

2177 Emmanuel Way

Springfield, OH 45502

Phone: (937) 390-3777

Fax: (937) 390-0966

Clinic Policy

Developed by: Keri E. Faust, BSN, RN

Approved by: Emmanuel Christian Academy Administration

Table of Contents

	Page
Clinic Mission Statement	2
Required Medical Forms	2-3
Student Health Record/Survey	3
Medication Authorization Form	3
Authorization for Non-Prescribed Medication/Treatment	3
Emergency Action Plan: Food Allergy, Bee Allergy, Seizure	4
Immunization Record	4
Medication and Medical Procedures during School Hours	4-5
Procedure for Sending Home Unwell Student	5
Communicable Illness	6
COVID-19 Protocol	6
Changes in Student's Health Condition	7
School Accident or Injury	7
Physical Education Excuse	7
Pediculosis- Head Lice	7
Fleas	8
Vision/Hearing Screening	8

Clinic Mission Statement

It is the mission of Emmanuel Christian Academy Clinic to ensure students' health and wellness needs are attended via a caring approach. Our goals are to empower students with the appropriate knowledge, skill, and confidence within the realm of health and well-being to care for themselves and others around them. We know that children learn most effectively when they are happy and healthy.

Required Medical Forms

The clinic is attended by a registered nurse and is open Monday through Friday from 7:30 AM to 3:30 PM during the school year. The clinic's purpose is to provide medical attention or referrals as necessary and monitor the health and well-being of its students. When prescribed by a physician, the nurse or trained staff member also administers the appropriate medication and treatment in accordance with ORC 3313.713.

In an effort to provide the best care for its students, Emmanuel Christian requires several medical forms to remain current annually. These forms include:

Form Description	Mandatory	Format Required	Physician Signature Required
Student Health	Yes	School Format	No
Record/Survey			
Medication	Yes- if prescribed	School Format	Yes
Authorization Form	medication		
	needed		
Authorization for	Yes- if OTC is	School Format	No
Non-Prescribed	requested		
Medication/Treatment			
Emergency Action Plan:	Yes- if student has	School or	No
Food Allergy, Bee	diagnosis of any	Physician's Office	
Allergy, Seizure		Format	
Immunization Record	Yes	Physician's Office	No
		Format or School	
		Exemption Form	

Student Release of	Yes	School Format	No
Information			
Face Mask Exemption	Yes- only if a face	School or	Yes
Form	mask medical	Physician's Office	
	exemption is	Format	
	required		
Clinic Policy Agreement	Yes	School Format	No

Student Health Record/Survey

The Student Health Record/Survey is a record used to keep the clinic nurse updated on health conditions, allergies, severe injuries or illnesses, medications, and any other pertinent medical information. Please return this form within 2 weeks of the start of school to ensure the student health records are current.

Medication Authorization Form

The Medication Authorization Form must be completed by both the student's physician and parent/guardian. No prescribed medications will be given during school hours without this form on file. In accordance with ORC 3313.671, all medications must be delivered in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, strength, dosage, time interval, route of administration, and the date of drug expiration when appropriate. Medications will be stored in a locked space. A Medical Inventory Record will be completed with the clinic nurse when a medication is delivered.

Authorization for Non-Prescribed Medication/Treatment

The clinic is stocked with routinely given over the counter medications. Parent/Guardian must sign the Authorization for Non-Prescribed Medication/Treatment form in order for the listed medications to be given as needed throughout the school day. Parent/Guardian will be notified if student requests for medication becomes excessive. Permission to receive over the counter medications is strictly voluntary. The following medications are stocked in the clinic: Acetaminophen, Ibuprofen, Orajel, Tums, Throat lozenges, Cough drops, Triple antibiotic ointment, Burn spray (2% Lidocaine), Hydrocortisone 1% cream, Benadryl (for minor allergic reactions only), Insect spray (2% Lidocaine), and Refresh eye drops.

Emergency Action Plan: Food Allergy, Bee Allergy, Seizure

If a student has a health condition that could result in a life threatening emergency, an Emergency Action Plan form (either provided by the school or physician) will be completed. A meeting may be requested with the clinic nurse to develop the Emergency Action Plan if desired. The Emergency Action Plan will be distributed to all relevant teachers and staff.

Immunization Record

Immunizations are mandatory for attendance at Emmanuel Christian Academy. Immunization requirements must be in accordance with the ORC 3313.671. All students must have an up to date immunization record on file or the student will be exempted after the fourteenth school day.

For students with a personal or religious exemption, Emmanuel Christian Academy requires a signed statement by the parent/guardian that vaccinations conflict with their religious practices or beliefs.

A medical exemption, i.e. allergy to a vaccination, can only be completed by a health care provider.

The web address below contains a detailed outline of Ohio's immunization requirements.

https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/bid/immunizations/schoolsummary.pdf?la=en

Medication and Medical Procedures during School Hours

All medications must be administered in the clinic, unless the appropriate papers are on file to self-carry an inhaler or epi-pen.

All students are required to bring a pass to the clinic unless it is deemed a medical emergency. If no pass is present, the student will be sent back to class to acquire one. The only times a student may arrive without a pass to the clinic is during a medical emergency, lunch, recess, and/or chapel.

