

ARLINGTON PUBLIC SCHOOLS
Policy J-8.3.1 School Health Services

1 The School Health Bureau of the Public Health Division of the Arlington County Department of
2 Human Services provides school health services. The mission of the School Health Bureau is to
3 provide students and their families with preventive and early intervention services, which enable
4 the student to learn to the best of his or her potential.

5 The Assistant Superintendent, Teaching and Learning, collaborates with the Department of Human
6 Services in the implementation of the Health Services Program.

7
8 School health services are administered to students enrolled in Arlington Public Schools through
9 several different ways. Public Health Nurses are local health department employees who are
10 assigned to work at Arlington Public Schools and provide direct services to enrolled students.
11 Student health is part of the core curriculum and Arlington Public Schools partners with multiple
12 agencies such as the School Health Bureau of Arlington County Department of Human Services
13 and Arlington County Parks and Recreation to help ensure that health needs are met throughout
14 the school day.

15
16 **ADMINISTRATION OF MEDICATION**

17
18 All Arlington Public Schools students shall adhere to specific requirements in the administration
19 of medication. If it becomes necessary for a student to take medication, ~~whether prescription or~~
20 ~~non-prescribed over the counter medication, during school hours, the parent/guardian must~~
21 ~~furnish the public health nurse with the medication, in a prescription bottle or original container if~~
22 ~~it is a non-prescribed over the counter medication, labeled with the student's name, medication~~
23 ~~name, dose and time of administration. As medication is used up or becomes out of date, it must~~
24 ~~be replaced by parents. Such m-~~ the medication must be accompanied by properly filled out and
25 signed paperwork such as the signed Authorization for Medication form and appropriate Care
26 Plans (as required for conditions such as Aasthma, Ddiabetes, Aanaphylaxis, and others).

27
28 Local school board employees who are registered nurses, licensed practical nurses, or certified
29 nurse aides and who have been trained in the administration of insulin, including the use and
30 ~~insertion of insulin pumps, and~~ the administration of glucagon, are authorized to assist a student
31 who is diagnosed with diabetes and who carries an insulin pump with the insertion or reinsertion
32 of the pump or any of its parts, provided that assistance has been authorized by the prescriber and
33 consented to by the student's parent/guardian.

34
35 Public Health Nurses, local health department employees who are assigned to work at Arlington
36 Public Schools, and designated Arlington Public Schools staff members may possess and
37 administer naloxone or other opioid antagonist, provided that they have completed a training
38 program in accordance with Arlington Public Schools policy and policy implementation
39 procedures.

40
41 Student Possession of Medications

42
43 Prescription Medication

Commented [BK1]: This sentence is added to provide clarification about the role of the Public Health Nurse within the school in the overview rather than appearing only under the "administration of medication" section.

Commented [BK2]: APS and Arlington County School Health do not currently do this. This is not required by the State.

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44 Elementary, middle, and high school students may carry and self-administer selected medications
45 as determined by a public health nurse on a case-by-case basis with written authorization from
46 parents/guardians and physician. These typically include inhalers, insulin, and epinephrine. The
47 school health nurse on a case-by-case basis shall handle requests for students to carry any other
48 urgent medication.

49
50 Over-the-Counter Medication

51 High school students may carry and self-administer no more than two doses per day of non-
52 prescribed over-the-counter medication with parent/guardian permission. **Some over the counter**
53 **medications require only a parent/guardian to authorize.**

54
55 Medications Stored in the Clinic

56
57 Selected prescription and over-the-counter medications provided by students with proper
58 documentation may be stored in the clinic for administration to students by school health or trained
59 and approved school staff as agreed upon by school health and Arlington Public Schools.

60
61 Arlington Public Schools will maintain at least four (4) doses of auto-injectable epinephrine (2
62 doses of 0.3 mg and 2 doses of 0.15 mg) in each school to be used in the event of a life-threatening
63 anaphylactic reaction in a ~~child~~ **student** previously unknown to have such a reaction. Epinephrine
64 auto- injectors may be utilized by a public health nurse or employee of the School Board who is
65 authorized and trained in the administration of epinephrine to any student believed to be having an
66 anaphylactic reaction on school premises during the academic day.

67
68 This “generic” epinephrine is not intended to replace, supersede or govern requirements that
69 parents/**guardians** who have children attending Arlington Public Schools with known anaphylactic
70 reactions must provide appropriate medication, written permissions, and physician instructions.

71
72 **FOOD ALLERGIES AND OTHER AGENTS**

73
74 School staff shall adhere to the established procedures promulgated by the Superintendent or
75 designee ~~for~~ **in the Guidelines for Management of Students with Severe Food Allergies** in the event
76 that a student has a severe or life-threatening allergic reaction to certain foods or other agents.
77 Each student with a severe or life-threatening allergic reaction shall have a medical plan developed
78 by school health staff, school administrator or designee, parents/**guardians**, and relevant school
79 staff. The plan shall be based on physician orders for the management of food allergies or agents.

