



SCHOOL HEALTH SERVICES MANUAL

SCHOOL YEAR 2021-2022



Table of Contents

Introduction	6
Core Roles of School Health Services	7
Role of Support Staff	7
Role of the School Nurse in the School Health Services	7
SCHOOL HEALTH NURSE PROGRAM	8
Health Education:	8
HEALTH SERVICES:	8
Avoidance and Rapid Treatment	9
Health Screenings	9
Nutrition	9
Physical environment	9
Counseling, Psychological and Social Services	10
The Role of the Professional School Counselor	10
Vision:	10
Role of the SC:	10
Domains	11
Direct and Indirect Services	11
The Referral Process	12
School Counselor Student Self-Referral Form	14
Parent/Guardian Referral Form	15
Parent/guardian Counseling Consent Form	16
Effective Management Strategies for The School Counselor	17
Family Engagement	18
Physical Education/Physical Activity	18
Provide Emergency Care	18
GUIDELINES for SCHOOL FIRST AID PROCEDURES	20



INFECTIOUS DISEASE CONTROL POLICY AND PROCEDURES	21
Plan for Safe In Person Learning	22
Universal and Correct Wearing of Masks	22
A Face Shield (a clear plastic barrier that covers the face), Shall be Used When:	22
Physical distancing	23
Protecting Vulnerable Populations	23
Handwashing and Respiratory Etiquette	23
Cleaning and Maintaining a Healthy School	23
Monitoring and Excluding for Illness	24
Contact Tracing and Reporting Illnesses	24
CONTACT TRACING WORKFLOW (COVID-19)	25
Support for Mental Health and Wellness	26
COVID-19 POLICY AND PROCEDURES	26
Student/staff tests positive for COVID-19	27
Quarantine Guidelines	27
BULLYING PROHIBITION POLICY	28
Signs of Bullying	28
Policy Statement	29
Reporting Bullying Procedure	30
Responding to a Report of Bullying or Retaliation	30
Teaching Appropriate Behaviors:	31
Taking Disciplinary Action:	32
Promoting Safety for the Victims and Others/Follow Up	32
Confidentiality	32
Bullying Report Form	33
BULLYING REPORT FORM	33
CHILD ABUSE AND NEGLECT POLICY AND REPORTING PROCEDURE	35
When Should a Report Be Made?	35



ABUSED AND NEGLECTED CHILD REPORTING ACT	36
REPORTING OBLIGATIONS	36
What to do when child abuse is disclosed	36
Reporting Procedure	37
CONTENTS OF WRITTEN REPORT	38
Immunity for the reporter	38
Penalties	38
Training	38
Exclusion from School Due to Illness Policy	39
Symptoms of illness requiring Your Child to Stay Home or be removed From School	39
Procedure for Students Returning to School after Significant Illness, Injury or Surgery:	39
Policy on Students with a Disability	40
Definition of and Individual with a Disability	40
The School’s responsibilities to Students with Disabilities	40
Procedures	40
Students with Chronic Illnesses	41
Chronic Illness Reports, Data and a Multidisciplinary Approach	42
Acuity	42
Case Management	43
Individual Health Protocol (IHP)	44
Individual care Plan (ICP)	44
Standard Procedures	44
Action Plans	44
Emergency Plans	45
Notification of Health Status	45
Medication in the School Setting	45
Procedure for Medication administration & Documentation	45
Medication Procedure	46



Medication Administration Training in the School Setting	48
Diabetic Care Plan (DCP)	50
DIABETES - EMERGENCY CARE PLAN	51
Individualized School Healthcare Plan (ISHP) - Type 1	53
Individualized School Healthcare Plan (ISHP) - Diabetes Type II	57
Individualized School Healthcare Plan (ISHP) - Leukemia	60
Individualized School Healthcare Plan (ISHP) - Athma	62
Field Trips	64
Procedures for field Trips	64
REFERENCES	68



INTRODUCTION

SCHOOL HEALTH

Our school health services are defined as a collaborative effort between clinical staff within the school setting, such as the nurse, educators and support staff, private sector clinicians, students and parents. Our school is committed to protecting the health and safety of the children in our care during the school day.

School Health services are delivered in a variety of ways through population based preventive care such as educational and health screenings, to acute and emergency response, and chronic disease management. These services are essential to the critical link between health and attendance at school, and health and academic achievement. ICAG's School Health Services Model functions under the Whole School, Whole Child, and Whole community (WSCC) Philosophy that endorses "recognition of a child's physical, mental, emotional, psychological and socioeconomic health as a part of total well-being". CDC 2019)

International Charter Academy of Georgia supports the model that health services, student well-being and academics are interconnected and require a multidisciplinary effort.

CORE ROLES OF SCHOOL HEALTH SERVICES

The core roles of school health programs is described by the National Association of School Nurses provide that:

- Every child is entitled to educational opportunities that will allow him/her to reach full capacity as an individual and prepare him/her for responsibility as a citizen.
- Every child is entitled to a level of health which permits maximum utilization of educational opportunities.
- The school health program, through the components of health service, health education and concern for the environment, provides knowledge and understanding on which to base decisions for the promotion and protection of individual, family and community health.
- Parents have the basic responsibility for the health of their children, the school health program activities exist to assist parents in carrying out their responsibilities.

ROLE OF SUPPORT STAFF

Support staff plays a crucial role in the delivery of daily health related services and direct care in the school setting. Because support staff serve on the front lines and are in the schools daily, it is important that these staff members are CPR and first aid trained, medication trained and glucagon and epinephrine certified and capable of being delegated caregivers.

ROLE OF THE SCHOOL NURSE IN THE SCHOOL HEALTH SERVICES

The core roles that the school nurse fulfills to foster student health and educational success include

- Direct care and assessments to students and staff
- Providing leadership for the provision of health services and program coordination
- Providing screening and referral for health conditions
- Promoting a healthy school environment
- Serving in leadership roles for health policies and programs
- Being a liaison between school personnel, family, and health care professionals
- A case manager to chronically ill students including delegation and health services delivery oversight
- Authoring care plans and protocols and training staff
- Consultation for acute and communicable diseases and chronic illness
- Acuity classification
- Health services data management
- IEP consultation for health related impairments



The National association of School Nurses defines school nursing as:

A specialized practice of nursing that protects and promotes student health, facilitates optimal development, and advances academic success. School nurses, grounded in ethical and evidence-based practice are the leaders who bridge health care and education, provide care coordination, advocate for quality student-centered care, and collaborate to design systems that allow individuals and communities to develop their full potential. (NASN, 2017).

The school nurse has a crucial role in the seamless provision of comprehensive health services to students and staff. As a number of chronic diagnoses increase among students entering schools there is an increased acuity and need for disease management during the school day.

SCHOOL HEALTH NURSE PROGRAM

HEALTH EDUCATION:

ICAG's Health Education program is designed to motivate students and families to maintain optimal health, prevent disease and reduce risky health behaviors. The program is designed to provide the student with sophisticated health-related knowledge, attitudes, skills and practices, by covering a variety of topics such as family health, community health, environmental health, mental and emotional health, and sexuality education, prevention of injury and safety, nutrition and the prevention and control of diseases. ICAG will follow the Georgia Performance Standards for Health Education.

- Kindergarten: Students at this level will be provided with the tools to understand their bodies, and begin the process of understanding what keeps them healthy and safe. They will be given guidance on how to make the best decisions about basic/simple health issues.
- First Grade: Students at this grade level will be given the tools to understand how their body systems work, how good or bad decisions can impact their health, show respect for themselves and their peers.
- Second Grade: Students at this level will begin to learn about growth and development, make the contrast between healthy and unhealthy practices and behaviors. The process of understanding the relationship between personal and community health will also be introduced.
- Third grade: At this level students will begin the application process in regards to disease prevention, nutrition, healthy relationships, substance abuse, and be able to distinguish between true and false or myths about health information.
- Fourth and Fifth Grade: At this grade level students will be able to make the distinction between reliable and unreliable health information and resources. They will practice and demonstrate good health behaviors, knowledge and skills.

HEALTH SERVICES:

International Charter Academy of Georgia supports the model that health services, student well-being and academics are interconnected and require a multidisciplinary effort. The aim of the governing body, the principal, staff and school nurse is to provide a safe and healthy working environment for staff, and children within our care.

In order to adequately serve our students we will come together as a team in an effort to address the needs of the whole child. By working together we can ensure that every student at ICAG is healthy, safe, engaged and supported. Our model combines elements from the Centers for Disease Control and Prevention (CDC) and the Georgia Department of Health (DPH).

AVOIDANCE AND RAPID TREATMENT

School Health services are delivered in a variety of ways through population based preventive care such as educational and health screenings, to acute and emergency response, and chronic disease management. These services are essential to the critical link between health and attendance at school and health and academic achievement. ICAG's School Health Services Model functions under the Whole School, Whole Child, and Whole community (WSCC) Philosophy that endorses recognition of a child's physical, mental, emotional, psychological and socioeconomic health as a part of total well-being.

International Charter Academy of Georgia supports the model that health services, student well-being **and** academics are interconnected and require a multidisciplinary effort. The aim of the governing body, the principal, staff and school nurse is to provide a safe and healthy working environment for staff, pupils and visitors. ICAG attaches great importance to the health, safety and welfare at work of all its employees, particularly the children.

Health services will include the following:

(i) HEALTH SCREENINGS

As a method of identifying children with potential barriers to learning in the school setting or identifying students with health care needs that may need a referral to a healthcare provider or services. The Georgia Department of Public Health Form 3300 will be completed, which covers vision, hearing, dental and nutrition to identify possible deficiencies in those areas.

(ii) NUTRITION

- Will aim to ensure that food options include healthy options and reduce or eliminate unhealthy options. The School
- Provide access to drinking water throughout the day to keep kids hydrated.
- ICAG will keep the environment free from foods that may trigger an asthma episode, i.e. peanuts.

(iii) PHYSICAL ENVIRONMENT

ICAG will ensure that the physical condition of the school environment is safe, clean and reduces contributing risk factors that cause injury and illness. The focus will be:

- Ensuring clean and uncontaminated water supply.
- Providing appropriate ventilation, and temperature to eliminate mold and moisture.
- Noise pollution.
- Appropriate lighting.
- Chemical pollutants.
- Safe playgrounds.
- Secure campus.



(iv) COUNSELING, PSYCHOLOGICAL AND SOCIAL SERVICES

ICAG shall provide prevention and intervention services to support mental, behavioral and social-emotional health of students in order to promote success in the learning process. Services will include:

- Psychological and psychosocial assessments.
- Direct and indirect interventions by school employed counselors and school nurses to address psychological, academic and social barriers to learning.
- Bullying prevention.
- Family support.

THE ROLE OF THE PROFESSIONAL SCHOOL COUNSELOR

VISION:

To promote high academic and moral measures, that would impact student achievement and help them to perform at their full potential. To create an environment that is healthy and safe and meets the learning needs of all of the students within our care.

