

# WEST MILFORD TOWNSHIP PUBLIC SCHOOLS

## HEALTH HANDBOOK

### 1. EXAMINATIONS

The primary responsibility for the health of each child rests with the parent/guardian and a primary care provider. Physical examinations are best performed at the child's medical home (physicians office, health clinic, etc.). A physical examination is required for those students entering kindergarten and any student transferring into the West Milford school district, regardless of age and grade, N.J.A.C. 6A: 16-2.4. A physical examination that was performed within 365 days of the date the student enters the West Milford school system is considered acceptable.

Physical examinations are **recommended** at least **one time during each of the child's developmental stages** (i.e., preschool through grade 3, pre-adolescence (grades 4-6), and adolescence (grades 7-12)).

If your child is participating in **sports**, a physical examination must be completed **annually** and must be recorded on the West Milford High School Sports Physical Form.

### 2. HEALTH SCREENINGS

Informal daily contacts with students provide the school nurse with the opportunity to assess individual health status on an ongoing basis. Screenings are formal assessments required by the State of NJ, N.J.A.C. 6A:16-2.2 and are regularly conducted according to the following schedule:

- A. Height and weight screenings are measured on all students annually.
- B. Vision screenings are conducted on all pupils at the following grade levels - preschool, kindergarten, and grades 2, 4, 6, 8, and 10.
- C. Audiometric screenings are conducted on all pupils in preschool, grades kindergarten through 3 and grades 7, and 11.
- D. Biennial scoliosis screening is conducted on all pupils between the ages of 10 and 18 years of age. (N.J.S.A. 18A: 40-4.3 to 4.5).
- E. Tuberculosis screening is done when applicable and according to the current New Jersey Department of Health regulations.

### 3. RECORDS AND REPORTING

School nurses monitor and record information relating to all State and district health programs. District and State reports, including tuberculosis screening and immunization status, are filed as required with the State Department of Health, County Superintendent, and West Milford Health Department, N.J.A.C. 6A:16-2.1.

Individual health records are maintained for each student. If your child has an operation, serious injury, allergic reaction, communicable or non-communicable disease or other health problem at any time during the year (including the summer), please notify the school nurse so your child's record can be updated. Please also inform your school nurse if your child is taking daily medication other than vitamins.

#### **4. HEALTH CARE**

**First Aid:** According to State regulations, treatment by the school nurse is limited to first aid care for injuries occurring at school. Injuries that occur other than at school must be cared for at home.

**Illness:** If your child is ill in the morning, please keep him/her home. Please call in all absences to your child's school nurse. The attendance extension should be called for Macopin and the High School. If a student becomes ill during the school day, the parent/guardian will be contacted and must make arrangements to pick up the child or send an appointed designee. Students will not be able to remain in the nurse's office all day if they are sick.

**Attendance:** *For full-day students:* In order for your child to be marked present for the day, he or she must be present in class for over 4 hours,(exclusive of lunch/recess and hall passing time). (1.) Absence - less than 2 hours present. (2.) 1/ 2 day - 2 - 4 hours present.). Students in class from 2-4 hours will be credited with 2 day attendance, and students who are in class less than 2 hours will be counted as absent.

*For preschool:* A continuous program of one 2.5 hour session constitutes a full day of school. A student must attend at least one hour to be counted present. It is not possible for students enrolled in these programs to be recorded as present one-half day.

#### **Emergency Information:**

At the beginning of each school year, the parent/guardian is requested to review all Emergency and Contact information in "Real-Time". Additional cell and work numbers should be added. It is extremely important for the child's welfare that this be done. Please communicate beforehand with your designated contacts so they are aware that they are emergency contacts for your child.

#### **5. GUIDELINES FOR KEEPING A CHILD HOME FROM SCHOOL**

One of the concerns confronting parents of school-age children occurs when a child complains of not feeling well on a school day. A decision must be made as to whether the child stays home or goes to school. You do not want to keep a child home if he/she is not sick; but you also DO NOT want to send a sick child to school. The following are some guidelines to be followed until your doctor can be contacted. If you have no family doctor, the names of doctors in our area can be obtained by contacting Chilton Memorial Hospitals Physician Referral Service at 1-800-247-9580.

#### **FEVER**

A fever is an elevation of the body's normal temperature and is usually a warning that all is not right with the body. A temperature of 100 F or above is considered a fever. The best way to check for fever is with a thermometer. Children with temperatures of 100 and higher should not be sent to school. **Your child may be readmitted to the classroom when they have been fever free for 24 hours, without the use of Tylenol, Advil or Motrin.**

### **COLDS AND COUGH**

The common cold is an acute infection of the upper respiratory tract and usually lasts 5-7 days. It is the most common occurring childhood illness. The infection rate is higher in the toddler and preschool-age child. Your child should remain at home if he/she has a cold accompanied by a constant cough, discolored (yellow or green) nasal discharge, a temperature of 100F or above, and/or is too uncomfortable to function appropriately in the class setting.