80
81 School based practices and protocols must be consistent with Arlington County public health
82 policy and procedures for handling severe allergies. In accordance with the Code of Virginia §
83 22.1-274.2 and § 54.1-3408, Arlington Public Schools school based staff will stock non student-
84 specific Epi Pens and be trained in their use.

85
86 **HUMAN IMMUNODEFICIENCY VIRUS (HIV)**

87

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88 It is the policy of the Arlington School Board to determine in a timely manner the appropriate
89 instructional program and educational setting for students who are infected with the human
90 immunodeficiency virus (HIV). The School Board recognizes its dual obligation to protect the
91 rights of individual students infected with HIV and to provide a safe environment for students,
92 staff, and the public. It is the intent of the School Board to follow the recommendations of the U.S.
93 Centers for Disease Control and of the Virginia Department of Health ~~that most HIV-infected~~
94 ~~students be allowed to attend school and that decisions~~ regarding school attendance for students
95 with HIV be based on the medical condition of each student and the anticipated interaction with
96 others in the school setting.

97

98 **TUBERCULOSIS SCREENING FOR ENTRY INTO ARLINGTON PUBLIC SCHOOLS**

99

100 Students entering Arlington Public Schools and pre-schools for the first time must provide written
101 proof of a negative risk assessment for tuberculosis infection or the results of a Tuberculin Skin
102 Test (TST) done within the 12 months prior to entry into school.

103

104

105 **References**

106 Code of Virginia § 8.01-225

107 Code of Virginia § 22.1-270

108 Code of Virginia § 22.1-271.2

109 Code of Virginia § 22.1-273

110 Code of Virginia § 22.1-274

111 Code of Virginia § 54.1-3408

112 School Health Policy Manual III-5.09 Pediculosis Prevention and Control Procedures

113 Guidelines for Management of Food Allergies

114 State Regulations on Self-Injection of Epinephrine 7/2005

115

116

117 **Policy Adoption and Revision History**

118 Adopted February 5, 2015, Effective February 5, 2015

119 *Renumbered (formerly Policy 25-3.4) effective July 1, 2018*

120 Revised _____; Effective _____

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1 The Assistant Superintendent, ~~Student Services~~ **Teaching and Learning**, collaborates with the
2 **Arlington County** Department of Human Services in the implementation of the Health Services
3 Program.

4
5 **School health services are administered to students enrolled in Arlington Public Schools through**
6 **several different ways. Student Health is part of the core curriculum and Arlington Public School**
7 **partners with multiple agencies such as School Health Bureau of Arlington County Department of**
8 **Human Services and the Department of Parks and Recreation to help ensure that health needs are**
9 **met throughout the school day.**

10
11 **APS Components of Student Health Services:**

12
13 **School Clinics**

14 ~~The School Health Bureau Chief and supervisors from the Arlington County School Health Bureau~~
15 **of the Department of Human Services are is responsible for the supervision of public health nurses**
16 **and clinic aides working in the school clinics. When school clinic staff are assigned to or**
17 **transferred from a school, the decision to transfer/assign will be discussed with the Assistant**
18 **Superintendent, Student Services Teaching and Learning, and the school principals before the**
19 **change is made will be notified of the decision.**

20
21 **Public health nurses (PHN) provide the full range of public health services in the schools and**
22 **community for school age children and their families. They are assigned to from between one (1)**
23 **and three (3) schools. Duties include, but are not limited to, school entry review, assisting parents**
24 **and Arlington Public School staff with development of individualized healthcare plans for students**
25 **with health conditions, immunizations, home visits, health education and promotion, and**
26 **consultation. The pPublic health nurses also works with school staff and families to implement**
27 **Arlington County Department of Health procedures and recommendations regarding**
28 **communicable disease prevention (i.e., Lice-School Health Policy Manual III-5.09 Pediculosis**
29 **Prevention and Control Procedures).**

30
31 **The public health nurse will act as the liaison between the school, parents, provider, clinic, and**
32 **other community agencies by:**

- 33 1. **Providing appropriate information and consulting with the physician and parent/guardian, as**
34 **needed; and**
35 2. **Explaining the program, physical arrangements, and requirements of the school to physicians**
36 **and community agencies as needed.**

37
38 **The Health Insurance Portability and Accountability Act (HIPAA) establishes appropriate**
39 **safeguards to protect the privacy of personal health information and sets limits and conditions on**
40 **the uses and disclosures that may be made of such information without patient authorization.**
41 **Facilitating the attainment of medical histories and pertinent data as required by the school may**
42 **only be done with the written consent of the parent or guardian, except for immunization records,**
43 **which may be shared among physicians, public health department staff, and hospital staff to ensure**
44 **that children receive the appropriate health care services. All medical information is treated as**

Commented [BK1]: Header and all of the edits to this section are requested by S. Bell, School Health AC

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45 confidential. All clinic records within Arlington Public Schools are considered part of the student
46 education record and Medical information in the Medical Nursing Record may be accessed by staff
47 outside of the PHN only through written parent/guardian permission.

Commented [BK2]: Modified this language to include a reference to HIPAA as the overarching rule.