ROLE OF THE SC:

In accordance with the Georgia Department of Education we believe that in order to ensure that our students become productive and achieve academic excellence we must implement school counseling programs and activities that will guide our students toward success.

The school Counselor will create a comprehensive school counseling program that focuses on student outcomes, teaching student social and emotional learning (SEL) competencies.

The focus of the School Counselor will be based on two domains: Academic and Personal/Social Development. The SC will create comprehensive school counseling programs that focus on student outcomes, teach students social and emotional learning (SEL) competencies that are delivered with identified professional competencies. Consistent with the Georgia State regulations the School Counselor will be aware of the importance of state and district initiatives and incorporate these standards when developing their comprehensive school counselling program.

DOMAINS

- **Academic Development** includes acquiring skills, attitudes and knowledge that contribute to effective learning in school; employing strategies to achieve success.

Understanding the relationship of academics to life at home and in the community. Academic goals support the premise that all students would meet or exceed the local, state and national goals'

- **Personal/social development** goals guide the school counseling program to provide the foundation for personal and social growth as students advance through school. Personal/social development contributes to academic success by helping the students understand and respect themselves and others, acquire effective interpersonal skills, and understand safety and survival skills.

DIRECT AND INDIRECT SERVICES

1. Provide Direct Student services to include development in the following areas:

- Provide professional assistance and support to students or a small group of students during times of transition, heightened stress, critical change or other situations that may impede student success.
- Provide professional development and information to faculty and staff on student related issues, partner with administrators and teachers to remove barriers to academic success, develop strategies to enable students to achieve academic success, and to close **the achievement gap**
- Providing teachers with suggestions for effective classroom management.

2. Provide Indirect Services for Students:

Within the school community, school Counselors collaborate; provide leadership and expertise by engaging in the following activities:

- Develop a plan to communicate school counseling program mission, goals, outcomes, activities and services to all served by the school counseling program.
- Collaborate with teachers, administrators, and parents regarding student needs.
- Provide professional development and information to faculty and staff on student related issues, partner with administrators and teachers to remove barriers to academic success, develop strategies to enable students to achieve academic success, and to close the achievement gap.
- Conduct parent education programs in collaboration with community engagement specialists.
- Collect, analyze and use data to show how the school counseling program contributes to student success and makes improvement to programming.
- Assist teachers with developing and implementing Social Emotional Learning competencies in the classroom.

THE REFERRAL PROCESS

A referral is made to the School Counselor (SC) when a concern for the student is present. Referrals may include self-referral by students encountering an issue, concerned friends/peers, parents/guardians, teachers, administration, and additionally other school support staff. Crisis interventions are required in circumstances that warrant immediate attention, (e.g., peer worry about the individual security/safety of another student, passing of a pet or relative, physical as well as sexual maltreatment). The SC may determine that other resources would be appropriate, including referral to other staff within the educational system, for example, the school Principal, school nurse, or student support team members. An outside referral may be fundamental when an issue introduced is beyond the scope of practice, training. In the case of suspected child abuse or neglect, the SC has a legal mandate to report through a hotline call (Division of Child Protection & Permanency-D.C.P&P.)

Steps in the Referral Process

1. Concern for students arises.
2. Student is referred to SC, the concern is then identified on the referral form(s). These forms include Student Self-Referral Form, Parent/Guardian Referral Form, Faculty/Staff Referral Form, Information about Counseling, Informed Consent Form.
3. As soon as the concern is identified, the SC uses objective and subjective data to assess the situation and determine the level and type of intervention to be taken on the student's behalf. Provide In-School Interventions.
4. Interventions are implemented and the student's progress is monitored. The student's response to the intervention will be reassessed and the intervention plan modified as needed.
5. To follow up with the referring individual, the SC maintains contact with the referring individual. Throughout this process the SC observes the guidelines of confidentiality as well as family privacy as mandated by the Family Educational Rights and Privacy Act (FERPA 1, FERPA 2).

ICAG's SCHOOL COUNSELOR REFERRAL PROCESS FLOW SHEET



Concern for student Arises



- Referral made to School counselor by:**
- Self (Student)
 - Parent/Guardian
 - Teacher- Teacher/Staff Referral Form
 - Principal
 - School Nurse
 - Peer
 - Outside agency
 - Other



Concern is identified on Referral Form(s)



**Counselor assesses concern by collecting/reviewing data
level and type of intervention are determined**



COUNSELOR IN-SCHOOL INTERVENTIONS	COUNSELOR REFERRAL TO IN-SCHOOL RESOURCE(S):	COUNSELOR REFERRAL TO COMMUNITY RESOURCES
<ul style="list-style-type: none"> ● At-Risk Student Goal Setting ● Emergency intervention ● Consultation/Collaboration with Student, Parents/Guardians and/or Teachers/Other School Personnel ● Implementation of home/classroom interventions/strategies ● Individual Counseling ● Small Group Counseling 	<ul style="list-style-type: none"> ● Principal ● School Nurse ● Special Services ● School counselor ● Peer Mediation 	<ul style="list-style-type: none"> ● Mandated Reporting/Hotline ● Outside Counseling(e.g. , Community Services) ● Division of Children's Services ● Juvenile Office ● Other Community Services (e.g., Food Pantry, Homeless Shelter, Church Outreach)



Implement intervention, monitor student's response to the intervention periodically reassess as needed



Follow-up with the referring individual within the guidelines of confidentiality (ASCA, FERPA 1, FERPA 2)



SCHOOL COUNSELOR STUDENT SELF-REFERRAL FORM

Dear School Counselor,

My Name is _____ . I am in grade _____ .

My teacher is _____ . My classroom number is _____ .

I need to talk with you about:

- URGENT!!! Something private right away!!!
- The death of a person or pet I love
- A friend I am worried about
- My angry feelings
- How to get along better with friends/peers
- How to get along better with adults (parents/teachers)
- How get along better with brothers and sisters
- How others are treating me
- Feeling better about myself
- Saying "NO" and "STOP IT" when people want me to do things I don't want to do
- My grades and schoolwork
- Planning now for the future
- Something else

Other comments: _____

Signed _____ Date _____

Return this form to the School Counseling Office. I will contact you as soon as possible. If you have indicated this is URGENT!! Return the form to a person in the guidance and counseling office or your classroom teacher.



PARENT/GUARDIAN REFERRAL FORM

A School Counselor is available for students, parents, faculty and staff appointments. Please call (_____), stop by the counseling office, or e-mail (_____) to schedule an appointment.

I am requesting that the School Counselor talk with my child:

Urgent---today! As soon as possible After the school counselor and I talk

Student's Name _____ Grade _____

Classroom/Homeroom Teacher _____

Your Name _____ Relationship to Student _____

My child's strengths include:

My primary concern(s) (Check all that apply):

- Something's wrong but I don't know what
- A loss (e.g. death of a person or pet, loss of a friendship, parents' divorce)
- Anger
- Perfectionism
- Relationships with friends?peers
- relationships with brothers/sisters
- How my child is treated by others
- Feelings of negativity, discouragement, self-doubt
- Unhealthy or unsafe choices
- Study skills, grades and schoolwork

Other concern(s) _____

Additional information regarding concern(s) _____

Return this form to the school counselor's. I will contact you as soon as possible.



PARENT/GUARDIAN COUNSELING CONSENT FORM

Date: _____

Dear: _____, Your Child _____ has been recommended for:

Individual Counseling

Small Group counseling

I have met with your son/daughter and explained the content and nature of the counseling sessions. The counseling sessions will run for _____ week(s). If you have any further questions or concerns, please feel free to contact me at the following number:

_____. Thank you for your support and attention to this matter.

Sincerely,

School counselor

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL COUNSELOR

Student's Name: _____

Grade: _____

My child _____, may participate in on site school counseling sessions.

My child _____ **may not** participate in on site school counseling sessions.

Parent/Guardian's Signature: _____ Date: _____

EFFECTIVE MANAGEMENT STRATEGIES FOR THE SCHOOL COUNSELOR

1. Establish goals and organize your calendar at the beginning of the school year, which includes; dates of activities, reports and deadlines.
2. Establish a record-keeping/data collection system that works for you. Data to be collected can include but is not limited to; student and parent contact, classroom visits, meetings, community agency referrals, etc.
3. Your office should reflect a positive and welcoming environment with career resources for students, staff and parents.
4. Establish weekly schedule of activities in advance; be sure that it includes your daily objectives and time, not just random activities;
5. Schedule appointments with students, staff/faculty, parents and community stakeholders.
6. Establish appositive rapport with team members and ask for help when needed.
7. Planning is the key to effective management of time.
8. Clarify your objectives, prioritize your most important activities and make better use of your time.
9. Learn to relax. As a member of a helping profession, it is critical that you take time for YOU.

*All School counseling forms can be found on pages 64-66.



FAMILY ENGAGEMENT

Families and staff will work together to support and improve learning, development and the health of the students by:

- Providing family activities such as Back to School nights, open houses or holding a learning night for families.
- Engaging families in culturally relevant activities.
- Empowering families by giving them the opportunity to lead in an event or activity.
- Finding ways to ensure that staff and parents understand that the responsibility for children's educational development is a collaborative enterprise.

PHYSICAL EDUCATION/PHYSICAL ACTIVITY

ICAG will commit to an environment that offers many opportunities for students to be physically active throughout the school day. ICAG will follow a comprehensive school physical program (CSPAP), which is the national framework for physical education. ICAG's Physical Education Program will include:

- Provide at least 20 minutes per day of supervised recess where moderate to vigorous physical activity will be encouraged
- Physical education, to provide students with the opportunity to learn key concepts and practice critical skills needed to establish and maintain physically active lifestyles.
- Promote activities and sports that all students enjoy. Activities will include basic movement skills, physical fitness, rhythms and dance; games, team, dual and individual sports.
- Qualified, trained teachers will teach physical activity

PROVIDE EMERGENCY CARE

Because minor and major injuries or illnesses can occur in children during the school day ICAG will use the following procedure.

- Procedures that are in place in case of an emergency situation will be followed, the School Nurse will be the point person to determine the gravity of the situation and make emergent decisions such as calling 911, accessing transportation to a hospital or medical facility.
- All staff members will be provided with the appropriate training regarding emergency response guidelines by the School Nurse.
- All staff members will be educated in universal precautions.
- Complete emergency medical kits will be kept in a secure location and will be readily available to educated staff and volunteers.
- Auto-inject epinephrine will be available by individual prescription for students and or staff members with a history of anaphylaxis. The School Nurse and appropriately trained individuals will be able to recognize and treat anaphylaxis in a person without a previous diagnosis of anaphylaxis
- An emergency care manual will be made available to all the relevant individuals.



- Parents, legal guardians and designated emergency contacts will be informed immediately about injuries to the child or children by a designated individual. Complete documentation will be made on an illness and injury form.