Due to limited space and HIPAA regulations, students without a medical need are not permitted to be in the clinic.

Students feeling ill or needing intervention will be limited to 20 minutes in the clinic or at the discretion of the nurse. Students will not be permitted to stay an entire period unless there is a health reason or specific instructions given by a medical professional. Excessive visits to the clinic will be addressed with the student's parent/guardian. If excessive visits continue, the principal will be addressed.

Procedure for Sending Home Unwell Students

The decision to send a student home is based on symptoms, how a student responds to treatment (if applicable), and the recommendation of the clinic nurse in conjunction with parental input. If a student presents to the clinic with any one or combination of the following symptoms, the parent/guardian or emergency contact will be called and the student will be sent home.

- o Temperature ≥ 100°F
- o Nausea/Vomiting
- o Diarrhea
- Chills
- o Shortness of breath
- Eye(s) that are red, itchy or have drainage
- o Blister-like sores with a honey-color crust, especially around the nose and mouth

If a student is unwell and unable to attend class, the student may rest in the clinic; however, if a student is not better within a reasonable amount of time, it will be up to the nurse's discretion to either send a student back to class or call the parent/guardian. If called, the nurse and parent/guardian will make a decision together to determine if the student can finish the day or if the student should go home. If it is determined that the student will go home sick, it is expected that the child is picked up within **30 minutes**, unless otherwise arranged with the clinic nurse.

Communicable Illness

In order to keep the school a safe and healthy place for students and staff, the clinic nurse appreciates parents' cooperation in dealing with any possible communicable illness at school. Please see the criteria below.

Symptom (Keep Home)	Return to school	
	Fever $\leq 100^{\circ}$ F for 24 hrs. without the use of	
Fever ≥ 100°F	fever reducing medications (Tylenol,	
	Ibuprofen, etc.)	
Vomiting/Diarrhea	iarrhea No vomiting/diarrhea for 24 hrs.	
Illness requiring antibiotics	24 hrs. after antibiotic is started	

COVID-19 Protocol

Those who have tested positive: Any student or school personnel that tests positive for COVID-19 will be isolated at home. He/she can return to school after meeting ALL of the following criteria:

- Twenty-four hours (24) fever free without the use of fever-reducing medication(s). (Tylenol, Ibuprofen, etc.)
- If respiratory symptoms are present, they must be improving before returning to school.
- 5 days must pass since symptoms first appeared.

Those who display symptoms: Any student or school personnel with symptoms of COVID-19:

- Must follow the local health department and Ohio Department of Health guidelines.
- The school nurse will work with the parent/guardian (and if needed, the local health department) to decide if COVID-19 testing is required before returning to school/athletics.
- May return to school as long as symptoms are improving and/or fever free (without the use of fever reducing medication(s)) for 24 hours.

Changes in Student's Health Condition

If there are changes in the student's health condition, we ask that the parent/guardian informs the clinic nurse as soon as possible.

School Accident or Injury

If a student is involved in an accident or has an injury during school hours that requires going to the Emergency Department or calling 911, the clinic nurse or staff member will contact parent/guardian or the emergency contact. The nurse will attend to the injured student until the parent or EMS arrives. In the case of a life-threatening situation or other serious injury, the student may be transported by ambulance to the local hospital. If the parent/guardian is unable to arrive at the school before the ambulance leaves, the clinic nurse will ride with the student. The parent/guardian will be notified to meet the child at the hospital. If the student requires medical attention from the Emergency Department or EMS, a student accident report will be filled out and placed in the student's file

Physical Education Excuse

If a student is unable to participate in gym, either a note from the parent or physician must be submitted. The nurse will not excuse a student from participating in gym, with the exception of an asthma exacerbation or injury before gym that day that would prevent the student from participating. If a note from a physician is submitted for a student to be excused from gym, a note must be submitted from a physician stating the student is cleared to participate.

Pediculosis-Head Lice

If it is suspected that a student has head lice, or if a student has a sibling(s) at school that has head lice, that student and sibling will be called to the clinic and will be privately screened for nits and live lice. If a student is assessed as having live lice, the parent/guardian will be notified and asked to pick the student up from school so treatment can begin. If only nits (eggs) are found, the student may return to the classroom. The parent/guardian will be notified that nits were found, and the parent may choose to pick up their child from school early to begin treatment. Once home, the student will require appropriate treatment to re-entering school. Parents can be given information on treatment if requested. The student must be checked and cleared by the clinic nurse the following school day prior to returning to class.

Fleas

If a student is found to have fleas, that student and their siblings will be sent home. Students may return to school only after appropriate treatment of the home, pet(s), and peoples have been completed. If fleas become a chronic

Vision/Hearing Screenings

Vision and hearing screenings will be completed annually in accordance with the requirements set forth by the Ohio Department of Health in ORC 3313.69. The following grades will be screened: TK, K, 1st, 3rd, 5th, 7th (vision only), 9th, 11th, and all new students with no previously documented screenings. Screenings may be completed for any student at the request of a parent/guardian, teacher, or other school personnel. If a parent/guardian does not wish for their child to be screened, a written letter of refusal must be submitted to the school for every required year of screening.