Health Services Overview

- **Basic Health Services** that are provided by all Great Hearts schools:
  - ❖ Identify, refer, and follow up with acute and chronic health conditions and produce health care plans.
  - ❖ Maintain a safe and healthy environment to promote learning.
  - ❖ Provide first aid as needed, and notify emergency services when indicated.
  - ❖ Maintain student medication administration and document according to the Medication guidelines.
  - ❖ Maintain and monitor student immunizations in accordance to Arizona law.
  - ❖ Conduct hearing screening on students in accordance to Arizona law; make referrals and follow up as indicated; within 45 days.
  - ❖ Conduct vision screenings if desired; make referrals and follow up as indicated.

- ❖ Notify the Maricopa County Health Department of cases of reportable communicable diseases. Refer to the list of Reportable Communicable Diseases.
- ❖ Recognize and report possible physical, sexual, and/or psychological abuse of students.
- ❖ **All student health information is maintained as private and confidential in accordance to FERPA and HIPAA.**

#### ○ **Health Care Plans**

- ❖ Health Care Plans are used in schools to assist students with asthma, diabetes, anaphylaxis (severe allergy), migraine, or seizure disorders when those conditions have been identified on the emergency medical form completed by the parent. Health Care Plans must be updated at least yearly.
- ❖ In cases where a student is newly diagnosed during the school year, parents must provide written or verbal notification of a change in student health status.
- ❖ Parents are asked to complete the appropriate Health Care Plan in collaboration with their physician. A physician's own action plan may be accepted by the school.
- ❖ Proper documentation is needed **before** emergency medications may be administered by school personnel.
- ❖ Proper supplies and medications be provided **by the parent**. **NO expired medications will be accepted.**
- ❖ **Expired medications will be properly disposed of or given back to the parents.**

#### ○ **First Aid & Safety**

- ❖ The schools follow the health and safety guidelines provided by the Arizona Department of Health Services at: <http://www.azdhs.gov/phs/owch/pdf/safety.pdf>

#### ○ **Hearing and Vision**

- ❖ T-3 Sensory Training and Certification is required to rescreen students who have failed the initial screening. For more information regarding hearing and vision training and certification, please visit the Arizona Department of Health Services Hearing and Vision Sensory Program at: <http://www.azdhs.gov/phs/owch/children/sensory.htm>
- ❖ Hearing and Vision Screening Guidelines are found at: [https://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/hearing-vision/sensory\\_pp.pdf](https://azdhs.gov/documents/prevention/womens-childrens-health/reports-fact-sheets/hearing-vision/sensory_pp.pdf)
- ❖ Volunteers may assist with the initial hearing and vision screenings. A training period prior to the day of the screenings is recommended.

- **Immunizations** The 2018-2019 Arizona School Immunization Requirements, K-12 grade can be found at: <http://azdhs.gov/phs/immunization/documents/school-childcare/az-guide-immunization-requirements.pdf>

#### ○ **Inclusion & Exclusion Criteria**

- ❖ **Parents and guardians must follow Great Hearts Illness Guidelines –when to keep your child home from school.**
- ❖ GreatHearts follows the inclusion/exclusion criteria guidelines provided by Caring for our Children: National Health and Safety Standards, Third Edition at: <http://nrckids.org/CFOC>
- ❖ These standards are supported by the American Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Education. Due to copyright laws, we are unable to print the guidelines, but the resource can be found at: [https://www2fa20cb86cae&url\\_keyword=Managing+Infectious+Diseases+in+child+care+and+sch](https://www2fa20cb86cae&url_keyword=Managing+Infectious+Diseases+in+child+care+and+sch)

#### ○ **Medication Policies**

Follow medication policy as stated in the School Family Handbook. Medication administration consent forms are available at the front office and in the health office. The following guidelines should be followed regarding medication administration.

- ❖ There must be written authorization by a parent or guardian to allow the school the school health personnel to administer the medication. The *Parental Consent to Dispense Medications form* are updated yearly.

- ❖ The medication consent **must include the medication, dosage, route, approximate time to be administered, indication for use, and any known drug allergies, and must be in accordance with the manufacturer's instructions or the prescription.**
- ❖ A written or faxed order from a physician will be accepted by the health office.
- ❖ The medication sent from home must come to the school office in its original manufacturer's packaging, with directions and warnings intact, and labeled with the student's name.
- ❖ **Expired medication will not be administered.**
- ❖ **Parents of students with Health Care Plans must submit an updated plan yearly.**

#### IV. Medication Administration

##### ○ **Non-Prescription or Over-the-Counter (OTC) Medication:**

- ❖ Medications not taken home will be disposed of in accordance with federal guidelines.
- ❖ Stock Medications: Some schools may have OTC stock medications available. The stock supply will be limited to Tylenol, Advil/Ibuprofen, Benadryl, Hydrocortisone/Benedryl cream, and antibiotic ointment/Neosporin. If parents would like to have school stock medications available to their child as an option to manage intermittent minor illnesses during the school day, a written parental consent form must be on file.
- ❖ The designated school personnel or school nurse should call and consult the parent before administering the medication.