GUIDELINES FOR SCHOOL FIRST AID PROCEDURES



EMERGENCY TELEPHONE NUMBERS

Ambulance.....911 or (678-518-4800)
 Fire-rescue.....911 or (678-518-4800)
 Police.....911 or (770-513-5000)

Hospitals:

Piedmont Urgent Care By
 Well street-Norcross Peachtree Corners
 6063 Peachtree Parkway,
 Norcross, GA 30092.....404)996-0114

INFECTIOUS DISEASE CONTROL POLICY AND PROCEDURES

The purpose of these guidelines is to prevent and control the spread of infection. School is an ideal place for the spread of infectious diseases because of the large numbers of people in close contact with each other, some of whom may not have developed good personal habits or immunity to various diseases. Everyone is susceptible to infection and infections can spread through the gastrointestinal tract, respiratory tract, skin, blood and contaminated food or water.

International Academy of Georgia's decision involving students who have communicable diseases shall be based on current and well-informed medical judgements concerning the disease, the risks of transmitting the disease to others, the symptoms and special circumstances of each individual who has a communicable disease and a careful weighing of the identified risks and the available alternatives for responding to a student or staff member with a communicable disease.

Communicable diseases include but are not limited to, measles, influenza, viral hepatitis-A (infectious hepatitis), human immunodeficiency virus (HIV infection), AIDS, Severe Acute Respiratory Syndrome (SARS) and tuberculosis. ICAG may choose to broaden this definition with information received through the Centers for Disease Control and Prevention (CDC).

ICAG shall be responsible for managing infectious diseases by:

- Recording the immunization status of each student.
- Observing standard precautions, where staff and students shall treat all blood and other body fluids or substances as being potentially infectious.
- Providing education on hand hygiene, one of the most important infection control measures, and the provision of soap and other hand hygiene consumables to support good hand hygiene. Hand washing facilities will be maintained in food condition and supplies of soap and paper towels will be checked regularly.
- Management of blood and other body fluid/substance exposure by using protective equipment (for example gloves and masks).
- Respiratory hygiene and cough etiquette will be taught.
- Send home or isolate children who become unwell during the day.
- Notify the Department of Health and Human Services if a child is suspected of having measles, mumps, rubella, meningococcal disease or polio and COVID-19.

PLAN FOR SAFE IN PERSON LEARNING

ICAG's Model for in-person instruction is intended to find a careful balance between the health and safety of the students and staff and a belief that in-person instruction supports the academic achievement of all students in ways that on-line instruction cannot. As a result any in-person interactions will carry a degree of risk, therefore ICAG has developed and continues to refine comprehensive strategies to mitigate health risk. Mitigation strategies will cover:

- Universal and correct wearing of masks
- Social distancing to the extent possible
- Hand hygiene and respiratory etiquette
- cleaning and disinfection
- Contact tracing in collaboration with the Department of Health

UNIVERSAL AND CORRECT WEARING OF MASKS

Core requirements for masks:

- All students and staff will be required to wear face coverings. Masks will be well fitted, completely covering the nose and mouth.
- Will fit snugly against the sides of the face and not have any gaps
- Will be touched or handled only by the ear loops, cords or head straps (not by the surface of the mask)
- Masks will be made of cotton or cotton blends and breathable, masks with exhalation valves are not recommended.
- Teachers and staff will be encouraged to model the correct and consistent use of masks.
- All visitors will be required to wear a mask at all times, except briefly removal for the purpose of checking identification.

A FACE SHIELD (A CLEAR PLASTIC BARRIER THAT COVERS THE FACE), SHALL BE USED WHEN:

- Wearing a face covering could be problematic for Kindergarten students. The determination of whether a face covering is problematic will be made on an individualized, case-by-case basis and a face shield will be used instead.
- Teachers when wearing a face mask impedes the educational process.
- By anyone who experiences difficulty breathing while using a face mask. i.e. asthma patients.
- Staff working alone in their offices.
- When communicating with a person who is hard of hearing or has a disability, or mental health condition that makes communication with a face covering difficult, provided that social distancing is maintained to the extent possible.

For optimal protection, the face shield should extend below the chin anteriorly, to the ears laterally and there should be no exposed gap between the forehead and the shield's head piece.

PHYSICAL DISTANCING

1. Social/physical distancing will be implemented at ICAG as per CDC guidelines:

- Students will be at least 3 feet apart when 6 feet of distancing cannot be met.
- Maintain 6 feet between adults (teachers and staff), and between adults and students, at all times in the school building.
- A 6 feet distance will be maintained when masks cannot be worn, such as when eating.
- Activities that require shouting or sports and exercise will be moved outdoors when possible.
- Students will be in fixed cohorts throughout the day.
- Physical education classes that are held in doors will require students and staff to wear face coverings. Physical education classes will also be held outdoors, weather permitting.

2. All nonessential furniture will be removed to maximize distance between students and staff.

3. All desks will face the same direction.

4. Volunteers and visitors and external groups will be given limited access to the school building.

PROTECTING VULNERABLE POPULATIONS

- Families and staff will be provided with a form to self-identify as high risk for illness due to COVID-19. Alternative arrangements will be in place to address requests for alternative learning.
- All Individual Healthcare Plans, IEP or 504 plans will be current and updated to decrease their risk of exposure.
- Medically vulnerable students will be offered distance learning.

HANDWASHING AND RESPIRATORY ETIQUETTE

Children will be taught proper handwashing through health education lessons and adequate demonstrations. ICAG will ensure that adequate supplies will be provided at all times.

- Washing hands for at least 20 minutes with soap and water will be taught and reinforced. Students will be monitored to ensure adherence.
- Students and staff will be reminded and encouraged to cover coughs and sneezes when not wearing masks and to immediately wash hands after blowing nose, coughing or sneezing.
- **Adequate supplies** such as soap, tissue, no-touch trash cans and alcohol based hand sanitizers containing 60% alcohol, disinfectant wipes will be readily available. Personal Protective Equipment (PPE) Will be readily available to teachers and staff members. i.e masks, face shields, disposable gloves and barrier coats when necessary.
- Each classroom will be equipped with disinfectant wipes, hand sanitizers and paper towels at strategic locations in the classroom.
- Anyone with sensitivity to hand sanitizers will use soap and water instead.

CLEANING AND MAINTAINING A HEALTHY SCHOOL

Ventilation: ICAG will improve ventilation to increase circulation of outdoor air by:

- Ensuring the proper functioning of the ventilation, Air Conditioning (HVAC) are in good working condition.

- Keeping doors open, safely.
- Ensure that ventilation systems are working properly and providing an acceptable level of indoor air quality for the occupancy level for each classroom/space.

Cleaning: Surfaces, equipment, door handles, sink handles, toilets and drinking fountains will be cleaned daily. All classrooms and bathrooms will be decontaminated once per week using the **AIRARMOUR DECON DECONTAMINATION KIT**. Building 1 will be decontaminated on Tuesdays and building 2 on Wednesdays. This will be done after school.

Communal Spaces: The cafeteria will be closed, and students will eat in their classrooms. The cafeteria will be used for large scale testing and other small group activities with a maximum of 19 individuals at a time. The gym will be used by cohort groups at a maximum of 15 individuals at a time.

Food Services: Students will bring meals and those students who require free lunches will be served in their classrooms. Students will watch something interesting while eating to avoid too much talking.

Water systems: Students will be encouraged to bring water to school as the water fountains will remain closed to avoid crowding. If a student forgets to bring water, water bottles will be provided.

MONITORING AND EXCLUDING FOR ILLNESS

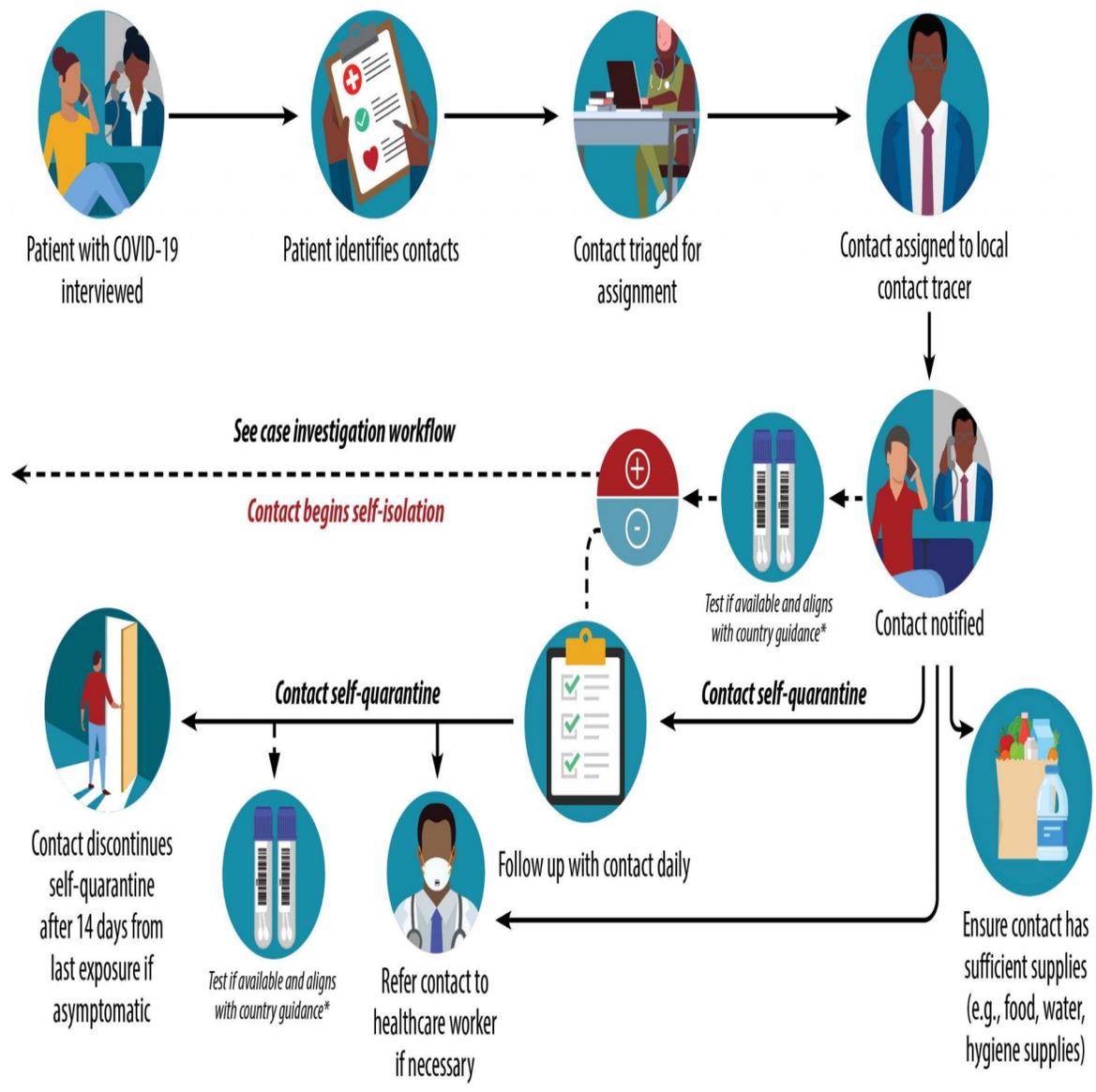
- Students and staff would be monitored throughout the day in order to identify signs of illness. Anyone who develops symptoms during the day will be referred to the nurse for further evaluation.
- Staff, students and families will be educated regarding the signs and symptoms of COVID-19, when to keep their child/children home and when they may return to school. Daily temperatures will be conducted for all people entering the school facility.