48
49 The clinic aide staffs the school clinic during school hours. The primary role of the aide is to
50 provide direct care of the sick and injured students during school hours, with oversight provided
51 by a public health supervisor.

52
53 The school health consulting public health physician provides comprehensive health appraisals at
54 school sites for school age children who do not have a resource for preventive health care and meet
55 income eligibility guidelines. The physician provides consultation and leadership on public health
56 issues and is a resource for school staff, parents, and community organizations. She/he participates
57 as a child specialist on multi-disciplinary teams within Arlington Public Schools and the larger
58 community.

59
60 The components of the Student Health Programs are described below:

61
62 **Screening**

63 **Mass Vision Screening**

64 A visual acuity test of every Mass vision screening is conducted on students will be completed
65 based on State requirements and recommendations. Students who deviate from normal will be
66 retested by the nurse who will then make any necessary referrals. For results which are outside of
67 designated ranges deviate from normal, a referral will be sent to the family by the clinic staff. The
68 PHN oversees all aspects of the mass vision screening. Clinic staff work with Arlington Public
69 Schools staff to ensure students are screened in Grades K, 3, 7 and 10. nurse will be responsible
70 for counseling parents and teachers about the results of the tests and monitoring the referrals.

71
72 **Color Vision**

73 A color vision test will be done on request of a parent, teacher, nurse, or physician. If a student
74 fails the test, the nurse will notify the parent so that this may be taken into consideration in the
75 student's career planning.

Commented [BK3]: This test is not provided in APS by the Public Health Nurse

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78 **Hearing**

79 **Mass Hearing Screening**

80 Mass hearing screening is conducted on students based upon State requirements and
81 recommendations. For results which deviate from normal, students will be re-screened by clinic
82 staff. If the re-screening also deviates from normal, a referral will be sent to the family by the
83 clinic staff. The PHN oversees all aspects of mass hearing screening. Clinic staff work with
84 Arlington Public Schools staff to ensure students are screened in Grades K, 3, 7 and 10.

85 The public health nurse will be responsible for planning, scheduling, and coordinating the hearing
86 testing. The audio metric technician will do the testing. Hearing tests will be given annually to:

- 87 1. ~~Students in kindergarten, grades 3, 7, 10, and Special Education;~~
- 88 2. ~~New students in all grades;~~
- 89 3. ~~Students who showed a loss the previous year; and~~
- 90 4. ~~Students referred because of symptoms suggesting a hearing loss.~~

91 Students with losses will be retested in 2-4 weeks. If the loss persists, the public health nurse will
92 counsel parents and teachers, will make an appropriate referral for medical care, and will follow
93 up on the referral.

94 **Seoliosis**

95 Seoliosis screening may be arranged upon request of a parent, teacher, nurse, or physician. If
96 seoliosis is suspected, the public health nurse will make a referral to a medical provider.

97 **Immunizations**

98 State law requires that children entering school or entering ~~sixth grade~~ **Grade 7** have the
99 appropriate Hepatitis B vaccinations, if not previously received, and meet other immunization
100 requirements. Under the Code of Virginia, every student shall, prior to entry, furnish a certificate
101 from a licensed ~~physician~~ **health provider** or health department official certifying that the student
102 has those immunizations required by law.

103 The Code of Virginia further states that the provisions of this section shall not apply if the
104 parent/guardian of the child objects on the grounds that the administration of the immunizing
105 agents conflicts with ~~his~~ **the child's** religious tenets or practices, unless an emergency or epidemic
106 of disease has been declared by the State Board of Health. The parent or guardian must furnish the
107 school with a notarized statement of the parent or guardian's objections.

108 The principal will be responsible for implementing the law. Those students who do not comply
109 must be excluded from school. The ~~nurse~~ **PHN in the school clinic** will assist the principal by:

- 110 1. Reviewing immunization certificates and physical examination forms to determine if
111 specifications have been met. Health records, including immunizations, must be reviewed
112 by the nurse before **being filing-ed** in the student's cumulative file;
- 113 2. Following up and counseling parents whose children are ~~delinquent in~~ **not** meeting
114 requirements. Referral will be made to the student's private ~~physician, military clinic or to~~
115 ~~the immunization clinics at the Department of Human Services or the School Physician~~
116 **provider or other community resources** as appropriate; and

Commented [BK4]: This test is not provided in APS by the Public Health Nurse per S. Bell, School Health AC

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- 122 3. Providing the principal with names of students who have not presented evidence of
123 required immunizations.
124
125
126
127

128 **Tuberculosis Screening For Entry Into Arlington Public Schools**

129 A student will be excluded from school until either a negative risk assessment or the result of a
130 TST is documented as described below.
131

132 **Negative Risk Assessment**

133 A negative risk assessment indicates that there are no known risk factors for tuberculosis infection.
134 The following evidence of a negative risk assessment, signed by a licensed health care provider,
135 will be accepted:

- 136 1. An *Arlington School Health Tuberculosis Screening Certificate*
- 137 2. A *Commonwealth of Virginia School Entrance Health Form* that indicates a risk
138 assessment was done and was negative
- 139 3. A report, acceptable to the health department, verifying that a risk assessment was done
140 and was negative.
141