**Students can return to school when fever free for 24 hours, without the use of Tylenol, Advil or nasal discharge is clear and ceases to be a threat to the well being of others.** Good hygiene measures, such as hand-washing, proper disposal of tissues, and individual eating and drinking utensils are extremely important to stop the transmission of the common cold virus.

### **EARACHE**

An earache may be a sign of an ear infection. A middle ear infection is usually a complication of a cold and often begins with a fever. It is important to contact your doctor for proper evaluation and treatment.

### **STOMACH ACHE, DIARRHEA and VOMITING:**

The causes of stomach ache are numerous, and the condition is often minor and goes away by itself. Pain often diminishes within an hour in cases of less serious stomach aches. If fever, vomiting, or diarrhea are present, the child may have a condition that may be contagious and should remain at home. They may return to school after no vomiting for 24 hours.

### **RASH:**

Skin rashes are symptoms of a large number of infectious and non-infectious diseases. Rashes may be associated with internal disease such as chicken pox and scarlet fever, an irritation of the skin due to touching (poison ivy), an allergy to food or medicines, and fungal (ringworm) and bacterial (impetigo) infections. The rash may cover the entire body or may appear in only one area. Rashes from completely different causes may look alike, and rashes that are symptoms of the same contagious disease sometimes look different on different individuals. **When in doubt about a rash, contact your doctor to make sure your child's rash is not contagious. Please send the doctor's note to school with your child upon your child's return.**

## **6. COMMUNICABLE AND NUISANCE DISEASES**

In cooperation with school administrators, the role of the school nurse is to provide a safe, infection-controlled environment. This includes monitoring the student and adult population for communicable disease symptoms; monitoring the school community and environment for actual and potential infection control concerns; and coordinating care of communicable disease problems and care of students and staff with suppressed immune systems

and chronic health conditions.

**To protect the health of your child, other students, and staff, it is vital that parents and guardians notify the school nurse when their child has been identified as having a contagious illness. This information will be kept confidential.**

Listed below are some frequently occurring contagious diseases.

<b><u>DISEASE</u></b>	<b><u>MAY RETURN TO SCHOOL</u></b>
Chicken Pox	After all, lesions are dry and crusted.
Conjunctivitis	After release by physician with treatment for 24 hours, discharge has ceased or redness has cleared.
Covid-19	Send positive test results to the school nurse. Students may return upon current recommendations of the NJDOH, NJDOE, CDC, or the local health department at the time. The school nurse will advise accordingly.
Impetigo	24 hours after beginning antimicrobial therapy, when lesions are dry, with signed release by the attending physician.
Mononucleosis	Upon clinical recovery with written release by the attending physician.
Pinworm	When under treatment with a signed release from an attending physician.
Ringworm	When under treatment with a signed release from an attending physician.
Salmonella	When free from infection with a signed release from an attending physician. Family members attending school are also required to have signed a release.
Scabies	When free from infection with a signed release from an attending physician.
Strep Infections	May not return until after 24 hours of treatment with a signed note from the physician. Should stay home until no fever for 24 hours.

## **7. MEDICATIONS**

The administration of medication in the school is to be avoided whenever possible, and no medication shall be administered to pupils in school except by the school nurse after all necessary approvals have been secured. Medications shall include all medicines prescribed for a particular pupil, including prescriptions and non-prescription drugs.

Before any medication can be administered during school hours, the Board of Education requires the written request of the parent or guardian. This request for such administration relieves the Board of Education and its employees of liability for administration of medication. This request shall be accompanied by the written order of the prescribing physician. For your convenience, physician's orders for medication can be faxed to your child's school.

The written order of a prescribing physician should include:

- a. the purpose of the medication;
- b. the dosage;
- c. the time at which or the special circumstances under which medication shall be administered;
- d. the length of time for which the medication is prescribed;
- e. possible side effects of the medication.

Medication must be delivered to the school nurse by a parent or guardian in its **original container**. Medications cannot be brought in by a student except for self-carry inhalers and EpiPens with a current medical doctor order on file. A limited supply of medication can be kept in the school, and medication no longer required must be removed from the building by the parent or guardian. Medication orders must be renewed annually by the physician.

The same procedure for administration of medication in school outlined above applies to all **over the counter medications** (Tylenol, Motrin, cough syrup, etc.). The school nurse will administer these non-prescription medications after written permission from the physician and the parent is received.

**The parent or guardian is invited to come to the school to medicate their child if the above procedure is not convenient.**

The school nurse shall maintain a record of the name of the pupil to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration.

The sole responsibility of the Board of Education and the Chief School Medical Inspector shall be limited to the provision of adequate and proper supervision in the administration of said medication.

Please consult with the Principal or school nurse concerning a student in need of medication while on a field trip.