CONTACT TRACING AND REPORTING ILLNESSES

ICAG has been working and will continue to work with the Health department to investigate and report cases of infected students, teachers and staff. All reporting will be done with the adherence to privacy and other applicable laws. Positive individuals will be promptly identified and quarantined and close contacts will be monitored.

- **Close Contact:** someone who is within 6 feet of a person diagnosed with COVID-19 for a total of 15 minutes or more over a 24 hour period.
- **Quarantine:** Any student, teacher or staff member, if exposed to COVID-19, will be asked to quarantine unless they are fully vaccinated, or have tested positive in the last 3 months, and do not have any symptoms.
- Students and staff will be asked to inform the school if they are sick with COVID-19 related symptoms, especially if they had known contact with someone diagnosed with COVID-19 and have also had contact with the school population.
- The Principal and the School Nurse will be the point persons to receive, safeguard and disseminate this information.
- Students and staff members will be reminded of the signs and symptoms of COVID-19 and the temperature threshold required for students or staff to remain at home. (100.4 degrees).
- Contact tracing will be conducted for any individual within 6 feet of an infected person for a total of 15 minutes or more.

CONTACT TRACING WORKFLOW (COVID-19)



*"If contact tests positive or develops COVID-19 symptoms, case investigations are necessary". CDC February, 2021

SUPPORT FOR MENTAL HEALTH AND WELLNESS

The COVID-19 pandemic is causing a great deal of stress, fear and anxiety for many people. ICAG will play an important role in helping students, families, and staff cope, access needed resources and build resilience. This will be done by:

- Providing information that is truthful and appropriate for the age and developmental level of the child. Letting them know that some stories on the internet may be based on rumors and inaccurate information.
- Keeping an eye out for behavioral changes in the child/children and addressing them in a meaningful way. Such as:
 - Excessive crying or irritation.
 - Excessive worry or sadness
 - Poor performance or avoiding school.
 - Difficulties with attention and concentration.
 - Avoidance of activities enjoyed in the past.
 - Unexplained headaches or body aches.

The School Counselor and School Nurse will:

- Help in the recognition of warning signs, and provide timely feedback to families, physicians and mental health professionals.
- Provide health screening and basic education about mental health issues. By providing educational programs to teachers, administrators, parents, students and guardians about mental health concerns and assisting with crisis intervention planning.
- Provide information on how to access resources for mental health and wellness to families, staff and students.

COVID-19 POLICY AND PROCEDURES

What to do if a student/staff becomes sick at school and displays signs and symptoms of COVID-19 infection.

1. Students/staff display signs and symptoms of COVID-19.
2. The nurse is notified.
3. Students/staff are removed from the classroom to an isolation room.
4. Students and staff from the classroom from which the student emerged, will remain in the classroom until the school nurse provides clearance.
5. The nurse takes the student/s or staff to the isolation room until transportation can be arranged to send the student home or to seek emergency medical attention based on the severity of the symptoms.
6. If several students are demonstrating symptoms all will be placed in the same isolation room with masks. Parents, guardians or caregivers of ill students will be notified by the Principal or School Nurse via text and email.

7. Parents or caregivers pick up students and recommendations for consultation with healthcare providers for further evaluation and determination if testing is made.
8. Parents will provide follow up information regarding the status of child/children or staff to the Nurse or Principal.

STUDENT/STAFF TESTS POSITIVE FOR COVID-19

Follow up indicates that the student/s or staff member is positive.

1. Student is identified as having COVID-19
2. The information is then passed on to the Principal who then communicates this to the School Nurse.
3. A list of all close contacts with the ill student/s and possible exposure of staff, teachers and parents is created by the Principal, teacher/s and Operations Manager.
4. The nurse will inform the Department of Health of the infection.
5. The Principal communicates with teachers, staff and parents of students who may have been exposed based on close contact.
6. *Close contacts are notified, advised to stay at home (quarantine for 14 days) and consult with their healthcare provider for evaluation and determination if testing is recommended.
7. Members of the infected student(s) household are requested to quarantine for 14 days.
8. Exposed area is closed off for up to 24 hours, cleaning and disinfection of the area is performed by appropriate staff.

*Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset, regardless of whether the contact was wearing a mask. While 6 feet has become the new mantra, new evidence suggests it may not be enough.

QUARANTINE GUIDELINES

Symptomatic student(s)/staff confirmed with COVID-19 or suspected COVID-19 can return to school or childcare:

- After 10 days have passed.
- At least 24 hours have passed since the last fever without the use of fever-inducing medications.
- Symptoms (e.g., cough, shortness of breath) have improved.

Asymptomatic student(s)/staff with confirmed COVID-19 can return to school or childcare:

- After 10 days have passed
- Asymptomatic persons who test positive and later develop symptoms should follow the guidelines for symptomatic persons.

Unvaccinated Contacts:

- **Must** be quarantined from child care and school settings regardless of students, teachers or staff wearing masks or the use of physical barriers.
- **Quarantine for 14 days** . individuals may opt for a shorter quarantine period if:
 - **7 full days have passed since their most recent exposure and if they fulfill all three of the following criteria:**
 - **Test** for COVID-19 (PCR for antigen test) no less than the 5th day of quarantine
 - receive a negative test result
 - Do not experience any COVID-19 symptoms during the quarantine period.

Fully vaccinated individuals with exposure are not required to quarantine if they meet all of the following criteria:

- Fully vaccinated for COVID-19 and 2 weeks has passed since the receipt of a second dose in a 2-dose series, or 2 weeks has passed since the receipt of one dose of a single-dose vaccine).
- It has been less than 3 months since the person was fully vaccinated.
- Do not experience any symptoms since current COVID-19 exposure.

fully vaccinated persons who do not quarantine should:

- Monitor themselves for symptoms of COVID-19 for 14 days.
- Continue to follow all other DPH guidance to protect themselves and others such as wearing a mask, social distancing, avoiding crowds, avoiding poorly ventilated spaces, covering coughs, and washing hands often.

BULLYING PROHIBITION POLICY

Bullying is defined as any severe or pervasive physical or verbal conduct including any communication in writing or electronically, directed toward a student.

In order for students to attain high academic standards and promote healthy relationships, a safe and civil environment must be fostered. It is impossible to monitor all of the activities of students at all times, especially when students are not under the direct supervision of school staff. However, it is the intention of ICAG to prevent bullying, to take action, to investigate, respond to, remediate and discipline for those acts of bullying which have not been successfully prevented. The purpose of this policy is to assist ICAG in its goal of preventing and responding to acts of bullying, intimidation, violence, reprisal, retaliation and other disruptive behaviors.

SIGNS OF BULLYING

- Refuses to go to school and does not give an explanation.
- Has unexplained bruises, cuts, scratches or abrasions.
- Continuous talks about not having any friends.
- Unexplained damage to clothing, books etc.
- Loss of interest in school and declining grades.
- Becomes withdrawn or displays signs of stress or depression



The above does not conclusively mean that the child is being bullied, but if present the child should be asked if he or she is being bullied.

POLICY STATEMENT

1. An act of bullying, by any student or individual, student or group of students, is prohibited on school premises, at school functions or activities, or on school transportation. This policy applies to students who directly engage in acts of bullying, as well as to those who condone or support another student's act of bullying. This policy also applies to the act of cyberbullying regardless of whether such an act is committed on or off school property or grounds and with or without the use of school resources.
2. No teacher, administrator, volunteer, contract or any other employee of ICAG shall permit, condone, or tolerate bullying.
3. Even if it appears that a student has consented to being bullied, this does not lessen or negate the prohibitions in this policy.
4. Any student who witnesses, or reports bullying shall not be retaliated against.
5. ICAG prohibits false accusations or reports of bullying against another student.
6. Any student who engages in an act of bullying, reprisal, retaliation, or false reporting of bullying or permits, condones, or tolerates bullying shall be subject to discipline or other remedial responses in accordance with ICAG's policies and procedures. When making a decision regarding the response to bullying ICAG will take into account the following:
 - The developmental ages and maturity levels of the students involved.
 - The degree or level of harm, surrounding circumstances and nature of the behavior.
 - Past or continuing patterns of behavior.
 - The relationship between the parties involved.
 - The context in which the alleged incidents occurred.

Consequences for Students who commit prohibited acts of bullying may range from remedial responses or positive behavioral interventions up to and including suspension and/or expulsion. ICAG will employ appropriate best practices that include preventative and remedial measures and effective discipline for deterring violations of this policy.

Consequences for employees and/or staff who permit, condone, or tolerate bullying or engage in an act of reprisal or intentional false reporting of bullying may result in disciplinary action up to and including termination or discharge.

We encourage our school staff members to immediately respond with compassion to any student who reports bullying or school violence.

REPORTING BULLYING PROCEDURE

1) Reporting by staff

Any member of staff that witnesses or encounters an interaction that can be construed to be bullying will be required to address the incident between the students. The staff member will then proceed to report the incident **immediately** to the principal or authorized designee in order for the investigation process to begin. The initial report should include:

- Date, time, and place of the incident.
- The individuals involved and their roles.
- Details of the incident.
- If an injury is involved appropriate medical attention will be provided and the parent/guardian will be immediately notified.
- Information regarding whether this is part of a pattern of bullying, harassment or retaliation.
- Any actions taken by the staff to defuse the situation.

The report may be made via email, written or orally. **The initial report must be documented in writing using the Incident Reporting Form within 72 hours of the initial report of the incident,**

2) Reporting by students, Parents/Guardians and Others

It is the expectation of ICAG that parents, students, parents or guardians who become aware, or witness any instances of bullying or retaliation involving a student or students to report it to the principal or designee. This may be done by telephone, text, face-to-face, by email, in writing or anonymously. The Bullying intervention and prevention form is completed by the principal or designee or school staff.

Students, parents or guardians and others may request assistance from a staff member to complete a written report. Students will be provided safe, private and age-appropriate ways to report and talk about an incident of bullying with a staff member, principal or designee.