##### ○ **Prescription Medication:**

- ❖ The medication **must be prescribed by a licensed practitioner.** Licensed practitioners include an Arizona physician, registered nurse practitioner, physician's assistant or dentist in conformance with A.R.S. 32-1901 and 32-1921.
- ❖ The prescription label should be affixed to the container provided by the pharmacist. The prescription medication label should include the pharmacy name, student's name, drug name, and dosage, instructions for use, date prescribed and expiration date.
- ❖ Prescriptions must have been prescribed within the last 2 weeks. *Exceptions are made for chronic conditions only.*
- ❖ No more than a 30 day supply of the medication should be brought to the school office at one time.
- ❖ All unused medications are to be picked up by parents at the end of the prescribed date or at the end of each school year. Parents will be notified of expired medications, the medication should then be picked up by a parent. Medications not taken home within a week of being notified will be disposed of in accordance with federal guidelines.
- ❖ **It is the responsibility of the parent or guardian to update the health office if there are changes in medication dosage and/ or frequency, and the parent should request a new label from the pharmacy.**
- ❖ **Controlled substances must come to the school office by the parent or guardian, where both the school personnel and parent verify the count and sign for the quantity delivered.**

##### ○ **Alternative Medications (herbal or homeopathic medication):**

- ❖ Alternative medications are not tested by the US Food and Drug Administration for safety and effectiveness. The lack of safety information limits its appropriateness in the school environment. Alternative medications may only be administered if authorized by a physician.

##### ○ **Experimental medications or medications at doses in excess of manufacturer guidelines:**

- ❖ Experimental medications or those to be administered in excess of manufacturer guidelines will be reviewed by administration in consultation with a medical professional. The administration should be provided information regarding the protocol or a study summary from the research organization, and written authorization from a physician. If administration of the medication is approved by administration additional requirements may be set as recommended by a medical professional.

##### ○ **Medications on Field Trips**

- ❖ Only prescription medications will be allowed on field trips.

- ❖ Emergency medications and emergency action plans provided by parent/guardian should be available on field trips. The School Health Personnel shall ensure appropriate delegated personnel are available to administer the prescription and emergency medication.
- ❖ *A Fieldtrip Medication* form should be provided by the school. The medication **must** be transported and secured by the designated school personnel.
- ❖ In the event a dose is missed or refused by the student, the school nurse and parent should be contacted immediately and notified.

## V. Documents

- **Communicable Disease**
  - ❖ [Reportable Diseases](#)
  - ❖ [Head Lice Policy and Guidelines](#)
- **Health Care Plans**
  - ❖ [Food Allergy Plan](#)
  - ❖ [Asthma Plan](#)
  - ❖ [Diabetes Medical Management Plan](#)
  - ❖ [GI Feeding Plan](#)
  - ❖ [Migraine Plan](#)
  - ❖ [Seizure Plan](#)
- **Immunizations**
  - ❖ [Referral Notice](#)
  - ❖ [Medical Exemption Form – English](#)
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- **Inclusion & Exclusion Criteria**
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- **Medication Forms**
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  - ❖ [Concussion Information for School Health Personnel and Parents](#)

## VI. Information about Counseling for Parents/Guardians

- **How students are "selected" for counseling:** Students may be referred to the School Counselor for individual and/or small group counseling by school faculty and staff. When a referral is received, the School Counselor meets with the student and the classroom teacher to determine the next steps.
- **Who provides the counseling?** Counseling is provided by a School Counselor. The School Counselor has a Master's degree and is licensed by the Arizona Board of Behavioral Health.
- **Counseling for your child is voluntary.** It is your choice to consent to or decline counseling for your child.
- **What counseling for your child will involve:** Counseling may include small group or individual sessions. During the sessions, your child and I will work together to help him or her understand the problem, the present and future consequences, develop goals for change and a plan of action for change. A variety of activities will be used, e.g., writing, role-play, art, focused discussions. School Counseling is limited in its scope and is not a substitute for psychotherapy.
- **Sharing of Information:** Trust is the basis for effective counseling. The ethical guidelines for school counselors emphasize the importance of [confidentiality](#) between school counselors and students at the same time recognizing the rights of parents. Your child must know and trust that, what is shared with me will stay with me unless he or she gives me permission to share information or if I suspect child abuse, if he or she is in danger of hurting himself or herself or poses a danger to others.

**Confidentiality:** Trust and [confidentiality](#) work together. The requirements of the Family Education Rights and Privacy Act (FERPA) are enforced—information will not be released to anyone outside our school without your written permission. I may talk with the classroom teacher about how he or she can help your child in the classroom; however, specific information will not be shared.

- **Possible outcomes:** Through counseling, your child may be taught strategies to help him or her make more effective and healthier decisions, increase the ability to set and reach goals, build better relationships with others, and be more successful in school. We all must realize that changes take time; his or her problem did not develop overnight, nor will it disappear overnight. Counseling will be successful when students, school counselors, teachers, and family members work as partners.
- **Contact Information:** Please contact Lauren Katz if you want more information or have ideas about how we can better help your child.

**Phone Number: 602-376-4481     E-mail: [LKatz@greatheartsaz.org](mailto:LKatz@greatheartsaz.org)**



### School Counseling Permission Form

I have read and understand the information provided by the School Counselor on the parent/guardian information sheet and have had an opportunity to ask questions about counseling.

\_\_\_ **I consent** for my child to participate in counseling.

I understand that participation is completely voluntary and that classroom requirements take precedence over participation in counseling.

\_\_\_ **I do not consent** for my child to participate in counseling.

\_\_\_\_\_  
Student First/Last Names (please print)

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please write any concerns or relevant information in the space below:**