**8. STUDENTS RETURNING TO SCHOOL WITH AN INJURY  
(Casts, Crutches, Splints)**

Parents/Guardians must:

1. obtain a physician's note for the absence and send it to the school nurse.
2. obtain a physician's note for crutches. The note must state that the student is allowed in school on crutches and also state approximately how long they will be needed. Send the note to the nurse.

3. Obtain a physician note for students to be allowed to get on and off the school bus.
4. obtain a physician's note for students with casts, arm/finger splints, arm slings. The note must state the nature of the injury, limitations/restrictions, and dates to be excused from gym and recess activities.

Medical gym excuses are to be written by a licensed physician, APN, or PA. We cannot accept gym excuses written by physical therapists or nurses. Excuses written by chiropractors can only be accepted for direct spinal or neck conditions.

Any special instructions must be signed by the physician.

## 9. **IMMUNIZATION REQUIREMENTS**

In compliance with Chapter 14 of the New Jersey State Sanitary Code, all school children will be required to provide documentation from the doctor of the following immunizations **before** they may enter school.

The school administrators are responsible for the full implementation of this law. School nurses are required to keep complete, updated immunization records on each student. Each immunization date must include month, day, and year. Immunization records must be available for inspection by public health officials.

Exclusions from immunizations for medical reasons require a physician's statement that an immunization is medically contraindicated for a specified period of time and the reason for the medical contraindication.

An exemption is also granted to those students whose parents or guardians sign a statement that immunization interferes with the free exercise of the pupil's religious rights. Specific reasons must be given when requesting a religious exemption.

The following immunization requirements apply to all children attending public or private school in New Jersey.

## Immunization Schedule

<u>DISEASE</u>	<u>DOSES REQUIRED</u>	<u>COMMENTS</u>
DTP/DTaP	4 doses OR any 5 doses	4 <sup>th</sup> dose must be given on or after the fourth birthday.
POLIO	3 doses OR any 4 doses	3 <sup>rd</sup> dose must be given on or after the fourth birthday.
MMR	2 doses  OR given separately as:	1 <sup>st</sup> dose on or after the first birthday
MEASLES	2 doses OR laboratory evidence of immunity	Must be given on or after the first birthday. May be given as MMR.
MUMPS	1 dose OR laboratory evidence of immunity	Must be given on or after the first birthday. May be given as MMR.
RUBELLA	1 dose OR laboratory evidence of immunity	Must be given on or after the first birthday. May be given as MMR.
HEPATITIS B	3 doses*	Vaccine required for all students. *(2 doses of Hepatitis B Adult formulation are acceptable if given between 11-15 years of age.)
VARICELLA (Chicken Pox)	1 dose OR proof of disease immunity	Must be given on or after the first birthday.
<b>Immunizations needed</b>	<b>for entrance to the 6<sup>th</sup> grade:</b>	
Tdap (Tetanus, diphtheria, acellular pertussis)	1 dose	Given no earlier than the 10 <sup>th</sup> birthday. Must be completed before entering grade six, or a comparable age level special education program.
Meningococcal ACWY vaccine	1 dose	Given by 11 years of age and attending grade six

**Schedule for Preschool (3-4 years)**

<b><u>DISEASE</u></b>	<b><u>DOSES REQUIRED</u></b>	<b><u>COMMENTS</u></b>
DTP	4 doses	May be given as DTaP or DTP/Hib
POLIO	3 doses	May be given as IPV or OPV
MEASLES	1 dose OR laboratory evidence of immunity.	Must be given on or after the first birthday. May be given as MMR.
MUMPS	1 dose OR laboratory evidence of immunity	Must be given on or after the first birthday. May be given as MMR.
RUBELLA	1 dose OR laboratory evidence of immunity	Must be given on or after the first birthday. May be given as MMR.
Hib	1-4 doses	Number of doses given depends on the type of vaccine and age when the series began.
VARICELLA (Chicken Pox)	1 dose OR proof of disease immunity	Must be given on or after the first birthday.
Pneumococcal conjugate vaccine ( <b>PCV</b> )	1 dose	Every child attending any preschool facility shall have received at least one dose of <b>PCV</b> on or after their first birthday.
Influenza vaccine	1 dose	Children 6 months - 59 months of age attending any preschool facility shall receive <b>annually</b> one dose of influenza vaccine between September 1 <sup>st</sup> and December 31 <sup>st</sup> of each year.

**NUMBERS**

**SCHOOL**

**TELEPHONE**

**FAX**

Apshawa

973-838-2763  
973-838-6896

Maple Road

973-697-0482  
973-208-0257

Marshall Hill

973-728-7319  
973-728-1444

Paradise Knoll

973-697-8668  
973-697-9444

Upper Greenwood Lake

973-853-4488  
973-853-1233

Highlander Academy/Highlander Prep at Westbrook

973-697-0481  
973-208-0136

Macopin Middle School

973-697-5691 ext. 3040  
973-697-0301

West Milford High School

973-697-1701 ext. 7040  
973-208-0912

Cf jr

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