RESPONDING TO A REPORT OF BULLYING OR RETALIATION

1) Safety

Before fully investigating the allegations of bullying or retaliation, the principal or a team will take steps to determine the need to restore a sense of safety to the alleged victim and to protect the victim from further incidents. Responses to promote safety will include notifying parents/guardians that a report of bullying has been received and may include, but is not limited to:

- Intervention/safety plan
- Predetermined seating arrangements for the victim and the aggressor in the classroom, at lunch or on the bus.
- Identify a staff member who will act as a “safe person” for the victim.
- Changing the aggressors schedule and access to the victim.
- Increase in adult supervision in places where bullying is likely to occur.
- Temporarily or permanently changing the schedule and seating arrangements of the victim and aggressor.
- Establish a safe zone for the victim to go when he/she feels vulnerable.

2) Investigation The principal or designee will investigate promptly all reports of bullying or retaliation and in doing so will consider all the available known information.

- During the investigation the principal or designee will, among other things, interview students, staff,
- Witnesses, parents or guardians and others as necessary.
- Interviews will be conducted by the principal or designee, other staff members as determined by the principal and in consultation with the school counselor. Confidentiality and a written record of the investigation must be kept.

3) Determinations

A determination based upon all the facts and circumstances will be made by the principal or designee. If it is determined that the bullying or retaliation is of a substantial nature, the principal or designee will take the necessary steps to prevent a recurrence. The principal or designee will:

- Determine what remedial action is required, if any.
- Determine what responsive actions and/or disciplinary action is necessary.

4) Obligation to notify

It is the primary responsibility of the principal or designee to notify the parent/ guardian when bullying or retaliation has taken place.

- Once it is determined that bullying or retaliation has occurred, the principal or designee will promptly notify the parents or guardians of the victims and perpetrator(s) by telephone/cell-phone of the incident and of the procedures being followed in response to the act.
- The principal or designee will communicate to the parent or guardian the outcome of the investigation.
- If the allegations were substantiated and there was a violation of policy.
- A process for any party to challenge the findings will be made available.

5) Responses to Bullying

The objective of ICAG in dealing with the problem of bullying is to ensure that the school environment is of such that every student feels a sense of belonging. Therefore, ICAG will modify procedures by grade level as needed to provide a safe environment at all times during the school day including non-classroom times such as lunch, recess and bus rides. Particularly for students who have been victims of proven allegations of bullying, cyberbullying and or retaliation. Responses will include, but are not limited to:

TEACHING APPROPRIATE BEHAVIORS:

- Providing targeted educational activities for individual students or groups of students and school staff, in consultation with the guidance counselor.
- Putting in place academic and non-academic behavioral supports to help students and school staff understand pro-social skills.
- Garnering parental support in order to re-inforce anti-bullying curricula and social skills building at home.
- Putting in place behavioral plans or contracts to include a focus on developing specific social skills.



- Making referrals for further evaluation when warranted.

If a student who is found to be the target or the perpetrator in a proven bullying incident, has an Individualized Educational Plan (IEP) and the incident is related to his/her disability, then the skill building training will be integrated into the student's IEP.

TAKING DISCIPLINARY ACTION:

Disciplinary action will be taken when the principal and or designee has determined it is appropriate. The decision to take disciplinary action will be based on facts, the nature of the conduct, the age of the victim(s) and perpetrator(s) involved, and the need to balance accountability with the teaching of appropriate behavior. Discipline will be consistent with the Parent Handbook and consistent with The State of Georgia's School Discipline Laws and Regulations.

It is important to identify constructive limits and controls in order to enhance or develop positive behaviors in all children, as a part of the total learning experience. Progressive disciplinary strategies will be used by teachers

and administrators of ICAG and may include any of the following strategies and/or combination of the following disciplinary strategies:

- If counseling provided at the classroom level between teacher and perpetrator(s) is not productive, the problem is taken over by the school counselor, principal or designee.
- Detention (office, after-school and or weekend).
- Placed in the Behavior Modification Center.
- Suspension from school that may be imposed by the principal for up to 5 days for serious misbehavior which may be extended to 10 days.
- Recommendation by the principal for assignment to an alternative program.
- Expulsion from school that may be imposed by the principal or by the School Board.

PROMOTING SAFETY FOR THE VICTIMS AND OTHERS/FOLLOW UP

When the investigation is completed, the principal or designee will consider what adjustments, if any, are needed in the school environment to enhance the victim(s) sense of safety and the sense of safety for others as well.

With a reasonable passing of time following the determination and the ordering of remedial and/or disciplinary action, the principal or designee will contact the victim(s) to determine whether there has been a recurrence of the prohibited conduct and whether additional supportive measures are needed. If needed, the principal or designee will work with appropriate school staff to implement them immediately.

CONFIDENTIALITY

ICAG recognizes that both the victim(s) and perpetrator(s) have strong interest in maintaining the confidentiality of an allegation and related information. The privacy of the alleged victim(s), alleged perpetrators and all witnesses will be respected and maintained consistent with legal obligations to investigate, to take appropriate action and to comply with the Bullying Prevention and Intervention Plan.



BULLYING REPORT FORM

Bullying report forms can be accessed at the front office, the principal's office and the school counselor. Once a form has been filed immediate investigation will begin by the principal or designee.

BULLYING REPORT FORM

Bullying is hurtful and we do not tolerate it at ICAG. It can be hard to tell an adult about bullying. Some kids worry that they will be called a "tattletale". Telling is not being a tattletale. Telling, which adults call reporting, is a good thing to do. If you or another student has been bullied or hurt, or you are worried that you or another student could be bullied or hurt in the future, tell a teacher or another adult at your school. The adults will help you.

You can fill out this form to tell school staff about bullying that has happened this school year once you have filled this out, give it to a teacher or take it to the office of the principal.

About You

We know it can be scary to tell or "report" bullying so you do not have to include your name on this form. However, a teacher or the principal may want to ask more questions about this, so including your name will help them look into the problem.

Name (optional): _____ Date: _____

I am (choose one):

Student _____ Parent /Guardian _____ Staff Member _____
Other _____

Tell Us What Happened

Student Who Was harmed: _____ Grade _____

Student(s) Who Did Harm: _____

When did it happen? _____

Where did it happen? _____



Did the bullying include mean comments about you or your friends? What were the mean comments about?

Size, weight or how you look Gender (because you are a boy or girl)

How well you do in school Skin color

Your religion or beliefs Other things

What kind of bullying happened? Was it:

Physical

Acts such as hitting, spitting, kicking, or damaging you or another student's possessions. or

Verbal

Saying mean or hurtful things or threatening you or another student.

Social

Excluding you or another student from a group, telling Other kids not to talk to you, another student.

Emotional

Spreading mean rumors or Lies about you or another Student.

Cyber/Online

Occurs on website or social media, by cell phone, email Or text message.

Other

(Please Describe)

Please tell us what happened:

Did you see the event happen? Yes No



Who else saw what happened? Write their names here:

Was an adult nearby? Who?

I am turning in this form based on my belief that _____ hurt me or another person. I am reporting this because I am concerned and I want things to be better in the future.

Signature:

Reviewed by: _____ Date:

CHILD ABUSE AND NEGLECT POLICY AND REPORTING PROCEDURE

According to the U.S. Department of Health and Human Services (HHS), “48 states have mandatory reporting laws that require certain professionals to report child abuse and neglect” (Richard S. Lawson). While anyone 18 years and older should report child abuse and/or neglect, others are required by law to report. The objective of this law is to prevent abuse from continuing and in so doing improve the child’s welfare.

This policy provides a guideline in coordinating the obligations and roles of the parties involved. and will be supplemented with continued training in order that all partners develop best procedures to ensure the protection of our children.

WHEN SHOULD A REPORT BE MADE?

- A. When there is **reasonable cause** to **suspect** that a child is being **abused** -physically or sexually- or **neglected**.

An abused child is a child whose parent or immediate family member, or any individual residing in the same home as the child, or any person responsible for the child’s welfare, who:

- inflicts, cause to be inflicted or allows to be inflicted upon a child physical injury other than accidentally, or causes death, disfigurement, impairment of physical or emotional health or loss or impairment of any bodily function.
- creates an environment that poses substantial risk of physical injury to a child, which would likely cause death, disfigurement, impairment of physical or emotional health or loss or impairment of any bodily function.
- inflicts excessive corporal punishment

- Causes a child to have access to illegal controlled substances.

A Neglected child is a child who is deprived of adequate food, shelter, clothing or necessary medical care by a parent or guardian. Neglect can also occur when an adult fails to provide proper supervision for a child, or leaves the child in the care of someone who is unable to adequately supervise the child. A child will not be considered neglected or abused solely because the child is not attending school. Nor shall a child be considered neglected or abused for the sole reason that the child's parent or caregiver resorts to spiritual prayers alone for the treatment or cure of diseases.

ABUSED AND NEGLECTED CHILD REPORTING ACT

It is the responsibility of all school personnel to report child abuse and neglected as mandated by law.

According to O.C.G.A. 19-7-5(c)(1), the following individuals are required to report if they have good reason to believe that suspected child abuse has occurred:

- Nurses
- Professional counselors, social workers
- School teachers, administrators, guidance counselors, visiting teachers
- Child counseling personnel
- Child service organization personnel (includes volunteers)
- School bus drivers
- Custodians
- Monitors

REPORTING OBLIGATIONS

According to Georgia law " *the obligation to report arises when there is reasonable cause to believe that child abuse has occurred. Reasonable cause means that you have an objective, factual basis to believe that the child may have been abused. This doesn't mean that you are sure beyond a reasonable doubt that the child has been abused. It means that your belief is based on more than a hunch.*" (Georgia Department of Public Health 11/2016).

ALL SCHOOL PERSONNEL MUST **IMMEDIATELY OR WITHIN 24 HOURS** CONTACT THE LOCAL DFCS OFFICE (1-855-422-4453) AND FILL OUT THE MANDATED REPORT FORM ONLINE WHEN THEY HAVE REASONABLE CAUSE TO SUSPECT THAT A CHILD WHO IS UNDER THE AGE OF EIGHTEEN AND KNOWN TO THEM IN THEIR PROFESSIONAL CAPACITY HAS BEEN ABUSED OR NEGLECTED OR IS IN DANGER OF BEING ABUSED OR NEGLECTED- PHYSICALLY, SEXUALLY OR THROUGH NEGLECT - AND THAT A CAREGIVER, OR PERSON IN A POSITION OF TRUST AND AUTHORITY OVER THEM COMMITTED THE HARM OR SHOULD HAVE TAKEN STEPS TO PROTECT THE CHILD FROM HARM.

CHILD ABUSE AND NEGLECT REPORTS ARE MADE BY CALLING THE DFCS HOTLINE AT **1-855-422-GACHILD**. IN MAKING THE HOTLINE REPORT, ALL SCHOOL PERSONNEL SHALL PROVIDE ANY AND ALL INFORMATION REQUESTED BY DFCS. IF THE CHILD IS IN IMMEDIATE DANGER REPORT TO LAW ENFORCEMENT (911).