142 **Tuberculin Skin Test (TST)**

143 If one or more risks for tuberculosis infection are identified by risk assessment, a tuberculin skin
144 test must be done. The results of the TST done within the 12 months prior to entry into school will
145 be accepted as a separate report or on the *School Entrance Health Form*. The report must be signed
146 by a health care provider. If the TST is positive:

- 147 1. The student will be assessed for symptoms of tuberculosis disease. If there are no
148 symptoms indicating active disease, the student may attend school.
- 149 2. The student will be referred to the health department communicable disease bureau for
150 assessment unless this is a prior positive TST with documentation of appropriate follow-
151 up.
- 152 3. If the health department requires a chest x-ray as part of the evaluation, the x-ray must be
153 completed within 21 days after the results of the TST are read.
- 154 4. If symptoms indicate the possibility of active tuberculosis disease, the student will be
155 excluded from school until cleared for return to school by the health department.
156

157 **Physical Examinations**

158 The Code of Virginia specifies that any child admitted for the first time to any public kindergarten
159 or elementary school must have a comprehensive physical examination of a scope prescribed by
160 the State Health Commissioner by a qualified licensed physician no earlier than 12 months prior
161 to the date of the child's entry. The physician's report of that examination identifying abnormal
162 findings and disabling conditions must be presented to the school and placed in the school records.
163 This physical examination report shall be made available upon request to any official of the state
164 or local health department. Any student may be exempt whose parent objects on religious grounds
165 provided:

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- 166 1. The student shows no evidence of illness.
- 167 2. The parent/guardian submits in writing attesting that to the best of his/her knowledge the
- 168 student is in good health and free of communicable disease.
- 169

170 In addition, the Arlington Public Schools requires physical examination of:

- 171 1. All candidates for competitive sports annually before participating in competition (after
- 172 **May 1 of each year for the coming school year**).
- 173 2. All students under consideration for Special Education placement. If placed, an
- 174 examination is required every three years thereafter.
- 175

Commented [BK5]: Date requirement now in place.

176 The Arlington Public Schools recommends a yearly physical examination as proposed by the

177 American Academy of Pediatrics. A physical examination is also recommended for middle and

178 high school students entering Arlington Public Schools for the first time. The school public health

179 nurse will work closely with the principal in implementing the law by:

- 180 1. Receiving the physical examination forms, reviewing them for significant health
- 181 information and completion of required immunizations, **then** returning them to the school
- 182 office for filing.
- 183 2. Noting abnormalities and disabling conditions and acting as a facilitator between the parent
- 184 and the school in order to meet any special health needs the student may have related to
- 185 the educational process.
- 186 3. Reviewing the records at appropriate intervals and providing the principal with the names
- 187 of students who have not complied with the law; and
- 188 4. Referring students to their private physician or military facility clinics or to the School
- 189 Physician, Department of Human Services, for physical examinations, as appropriate.
- 190

191 **Liaison Activities**

192 ~~The public health nurse will provide liaison between the school, parents, physician, clinic, and~~

193 ~~other community agencies by:~~

- 194 ~~3. Providing appropriate information and consulting with the physician and parent/guardian,~~
- 195 ~~as needed;~~
- 196 ~~4. Explaining the program, physical arrangements, and requirements of the school to~~
- 197 ~~physicians and community agencies as needed; and~~
- 198 ~~5. Facilitating the attainment of medical histories and pertinent data as required by the school.~~
- 199 ~~This may only be done with the written consent of the parent or guardian, with the~~
- 200 ~~exception of immunization records, which may be shared among physicians, public health~~
- 201 ~~department staff, and hospital staff for the purpose of ensuring that children receive the~~
- 202 ~~appropriate health care services. All medical information is treated as confidential. Only~~
- 203 ~~medical information in the cumulative folder is available for staff review. Medical~~
- 204 ~~information in the Medical Nursing Record may be accessed only through written parent~~
- 205 ~~permission.~~
- 206

207 **Accidents and Illness**

208 In every school there will be a file containing vital information about the student. This will consist

209 of the parent's/guardian's name, address, home telephone number, work telephone numbers, a

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210 person to call in emergencies in the event the parent/guardian may not be reached, and the name
211 of the student's physician.

212
213 In case of illness, the parent/guardian will be asked to come to the school to pick up the student or
214 to designate someone to do so. The Policy and Policy Implementation Manual Procedures on
215 Transportation covers unusual or exceptional circumstances, which require student transport
216 home.

217
218 In case of serious accident or illness, the public health nurse or clinic aide will render first aid and
219 designate someone to call the Emergency Squad (911). The principal and parents/guardians will
220 be notified immediately and told to meet the student at the appropriate hospital emergency room.
221 A school staff member will accompany the student in the ambulance, or immediately follow, and
222 stay with the student until the parent/guardian arrives.

223
224 All accidents requiring medical attention will be reported on the form "Report of Injury for Pupils
225 and All Employees" (ACS 07-08370) by the person in charge when the accident occurs. A copy
226 will be given to the public health nurse to attach to the Medical Nursing Record and the other sent
227 to the ~~Supervisor~~ Director of Transportation.