WHAT TO DO WHEN CHILD ABUSE IS DISCLOSED

- Ensure that the reporter can make the report in a private space.
- It is important to reassure the reporter that you trust them, and affirm that abuse is wrong.

- Keep your own emotions neutral, listen calmly and with an open mind.
- Document the facts exactly as they are related to you.
- The reporter should not notify the guardian/parents of the child that a report has been made until it is evident that the child is safe.

What Should Not be Said to the Reporter

- Are you confident that this is happening?
- Be sure to let me know if this happens a second time.
- What did you do to make this happen?

REPORTING PROCEDURE

The reporter shall immediately notify and give all information required to the Principal or Designee. If neither the Principal or Designee are not immediately available the reporter shall follow the directions below:

- Any suspected cases of child abuse shall be immediately reported, and within 14 hours. A written or online report will be completed after the oral report. The report contains the name of the child, the name of the perpetrator, the injuries sustained and any other pertinent information.
- Procure the support and advice of the principal.
- If the abuser has access to the victim through his/her workplace then the report shall be made to the person in charge of that work place. In all other cases, the report shall be made to DFCS.
- After the report has been made, the reporter shall then notify the District Health Director (DHD) that a child abuse report has been made and provide a copy of the report to the director.
- In order to make an oral report call the DFCS Child Protective center at 1-855-422-4453. The report form can be accessed <https://cps.dhs.ga.gov/Main/Default.aspx>. Mandated reporters may also submit the form:

By Email to CPSIntake@dhs.ga.gov.

By fax to 229-317-9663.

- If the child is in a situation that is considered to be life-threatening, a report should immediately be made to law enforcement. A report should then be made to DFCS after the report was made to law enforcement.
- All documents regarding the report shall be kept in the child's health records and labelled as **confidential**. Legal counsel shall be consulted for any requests for these records.
- Once a report has been made the reporter must follow up to ensure that the report was received.
- All documents regarding the report shall be kept in the child's health records and labelled as **confidential**. Legal counsel shall be consulted for any requests for these records.
- Once a report has been made the reporter must follow up to ensure that the report was received.

CONTENTS OF WRITTEN REPORT

Each oral or written report made under this Policy shall include, but need not be limited to, the following information if it is known to the person making this report:

- The name, age sex, and address of the child who is the subject of the report
- The age, sex and address of each of the child's parents or other persons responsible for the child's care
- The age, sex and address of each of the child's siblings and other children in the household
- The nature and extent of the abuse or neglect of the child and any previous abuse or neglect, if known.
- All other information which the person making the report believes may be helpful in establishing the cause of the abuse or neglect and the identity of the person responsible for the abuse or neglect.
- Photographs if available.

IMMUNITY FOR THE REPORTER

- Any person participating in good faith in the making of a report shall have immunity from liability, civil or criminal, that may be incurred or imposed as a result of making a report.
- Disclosure of the identity of the reporter to the family of the victim is prohibited.
- While reporters should follow up, information from DFCS regarding the case cannot be obtained by the reporter. The reporter will receive a letter acknowledging the receipt of the report.

PENALTIES

Georgia law penalizes the willful failure to make a required report. Any mandated reporter failing to report shall be guilty of a misdemeanor O.C.G.A. 190705(c)(2)(h) with a penalty of \$1,000, up to a year in prison, as well as possible loss of employment.

TRAINING

ICAG is committed to ensuring that all school personnel understand their duties and responsibilities under the Abused and Neglected Child Reporting Act. ICAG will ensure and provide training on a regular and consistent basis for all current and incoming school personnel. Training will include identification of:

- Type of Abuse; Sexual , emotional, neglect.
- Physical indicators of abuse.
- Behavioral indicators of abuse.
- Mandatory child abuse reporting procedure.
- Contents of a report.
- Rights of the mandated reporter
- Penalties for failure to report
- What to do when child abuse is disclosed.
- What not to say when someone discloses to you.

EXCLUSION FROM SCHOOL DUE TO ILLNESS POLICY

Signs and symptoms of illness can appear suddenly; they progress rapidly in children, and infections spread easily in school settings. Many of our children are susceptible to viruses.

In order to minimize the spread of illnesses, ICAG requests that you keep your child/children home if he/she exhibits any of the symptoms described below. If you are unsure as to whether or not your child's symptoms are indicative of an illness, we request that you keep your child home for, at least, a day. If your child is sent home because of an illness, or becomes sick at home, keep him/her home for at least 24 hours after all symptoms have subsided.

SYMPTOMS OF ILLNESS REQUIRING YOUR CHILD TO STAY HOME OR BE REMOVED FROM SCHOOL

- A temperature of 100 degrees Fahrenheit taken in the ear, in addition to other symptoms is an indication of a fever.
- One or more episodes of watery or loose stools indicates diarrhea.
- Vomiting two or more times in a 14-hour period.
- Rashes are frequent occurrences in children, however, if the rash is accompanied by fever or causes severe itching or discomfort, your child should remain at home until the symptoms disappear, or are treated by a physician who gives you a written clearance for him/her to return to school.
- Thick mucus or yellow/green drainage from the eye, crustiness along eyelids which appears after cleaning, or "Pink Eye".
- Children can experience much pain with an earache and are more comfortable at home.
- Severe sore throat, swollen glands and a fever, especially accompanied by fever and/or swollen glands may be strep throat. Strep throat requires treatment with antibiotics. The child must be on antibiotics for at least 24 hours before he/she can return to school.

Runny noses and coughs are frequent during the winter and the spring. If your child coughs continuously, has thick yellow/green nasal or mucous drainage, or requires frequent wiping of nasal mucous drainage, please keep him/her home. Should these symptoms develop at school we will request that you take him/her home?

Irritability/excessive sleepiness, or unusual behaviors, especially in younger children may be an indication of the onset of an illness. Children are uncomfortable, unhappy and do not benefit from the classroom at these times.

PROCEDURE FOR STUDENTS RETURNING TO SCHOOL AFTER SIGNIFICANT ILLNESS, INJURY OR SURGERY:

- To maintain the health and safety of our students, it is essential that we receive current information on a child who is returning to school after a period of absence.
- In the event that a student is absent for three or more consecutive days, is hospitalized, has a need to go to the Emergency Room, or has a change in their functional status (i.e. change in weight bearing status, functional restriction, etc.) due to illness or injury, please provide the school nurse with documentation from the physician noting any change in medications or restrictions including start date, date of return to school, or changes in activities.
- For injuries, please provide specific instructions from the physician regarding any restrictions or accommodations related to physical activity, therapy and/or equipment use.

- The physician should also include a specific time frame for the restrictions. Without this information the student may not be able to participate in his/her regularly scheduled activities, including therapies.
- ICAG recommends that in all of the above situations that a parent/guardian calls the school nurse prior to the student returning. All documentation can be sent to v.lewis@internationalcharteracademy.org or be handed in.

POLICY ON STUDENTS WITH A DISABILITY

It is the policy of ICAG to comply with Section 504 of the Rehabilitation Act and The Americans with Disabilities Act, which are Federal Laws that prohibit discrimination the basis of disability. Students with disabilities have the right to attend a government school, and have their individual needs addressed upon assessment. International Charter Academy of Georgia is committed to the safety of all children with a disability, and to provide all students with learning and social opportunities which cater for their individual needs.

DEFINITION OF AND INDIVIDUAL WITH A DISABILITY

An individual/child with a disability is someone who has a physical or mental impairment which substantially limits them from fulfilling one or more major life activities. These individuals are protected by section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

THE SCHOOL'S RESPONSIBILITIES TO STUDENTS WITH DISABILITIES

ICAG Will:

- Provide academic adjustments, auxiliary aids and reasonable accommodations to students with disabilities that are necessary to ensure that students are not denied the benefits of, or excluded from participation in, the school's program.
- Ensure that physical access is provided to students with disabilities.
- Students and their families will be supported by the school's Leadership Team.
- Any required medication administration will be done as per the First Aid and Distribution of Medication policies.
- Any concerns about a student and their level of learning will be directed to the Principal who will oversee/require further assessments to best support the student.
- Students will be able to access services to support their learning. Services may include and are not limited to: Speech therapy and Occupational Therapy.
- All curriculum programs will be inclusive of all students.
- Communication with relevant consultants and support agencies will be undertaken on a needs basis

PROCEDURES

- Students with disabilities must provide proper documentation of disability from an appropriate professional, which depends on the nature of the disability. For example, a

student with a psychological disability should provide documentation from a psychologist, psychiatrist or social worker.

- This documentation will be in the student’s existing medical records, or reports created by the student’s medical provider or an appropriate professional who conducts an assessment of the student. Documentation can be provided from the student’s past educational records such as reports from teachers or school psychologists, or any record that shows the student’s educational history, disability assessment, and the accommodations the student previously received. All documentation must be current and relevant, however that does not mean that a recent record is needed in all cases. Some disabilities are stable lifelong conditions and historic documentation will be sufficient. Other disabilities are readily apparent and observable and thus little or no documentation will be needed.
- Documentation of disability will be kept, at all times, in a locked, private file at the school. Direct access to this documentation is by written consent only. The Leadership team will determine what information needs to be shared in order to facilitate academic and other services.
- Any request for special accommodations should be made in a timely fashion by the student and family prior to enrollment. The Leadership team will decide upon the accommodations to be provided to the student. Consideration will be given to any past accommodations that have been effective for the student and give primary consideration to the type of accommodation requested by the student.

STUDENTS WITH CHRONIC ILLNESSES

Chronic illness is defined as a condition that lasts for 3 months or more. “An estimated 31% of children in the US are affected by chronic conditions”. (National Library of Medicine, 2020). Some of these conditions include: asthma, diabetes, cystic fibrosis, cancer, anemia, cerebral palsy, ADHD, Autism, seizure disorders, hemophilia, congenital heart disease, lupus and a plurality of genetic syndromes.

Chronic illnesses can lead to barriers to learning for many reasons such as:

- **Social issues related to the disease**
 - Fear of contagiousness and lack of understanding of conditions
 - Excessive absenteeism resulting in social barriers/isolation, feeling of being lost with school work, and even hopelessness about the future
 - Self-consciousness related to being different
 - Social phobia or school anxiety following traumatic interventions or treatment
 - Difficulty participating at the level that peers do
- **Behavioral Problems**
 - Some medications lead to attention issues or agitation

- o Some medical conditions can manifest with behavior issues
- o Social issues can often motivate behavioral difficulties
- **Academic difficulties**
 - o Difficulty meeting curricular requirements
 - o Some conditions lend themselves to academic barriers
 - o Absenteeism can contribute to barriers in academics
 - o Many students with chronic illness struggle with academic achievement and statistically test lower on achievement tests, even when absenteeism is not correlated
 - o Many students with chronic disease also have diagnosable learning difficulties (National Library of Medicine, 2020).

CHRONIC ILLNESS REPORTS, DATA AND A MULTIDISCIPLINARY APPROACH

Diagnosis of health conditions must be deferred to the School Nurse for the following reasons:

- While not all chronic health conditions warrant a plan of care, the nurse is required to complete an assessment in regards to the student's health status, needs and acuity and is responsible for deciding whether or not a plan is required for the student. School nursing ratios are based on student acuity data and the nurse is required to document acuity on all students with health conditions whether they have an IHP (Individualized Health Plan), care Plan or 504.
- Many students with 504's may not require health protocols, but may be counted as chronically ill. To that end, the 504 case list should be readily shared with the school nurse. The team should work together in regards to accommodations and potential barriers to learning that chronic health issues may pose. If a student has a 504 and IHP, the plans should not be in conflict with one another, rather they should be compatible.
- Students who are impacted significantly enough with health conditions to warrant an IEP (Individualized Educational Program) eligibility should have medical documentation that supports that acuity. Students who have IEP's and IHP's must have nursing minutes captured on the IEP, even if the IHP is for a diagnosis unrelated to the illness.

ACUITY

Acuity is the severity of patient illness assigned in a clinical environment often used as a methodology to establish nursing ratios (Jennings, B., n.d.). Because of the variability of patient populations and nursing practice, the tools to establish acuity are highly variable by practice area. Acuity can be defined as the measurement of the intensity of nursing care required by a patient. In the school setting acuity is used to identify school nurses ratios and designate students required to have an

Individual Health Care Plan/Protocol (IHP). Acuity of student health conditions is based on the following acuity criteria:

- Anticipated duration of illness
- Potential for intermittent life threatening events
- Potential for daily life threatening events
- Requirement of regular procedures or nursing tasks
- Requirement of emergency intervention
- Requirement of complex interventions and continued nursing assessment required

Acuity levels are assessed by the School Nurse and are scored from 0-10

Acuity/description

- Nursing Dependent . *Level V (≥8)* requires 1:1 skilled nursing assessment and care 24 hours/day
- Medically fragile. (Level IV (6-7). Faces daily possibility of a life threatening emergency requiring the skill and judgement of a professional nurse; full-time nurse in the building.
- Medically Complex. Level III (3-5). Has a complex and/or unstable physical and/or social-emotional condition that requires daily treatments or close monitoring by a School nurse.
- Chronically ill. Level II (2). Physical/social emotional conditions that is currently uncomplicated and predictable
- General student. Level 1 (0-1). Has intermittent acute illness/injury events and normal growth/development.

The Acuity Assessment remains in the students protected health record and is not a part of the student's protocols or plans. The acuity Classification however is a part of the student's overall plan or protocol.

CASE MANAGEMENT

Children with chronic health issues fare better academically when their case is managed in the school setting (Keehner-Engelke, M., Martha Guttu, m., Warren, M., M., 2008). Case management focuses on one or more targeted areas: attendance, behavior, quality of life, health maintenance, health education, surveillance, or disease management. Case management takes place by means of procedures, protocols. Plans, ongoing education, intervention, consultation data collection and referral.

INDIVIDUAL HEALTH PROTOCOL (IHP)

Individual Health Protocols generally reflect the highest level of case management for students with the highest acuity health needs. IHP's serve chronically ill students who are medically Complex, Medically fragile or medically dependent and include individualized procedures for students that deviate from standard first aid. These protocols are developed in collaboration with family and medical providers and require specially trained designated caregivers. Common conditions are diabetes, seizure disorders with medication or venous nerve stimulator (VNS), anaphylaxis or cystic fibrosis.

INDIVIDUAL CARE PLAN (ICP)

ICP's serve students with chronic health conditions that do not require interventions that deviate from standard first aid. These plans serve as resources for staff with information regarding diagnosis and provide easy access to standard procedures or medications relative to student conditions. These commonly include seizure disorders that do not require medication, stable cardiac conditions, for example. Care Plans may also be used for conditions that require medication intervention, but no procedural intervention, such as muscular dystrophy, for example.

STANDARD PROCEDURES

Standard Procedures are process to follow based on standard first aid and best practice for common conditions observed in the school setting. While these procedures may be integrated into care plans, they are also accessible for the general population and provide supportive information on interventions to support students of staff. These do not require specialized training, but it is expected that staff have received training in first aid and CPR.

Standard Procedures exist for:

- Altered levels of consciousness
- Asthma
- Bleeding cardiac
- Head Injury and Concussion
- Heat emergency seizure disorders
- Shunt dependent Hydrocephalus

ACTION PLANS

Action plans are designated for common conditions that have medications to be administered to exacerbations of illness, but not life threatening events. These include Asthma Action Plans and Allergy Action Plans. It is important to note that these action plans are not for students with no history of life threatening anaphylaxis; rather they are for students who only require antihistamines for mild to moderate allergies. These plans are important components in addition to medication authorizations as they provide the description or presenting symptoms to indicate medication should

be administered, which functions as a plan, and alleviates support staff from having to make assessments, which can only be done by the school nurse.

EMERGENCY PLANS

Emergency plans may be integrated into health protocol or care plans for students at high risk for life threatening events that are otherwise not covered in the procedures outlined.

NOTIFICATION OF HEALTH STATUS

A notification of Health Status seeks to advise staff of a chronic health condition for a student who may or may not have a plan or protocol (based on acuity). The notification may advise staff that the student has a life threatening illness or it may advise them of activity restrictions, or necessary accommodations. These notifications are provided at the beginning of the school year or when the student is initially diagnosed.

MEDICATION IN THE SCHOOL SETTING

Many children who take medications require them during the school day to be successful academically or to maintain health and vitality.

PROCEDURE FOR MEDICATION ADMINISTRATION & DOCUMENTATION

1. Unexpired Medication must be brought to school by the parent in the original container with pharmacy label or manufacturer's label intact and legible.
2. Medication cannot be accepted in unmarked containers, (such as plastic bags); any medication in unmarked containers will be disposed of.
3. Medication requiring divided doses must be divided in advance by the parents. Extended release or sustained release medication may not be divided
4. Medication is student specific and may not be shared, even by siblings.
5. Verbal permission may not be provided by parents, authorization must be in writing.
6. Parents must complete and sign an *authorization for Medication administration* in its entirety before medication can be accepted or legally administered at school
 - Medication may not be accepted or administered unless and until documentation is complete and accurate.
 - The form *must* include the medication name, actual dose, route, time and reason medication is to be provided, as well as the parent's signature and date.
 - Each item should be reviewed for accuracy when medications are checked in.
 - Verbal orders from a physician may only be received by the school Nurse.
 - Nutritional supplements and vitamins may be administered at home, not at school.
 - Herbal remedies may not be administered unless they are dosed by a naturopathic physician with a completed care plan for a specific diagnosis, indicating the medication must be administered during the school day.

- Medicinal Marijuana is not permitted at school, even with a doctor's order.
- Controlled substances must be counted by the nurse and a witness and sign off on the count.
- Medication Administration Records should be kept in a secure and confidential location.
- It is the parent's responsibility to ensure medication is unexpired and that appropriate number of doses are present for scheduled administration.
- For daily medication, the student reports at scheduled times. If the student does not show, the nurse must make every effort to locate the student. If the student refuses the medication, this should be documented and the parents notified.

MEDICATION PROCEDURE

1. Make sure you have:
 - Written permission form both the parent and the medical provider
 - Medication in a current pharmacy-labelled bottle
 - Written procedure for accepting verbal phone or faxed orders that include appropriate verification, verbal restatement and follow-up documentation and parent/caregiver notification
 - Written permission for non-prescription medications
2. A student's first dose of any medication they have not taken before should occur at home. Successive doses given at school for the first time need to be reviewed by the school nurse before administration of the medication.
3. Prepare a medication sheet for the medication log book and staple written permission slips from parent and doctor to the medication sheet for the student.
4. Check student health records for allergies to medicines.
5. Observe good hand washing practices prior to administering medications.
6. Check to see if you have observed the eight rights for medication administration. Do you have the:
 - Right medication
 - Right child
 - Right time
 - Flight route (mouth., ears, eyes, skin)
 - Right dose
 - Right reason
 - Right response
 - Right documentation
7. Identify the student and give medication
8. Record that you have given the medication on the medication sheet in the medication book.
9. Medication box should be locked when not in use or you leave the area.



10. If for any reason a child does not receive their medication or does not receive it at the appropriate time, the school Nurse will take appropriate action.



MEDICATION ADMINISTRATION TRAINING IN THE SCHOOL SETTING

1) TO BE SIGNED BY Designated MEDICATION Unlicensed Assistive Personnel (UAP) prior to the administration of Designated Medication:

I have been instructed on administration of medications by the school nurse. I have read and understood the medication; procedures to be attached to this form by delegating nurses. I have practiced administering the following medications with supervision by the school nurse/associate school nurse. (See current Standards of Practice: School Health Services Manual Section on Medications and VT BON Position Statements online).

Name _____ Date _____

Designated Medication UAP

I _____ have been instructed on the eight rights of medication administration:

- Right child (using 2 forms of verification)
- Right dose
- Right medication
- Right reason
- Right time
- Right response
- Right route (mouth, ears, eyes, skin)
- Right documentation



Medications or category of medications approved for delegation (list any additional approved medications on the back):

1.

2.

3.

2) OTHER INSTRUCTIONS:

3) TO BE SIGNED BY SCHOOL NURSE/ASSOCIATE SCHOOL NURSE:

I have observed _____ administering the above medication(s) or categories of medications and certify it was done in accordance with Georgia State Law (26 V.S.A. § 1572) and Board of Nursing Position Statement: Role of the Nurse in Delegating Nursing Interventions plus Decision Tree (2018).

Name _____ Date _____
School Nurse/Associate School Nurse

Signature: _____

DIABETIC CARE PLAN (DCP)

Educational Goal: Students will maintain health and well-being necessary for learning. Students will attain and maintain blood glucose levels within their individual target range to enable them to achieve their academic goals and prevent crises. Staff will work with students and parents/guardians in the prevention of recurrent episodes of hypo/hyperglycemia and will stress the importance of compliance with diabetes regimen as prescribed by the health care provider.

Student Name: _____

DOB. _____

School _____ School Year:

_____ Teacher/Grade _____

Diabetes Diagnosis Date _____ Type 1 _____ Type2 _____

Student Rides Bus# _____ Car Rider

After School Activities: After School Care _____ Sports _____

Band _____ Other _____

Parent /Guardian: _____ Telephone #s:

Parent/Guardian: _____ Telephone #s:

Other Emergency Contact:

_____ Telephone#s _____ Parent/Guardian is

responsible for providing all testing/medication supplies, carbohydrate snacks and medication/insulin.