228
229 Each school shall have two staff members with current certification in cardiopulmonary
230 resuscitation including the use of automated external defibrillator (AED) and emergency first aid.
231 Certification must be renewed every two (2) years. The names of those trained should be posted
232 in the clinic and principal's office.

233
234 ~~All schools shall have at least one school employee trained annually in the administration of~~
235 ~~insulin and glucagon. Annually, each principal shall designate at least two school staff members~~
236 ~~as principal designees who are trained in the safe administration of medication such as insulin,~~
237 ~~glucagon, and Narcan. A list of principal designees is shared with School Health~~
238 ~~Administration. PHNs provide annual training to principal designees. This person shall~~
239 ~~administer medications glucagons in an emergency, if no school health staff is available.~~

240
241 **Health Education**

242 Health Education will be provided by the classroom teacher at the elementary level and by the
243 health and physical education teacher at the secondary level. An integral part of the public health
244 nurse's role is to provide health counseling/education at every interaction with every student when
245 interacting with students. Public Health nurses will can be available on request to participate in
246 classroom presentations and serve as resource persons in health-related matters.

247
248 **Dental Health**

249 All students will be urged to have a regular dental checkups. Students in need of assistance with
250 the cost of dental care will be referred to the Department of Human Services.

251
252 **Medication**

Commented [BK6]: This is a current practice. Designees are provided the training regardless of whether they attended the training in a prior year.

School Health nurses are employed by Arlington County and governed by the legal practice of nursing in Virginia (The Virginia Nurse Practice Act) in terms of availability within a school and their job responsibilities.

When a 504 Plan specifically requires a student to have their insulin monitored by an APS staff member, appropriate accommodations are made.

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253 Parents/guardians will be requested to administer medications at home whenever possible. If it
254 becomes necessary for a student to take medication, whether prescription or prescribed over-the-
255 counter medication, during school hours, the parent must furnish the public health nurse with the
256 medication, in a prescription bottle or original container if it is a prescribed over-the-counter
257 medication, labeled with the child's name, medication name, dose and time of administration. The
258 "Authorization For Medication Release and Indemnification Agreement" which has been signed
259 by both the parent/guardian and or physician must accompany the medication. A fax copy
260 from the physician will be accepted. The public health nurse will make arrangements decide with
261 the school principal as to:

- 262 1. Where the medication may be safely kept, and
- 263 2. Who will be responsible for giving it on days when the clinic staff is not available in the
264 school (the principal's designation of a staff member to administer medication in the
265 absence of the public health nurse or aide will be made in writing). In the case of life-
266 saving medication (i.e., adrenaline for bee sting reaction or glucagon), the public health
267 nurse, principal, principal designees, teacher, and school secretary administrative assistant
268 must all know where the medication is kept. All principal designees who administer
269 medications are required to receive training in medication administration provided by a
270 public health nurse in the School Health Bureau annually.

271
272 Elementary, middle and high school students may carry and self-administer inhaler medication in
273 school provided written authorization is obtained from the parent/guardian and the physician and
274 provided to the public health nurses.

275
276 For non-prescribed over-the-counter medication, high school students may carry and self-
277 administer no more than two doses per day in school with parent permission. Medication should
278 be carried in the original container whenever possible or otherwise in a container labeled with the
279 name of the medication and dose.

280
281 The public health nurse on a case-by-case basis will handle requests for students to carry any other
282 urgent medication.

283
284
285 **Student-Provided Epinephrine and Glucagon**

286 Parents of a students with known life-threatening allergies and/or anaphylaxis should provide the
287 school with written instructions from the student's health care provider for handling anaphylaxis
288 and all necessary medications for implementing the student specific order on an annual basis. This
289 anaphylaxis policy is not intended to replace or supersede or govern student-specific orders or
290 parent provided individual medications. This policy will extend to activities off school grounds
291 (including transportation to and from school, field trips, etc.) or outside of the academic day
292 (sporting events, extra-curricular activities, etc.).

293
294 Students with anaphylaxis may be permitted to self-administer epinephrine provided written
295 authorization is obtained from the parent/guardian and physician, and provided to the public health
296 nurse or Arlington Public Schools designated personnel if outside of school day hours.

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297
298 Anaphylaxis is a severe systemic allergic reaction from exposure to allergens that is rapid in onset
299 and can cause death. Common allergens include: animal dander, fish, latex, milk, shellfish, tree
300 nuts, eggs, insect venom, medications, peanuts, soy, and wheat. A severe allergic reaction usually
301 occurs quickly; death has been reported to occur within minutes. An anaphylactic reaction can
302 occur up to one to two hours after exposure to the allergen.

303
304 If a child for whom no epinephrine has been provided to the school experiences severe allergy
305 symptoms and epinephrine is given, the nurse will work with the parents to develop the appropriate
306 health care plan.

307
308 **Arlington Public Schools will maintain at least four (4) doses of auto-injectable epinephrine (2**
309 **doses of 0.3 mg and 2 doses of 0.15 mg) in each school to be used in the event of a life-threatening**
310 **anaphylactic reaction in a child previously unknown to have such a reaction. Epinephrine auto-**
311 **injectors may be utilized by a public health nurse or employee of the School Board who is**
312 **authorized and trained in the administration of epinephrine to any student believed to be having an**
313 **anaphylactic reaction on school premises during the academic day.**

314
315 **This “generic” epinephrine is not intended to replace, supersede or govern requirements that**
316 **parents who have children attending Arlington Public Schools with known anaphylactic reactions**
317 **must provide appropriate medication, written permissions, and physician instructions**

318
319 **Standing Orders**

320 Standing orders are written to cover multiple people as opposed to individual-specific orders,
321 which are written for one person. **When requested by Arlington Public Schools, an** Arlington
322 County Public Health ~~physicians~~ **provider** may prescribe non-student specific epinephrine for the
323 school division, to be administered to any student believed to be having an anaphylactic reaction
324 on school grounds, during the academic day. ~~An Arlington County Health Department physician~~
325 ~~will write standing orders.~~

326
327 ~~Training materials and s~~Standing orders are updated annually.

328
329 **Management of Severe Allergies**

330 School staff shall adhere to the following Procedures for the Management of Student Allergies in
331 working with students who have a severe or life threatening allergic reaction to certain foods or other
332 agents. Students with a severe or life threatening allergic reaction should have ~~a medical care an~~
333 **Individualized Healthcare pPlan and/or a 504 Plan** developed by ~~public health staff,~~ **Arlington Public**
334 **Schools staff, school administrator, the Public Health Nurse, and parents/guardians, and relevant**
335 ~~school staff.~~ The plan should be based on physician orders for the management of food or other
336 allergens that require medical intervention.

337
338 **Procedures Ffor Managing Students Wwith Severe Allergies**

339 Severe allergies can be life threatening. The risk of accidental exposure to foods (such as; nuts,
340 peanuts, shellfish) and other allergens (such as insect bites/stings, latex) can be reduced in the

Commented [BK7]: This language is directly from the associated School Board policy and should not be changed unless a recommendation to change the policy language is also being made. We are inserting it here for clarity.

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341 school setting when schools, parents, and health providers work together to minimize risks and
342 provide a safe educational environment for the highly allergic student.

343
344 **Goal**

345 To provide the safest environment possible and an effective plan of care for students with severe
346 allergies to the extent possible, by establishing procedures that include parents, school staff, school
347 health staff, and the student in establishing and implementing an individualized plan of care. The
348 procedure listed below should be followed for each student with an identified severe/life-
349 threatening allergy:

- 350 1. When informed of a student’s severe allergy, the Public Health Nurse (PHN) will provide
351 the parent or guardian with the following:
 - 352 a. *Physician Order/Severe Allergy Action Plan* (provided in Arlington Public Schools
353 major languages) (English) (Spanish) with instructions on what sections the doctor
354 completes, and what the parent/guardian needs to fill out.
 - 355 b. *Care Plan/Check List for Managing Severe Allergies*
 - 356 c. *Guide to Privacy Practices* (HIPPA information). ~~to parent and will have~~ †The
357 parent/guardian **shall** sign the *Acknowledgement of Notices of Privacy Practices* (Eng-
358 (Span) (provided in Arlington Public Schools major languages) if one is not already on
359 record.
 - 360 d. *Teacher’s Checklist for Managing Food Allergies*
 - 361 e. *Authorization for Release of Protected Health Information* form.
- 362 2. The PHN will review all forms/handouts with the parent/guardian.
- 363 3. The parent/guardian must sign the *Authorization for Release of Protected Health*
364 *Information* to allow the student’s health care provider and school health staff to discuss
365 the student’s health issues.
- 366 4. The parent/guardian will complete and sign “Step 2: Emergency Calls” and the very top of
367 the *Physician Order/Severe Allergy Action Plan* and have the student’s physician complete
368 and sign “Step 1: Treatment” of the *Physician Order/Severe Allergy Action Plan* before
369 returning it to the school clinic.
- 370 5. The PHN will review the health records submitted by parent and physician, then fill in the
371 date that all forms are completed in Section I of the *Care Plan/Checklist for Students with*
372 *Severe Allergies*.
- 373 6. Within **ten (10)** school days of notification by the parent that the student has a severe life
374 threatening allergy and the student has an EpiPen, the PHN will convene a core team, which
375 would include such individuals as the PHN, teachers, teacher assistants (including the
376 recess and lunch room supervising staff), the principal, the principal’s designee(s),
377 designated school food services staff, counselor, and/or transportation, to work with
378 parents and the student (age appropriate) to develop a prevention plan. The plan can be
379 best developed/communicated at a team meeting where all participants can freely exchange
380 information. Training for participants in the use of an EpiPen can be done at the same
381 meeting. Multiple and/or individual training may be required.
- 382 7. Provide *Teacher’s Checklist for Managing Food Allergies* ~~to teachers~~ and any other
383 handouts as appropriate **to teachers**.

Commented [BK8]: Added for clarity of the need for translation based upon major languages in APS, not just English and Spanish

Commented [BK9]: Added for clarity of the need for translation based upon major languages in APS, not just English and Spanish

Commented [BK10]: Food allergies are managed on an individualized basis under the guidelines for Food Allergies referenced above. This is no longer applicable.

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- 384 8. The PHN will use Section III of the *Care Plan/Checklist for Students with Severe Allergies*
385 to guide him/her in individualizing the care plan and/or in developing training content for
386 the staff. Areas that need to be addressed in either the team meeting or staff training are
387 identified with a double asterisk according to the area of “Consideration.” Notes pertinent
388 to the student may be made in the appropriate box as well, e.g., “from home only” under
389 “Snacks” and by “Classroom.” Should a consideration [indicated by the box with a double
390 asterisk] not be appropriate for a specific student, the PHN is to mark the box with “N/A”
391 indicating that consideration was made, but was “not applicable.” For example, if the
392 allergy were to be stings, “non-food treats” would not be applicable.
- 393 9. After the team meeting(s) has (have) occurred and needed training(s) is (are) complete, the
394 PHN will document the date in the appropriate boxes in Section II of the *Care*
395 *Plan/Checklist for Students with Severe Allergies*.
- 396 10. The PHN will make every effort to ensure that all staff that interacts with the student on
397 a regular basis understand severe allergies, can recognize symptoms, knows what to do in
398 an emergency and works with other school staff to eliminate the exposure to food and other
399 allergens in the allergic student’s environment, such as meals, educational tools, arts and
400 crafts, or incentives.
- 401 11. Determine student’s level of understanding regarding allergy. Instruct student to notify an
402 adult immediately if s/he ate something s/he believes may contain the food to which s/he
403 is allergic.
- 404 12. School clinic staff will ensure that medication is in the clinic and properly stored
405 (unlocked) with a copy of the Health Provider’s order.
- 406 13. Discuss field trips with the family of the food-allergic student to decide appropriate
407 strategies for managing the food allergy.
- 408 14. No eating on bus, except students with diabetes and other authorized exceptions.

409 **Transition of Care Plan Information**

410 *Students Transferring Schools*

411 Prior to the end of the school year, the PHN will notify the receiving school of the student’s care
412 plan. This information will be shared with the appropriate staff at the receiving school. The
413 student’s care plan will be reviewed on an annual basis or as needed.

414 *Students Changing Grade Levels*

415
416 When a student moves from one grade level to another, the student’s care plan will be shared with
417 the new teacher.

418
419 **Parent/guardians may request that the new teacher conference by phone or in person with**
420 **parents/guardians and/or the PHN at the start of the school year to review the care plan and**
421 **accommodations.**

422
423 **Special Transportation**

424 Students who are unable to walk to school or to ride a school bus because of physical problems
425 may be provided with special transportation when the following steps are taken:

- 426 1. Contact the school office for appropriate forms.
427

Commented [BK11]: All parents, regardless of the level the health issue may ask for a conference with a teacher at any time.

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- 428 2. The parents/guardians must write to the principal requesting special transportation and
429 stating the reason for the request.
430 3. The student's physician must write a request indicating the diagnosis and anticipated
431 duration of the need.
432 4. The public health nurse or the School Health Physician will be available to the principal
433 should any questions arise regarding the request.
434 5. The principal will make the decision, and if approved, will notify the office of Supervisor
435 **Director** of Transportation.
436

437 **Safety Precautions**

438 The public health nurse will be alert to health or safety hazards. When observed, the nurse will
439 report such hazards to the principal, who initiates corrective action. The public health nurse will
440 also notify the Nursing Supervisor, Department of Human Services.
441

442 **Medical Excuses for Student Absences**

443 Students absent for five (5) school days or longer may be required, upon return to school, to present
444 a medical excuse signed by a licensed practicing physician.
445

446 In case of habitual absenteeism for health reasons, the principal may ask the public health nurse to
447 visit the home on a day the student is absent from school to evaluate the student's condition. The
448 principal may request that the student be given a complete medical evaluation by a physician and
449 that the school receive a copy of the report. If there is a reason to suspect there is no actual medical
450 problem, the ~~visiting teacher/school~~ social worker will become involved. In extreme cases, the
451 principal may write a letter requiring a medical excuse (signed by a physician) each time the
452 student is absent.
453
454

455 **Participation in Competitive Sports**

456 Candidates for competitive sports in the ~~senior~~-high schools will be required to have an annual
457 physical examination after May 1 of each year for the coming school year. This is a requirement
458 of the Virginia High School League.
459

460 Competitive sports candidates in the middle schools will be required to have an annual physical
461 examination, ~~but there is no specific date restriction.~~ **after May 1 of each year for the coming**
462 **school year.**
463

464 Tetanus immunization must be up-to-date for all competitive sports candidates [i.e., within ten
465 (10) years].
466

467 Competitive sports candidates who have suffered serious illness or injury during the course of the
468 year may not return to active participation before having the student's physician provide clearance;
469 **at the high school level the student must also receive clearance from the school's athletic trainer.**
470

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471 The physical examination may not be waived for students with religious objections. However, the
472 tetanus immunization may be waived. The parent/guardian must submit a written request.

473

474 **Exemption from Physical Education Classes**

475 All students, grades kindergarten through 10, will be required to participate in physical education
476 classes unless there is a medical reason ~~not to do so~~-restricting specific levels of physical activity.

477 1. Physical education teachers may excuse a student for three (3) days upon a written request
478 from the parent/guardian.

479 2. If the disability is prolonged, the public health nurse, in collaboration with the PE staff,
480 will contact the parent/guardian and may request the family physician complete a physical
481 education excuse form indicating the activities in which the student may participate. If no
482 adaptation can be arranged, the PE staff will report this to the principal or counselor who
483 will make a temporary alternate arrangement for the student.

484

485 **Identification of Health Related Problems**

486 In the course of their regular duties and interaction with students, the school physician and public
487 health nurses are alert to potential health problems and, when such problems are observed, the
488 parents/guardians are counseled and an appropriate referral is made. Follow-up is provided as
489 needed.

490

491 **Conferences and Screening Committees**

492 Teacher/public health nurse conferences will be held on an as-needed basis for all students.
493 Communication between teacher and public health nurse will be encouraged and is a vital part of
494 the procedure of identifying and resolving health problems.

495

496 At the individual schools, staff conferences will be held concerning students who appear to be
497 having problems. The public health nurse will serve as a contributing member of these
498 conferences.

499

500

501 Student study and eligibility committees will be held to evaluate students for special services or
502 Special Education. The public health nurse will review the physical examination form for the
503 special education process. When a health condition is identified that may affect the educational
504 process, the public health nurse will write a summary note. Attendance of the public health nurse
505 at eligibility meetings will be based on a determination by the public health nurse of the need for
506 his/her expertise at the meeting.

507

508 **Physical Therapy**

509 Appropriate staff supervision and assistance is provided to physical therapists from the Arlington
510 County Department of Human Services, in collaboration with the Department of Student Services.

511

512 **Human Immunodeficiency Virus (HIV)**

513 If a student has been diagnosed by a physician as having an HIV-related condition, the student or the
514 student's parent(s)/guardian(s) are encouraged to notify the principal that such a condition exists.

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515 The HIV infected student may continue in school. This information shall be reported immediately
516 to the ~~Assistant Superintendent~~ **Director** of Student Services who will be responsible for establishing
517 a health review team.

518
519 Within three (3) working days after receipt of the report, a health review team shall be established
520 to recommend to the Superintendent an appropriate instructional program and educational setting
521 for the student. The health review team shall be composed of the student's physician, public health
522 personnel, the student's parent(s)/guardian(s), school division personnel and others deemed
523 essential to the review. The team shall provide a recommendation to the Superintendent within
524 five (5) working days. The Superintendent shall make a decision within five (5) working days after
525 receiving the health review team recommendations.

526
527 The recommendation regarding the proper instructional program and educational setting for the
528 student will be based upon the infected student's behavior, neurological development, physical
529 condition, and the expected type of interaction with others. The latest edition of the Center for
530 Disease Control guidelines will be used in reviewing each case. In the event that the Superintendent
531 decides that removal from public school is warranted, the student and the parent(s)/guardian(s) will
532 be notified in writing of the disposition of the case, the reasons for the action, the right to appeal to
533 the **School** Board, and the process of appeal.

534
535 At the time of the decision by the Superintendent, an appropriate educational setting will be
536 established to the degree considered safe. Instructional resources will be made available to the
537 student as appropriate. Other agencies will be contacted in an effort to provide the fullest range of
538 services to the student.

539
540 Student information about HIV infection will be shared only with the written consent of the
541 parent(s)/guardian(s). Persons involved in the implementation and monitoring of this policy shall
542 respect the student's right to privacy, including the maintenance of confidential records. The number
543 of personnel aware of the student's condition shall be kept ~~at~~ to the minimum needed to ~~as~~ensure
544 such confidentiality.

545
546 Periodically, information about HIV and related conditions will be provided to students, parents,
547 and staff. The resources of the Department of Human Services will be utilized.

548
549 **References**

550 Code of Virginia §8.01-225, Persons rendering emergency care
551 Code of Virginia §22.1-270, Preschool Physical Examinations
552 Code of Virginia §22.1-271.2 Immunization Requirements
553 Code of Virginia §22.1-273 Sight and Hearing to be Tested
554 School Health Policy Manual III-5.09 Pediculosis Prevention and Control Procedures
555 [Arlington Public Schools Guidelines for Management of Food Allergies](#)
556 State Regulations on Self-Injection of Epinephrine 7/2005
557 [Health Insurance Portability and Accountability Act \(HIPAA\) \(2004\)](#)
558

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559 **Policy Implementation Procedure Adoption and Revision History**
560 Adopted September 20, 2012, Effective September 20, 2012
561 *Renumbered (former PIP 25-3.4) effective July 1, 2018*