__ I, (parent/guardian), give permission to the school nurse, or trained diabetes personnel to perform and carry out the diabetes care tasks as outlined in this form.



DIABETES - EMERGENCY CARE PLAN

Student's Name _____ D.O.B _____ Grade _____

STUDENT CONTACT INFORMATION:

Mom _____ Phone (s) _____

Dad: _____ Phone (s) _____

Other Contact: Name _____ Phone: _____

Healthcare Provider: _____ Phone: _____

If demonstrating the following symptoms accompany the student to the health office or call the school nurse - DO NOT SEND ALONE:

Hypoglycemia (low blood sugar)

Hyperglycemia (high blood sugar)

SUDDEN ONSET OF:

GRADUAL ONSET:

- | | | | |
|--------------|------------------|--------------------|------------------------|
| Irritability | Anxiety | Extreme thirst | Drowsiness |
| Hunger | Shaking | Frequent Urination | Heavy Breathing |
| Weakness | Sweating | Headache | Disorientation/Fatigue |
| | Unresponsiveness | Flushed Skin | Unconsciousness |

BG testing and treatment as needed: (please check as appropriate)

Snack (juice, granola bar, glucose tabs, etc.)

May use glucose gel inside cheek if unresponsive

Check urine ketones if BG over _____

Glucagon injection for severe hypoglycemia - order as follows per MD:

IF STUDENT UNRESPONSIVE AFTER TREATMENT - CALL 911

ASK FOR ADVANCED LIFE-SUPPORT

Stay with student and monitor vital signs until EMS arrives

Call Parent/guardian

FOR HEALTHCARE PROVIDER: PLEASE FILL OUT- THANK YOU

Glucagon order: _____

Please check if this is LIFE -THREATENING

Healthcare Provider Sign _____ Date _____

School Nurse Sign: _____ Date _____

Parent/ guardian sign _____ Date _____



I also consent to the release of the information contained in this Diabetic Care Plan to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse to contact my child's physician/health care provider to obtain any related health care information. I agree to provide the necessary equipment and supplies to the school nurse and to provide information about the student's health status and/or updated medical management.

 I decline to have this authorized Individualized Diabetic Care Plan for my child. In an emergency, I understand EMS (911) will be called and no medications will be administered without a physician's order.

Approved by: -

Student's Physician or Healthcare Provider

Date

Approved by:

Student's Parent or Guardian

Date

Approved by:

School Nurse

Date



INDIVIDUALIZED SCHOOL HEALTHCARE PLAN (ISHP) - TYPE 1

Please attach applicable procedure and physician's orders to this ISHP

Student Name: _____ DOB/ID #: _____ Date: _____
 School Site: _____ Rm. # _____ School Phone: _____

Physician Information:

Name: _____	Phone: _____
-------------	--------------

Emergency Contacts:

Name	Relationship	Phone	Phone	Phone
1.				
2.				
3.				

MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:

Type 1 – Insulin Dependent Diabetes Mellitus, diagnosed:
 Pancreas does not produce enough insulin. At risk for hypo- and hyperglycemia at school
 Diabetes management at school requires blood glucose testing before lunch, before and after exercise, and as needed for symptoms of hypoglycemia and/or hyperglycemia.
 Student requires supervision/monitoring in checking blood glucose washing hands prior to testing recording on log sheet , interpreting results of test , counting CHOs for lunch and snacks , calculating insulin dosage and administration of insulin using a syringe / pen / pump .
 Target blood glucose level is ____ mg/dl to ____ mg/dl.
 Licensed nurse to administer ____ insulin according to physician orders.
 Trained school staff to act promptly and appropriately when episodes of hypoglycemia and hyperglycemia occur.

SYMPTOMS TO WATCH FOR:

Signs & symptoms of hypoglycemia (low blood glucose): shaking/trembling, impaired vision, fast heartbeat, – can also be experienced: sweating, paleness, weakness/fatigue, dizzy/disorientated, mood change/irritable, hungry, and/or headache.
 Low blood glucose level must be treated immediately as it can lead to a medical emergency.
Signs & symptoms of hyperglycemia (high blood glucose): excessive thirst, frequent urination, extreme fatigue – can also experience: mood change, headache, blurry vision, dry skin, and/or nausea.
 Student does not /does recognize signs/symptoms of low blood sugar (hypoglycemia), does not /does recognize signs/symptoms of high blood sugar (hyperglycemia)

HEALTH CARE ACTION PLAN:

GENERAL INFORMATION-

- Health tech, classroom teacher(s), ____ and designated staff members, will be trained regarding student's routine diabetic care, the emergency treatment of hypo-, & hyperglycemia. Assigned staff, whose job descriptions include SPHCS, and those who VOLUNTEER who are currently CPR certified, will be trained for BG monitoring and glucagon administration as per Ed Code.
- Students are permitted to test blood sugar anywhere, anytime, as needed for signs/symptoms of low blood sugar, high blood sugar, or illness. Students may eat required snacks as needed.
- Students will routinely test blood sugar at the following times: Before lunch, before and after PE, experiencing symptoms of hypoglycemia/hyperglycemia.
- Students may be delayed without consequence for the next period.
- Students will not be penalized for missing any classes for doctor's appointments or diabetic care, including missing PE due to blood sugar extremes.
- RCSN will determine the appropriate level of supervision needed and train school staff (HT, other designees).
- A licensed nurse, or responsible family member/parent designee, will administer insulin if the student is not independent.
- Student will perform self-care skills as able as defined by physician
- An adult must come to where the student is located or accompany the student whenever the student leaves the classroom for diabetic care if the student exhibits signs/symptoms of low blood sugar. Students may carry glucose, parents, and nurses.
- Any changes in physician orders received will be communicated to site nurses (RCSN) & itinerant nurses, and appropriate school staff.
- Parents will provide all diabetic supplies (including snacks) and replenish as needed. Parents will be notified by the school site weekly of any needs.
- Teachers, parents, and nurses will establish a mutually agreeable communication system/plan.

HYPOGLYCEMIA- Low Blood Glucose

- Students must have immediate treatment for $BG \leq$ ____ with ____ gms of fast acting sugar (4 ounces of juice, 3-4 glucose tablets, etc.), & report to the health office for evaluation and recheck of blood sugar.
- Two students must accompany the student, whenever the student leaves the classroom for diabetic care, if exhibiting signs/symptoms of low blood sugar.
- A meter and fast acting glucose source (juice or tablets. etc.) in a backpack.
- Students will report to the nurse's office prior to lunch to test blood sugar, and administer insulin, as ordered.
- Extra snacks and diabetes supplies are located in the health office.

HYPERGLYCEMIA- High Blood Glucose

- Student will check ketones per order, with or without supervision, if blood sugar is $>$ ____.
- Refer to physician orders and algorithms for corrective actions.

FIELD TRIPS AND SCHEDULE CHANGES

- Teachers and parents must notify school nurses 2 weeks prior to any field trips so that appropriate changes to care plan and care accommodations can be arranged. Parents must also be notified in advance of events in the classroom that involve food, i.e., parties
- If parents are not attending a field trip, a CPR/glucagon/diabetes trained staff member must accompany the student.
- Students will be permitted to use school phones in the nurse's office or cell phone to contact parents to consult re: any unscheduled food consumption.
- Consistency of daily schedule is essential for student safety. Teachers must communicate changes that involve physical activity or food consumption.

LOCK DOWN EMERGENCY DIRECTIONS FOR DIABETES CARE

In the event of a prolonged lockdown resulting in the inability of a trained health staff member to come to the locked down site/classroom

- Refer to the chart of signs and symptoms of low blood sugar. If you notice symptoms of low blood sugar or if the student tells you s/he is feeling like their blood sugar level is low, and you are unable to leave the classroom and trained staff are unable to come to the classroom; immediately have the student check his/her blood sugar level. If the blood sugar level is below 80 immediately give the student juice.
- If after 10 to 15 minutes you are still noticing signs and symptoms of low blood sugar or the student tells you that s/he is still feeling like their blood sugar is low, please give juice again.
- When the student is no longer exhibiting or feeling signs and symptoms of low blood sugar or if the blood sugar level is above 80, please give a carbohydrate & protein snack (cheese & crackers, protein bar, etc.).
- Emergency numbers:
- School Nurse:
- Cluster Coordinator:

STUDENT ATTENDANCE

- No Concerns Concerning Absenteeism (5 – 9.9%) Chronic Absenteeism (> 10%)

INTERVENTIONS

- Parent/Guardian Contact Attendance letter
 HIPAA/MD Contact Medical Referral
 Teacher(s) Collaboration SART/SARB

IN THE EVENT OF AN EMERGENCY EVACUATION

The following designated and trained staff member(s): should have access to a communication device and are responsible for assuring that the student's medication and emergency plan accompanies him/her to the evacuation command center.

The following designated and trained staff member(s): are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her power chair/wheelchair, then the Med-Sled must be used to evacuate. The Med Sled is located:

DESIGNATED STAFF:

Name	Training Date	Name	Training Date
1.		4.	
2.		5.	
3.		6.	

DISTRIBUTION DATE(S):

<input type="checkbox"/> Principal	Date _____	<input type="checkbox"/> Parent/Guardian	Date _____
<input type="checkbox"/> Teacher (Put copy in sub folder)	Date _____	<input type="checkbox"/> Other	Date _____

School Nurse Signature _____	Date _____
Parent/Guardian Signature _____	Date _____

INDIVIDUALIZED SCHOOL HEALTHCARE PLAN (ISHP) - DIABETES TYPE II

Please attach applicable procedure and physician's orders to this ISHP

Student Name: _____ DOB/ID #: _____ Date: _____
 School Site: _____ Rm. # _____ School Phone: _____

Physician Information:

Name: _____	Phone: _____
-------------	--------------

Emergency Contacts:

Name	Relationship	Phone	Phone	Phone
1.				
2.				
3.				

MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:

Diabetes Type II: Type 2 diabetes, once known as adult-onset or noninsulin-dependent diabetes, is a chronic condition that affects the way your body metabolizes sugar (glucose), your body's main source of fuel.

With type 2 diabetes, your body either resists the effects of insulin — a hormone that regulates the movement of sugar into your cells — or doesn't produce enough insulin to maintain a normal glucose level. Untreated, type 2 diabetes can be life-threatening.

More common in adults, type 2 diabetes increasingly affects children as childhood obesity increases. There's no cure for type 2 diabetes, but you can manage the condition by eating well, exercising and maintaining a healthy weight. If diet and exercise don't control your blood sugar, you may need diabetes medications or insulin therapy.

SYMPTOMS TO WATCH FOR:

- **Confusion, abnormal behavior or both, such as the inability to complete routine tasks**
- **Visual disturbances, such as double vision and blurred vision**
- **Seizures, though uncommon**
- **Loss of consciousness, though uncommon**
- **Heart palpitations**
- **Shakiness**
- **Anxiety**
- **Sweating**
- **Hunger**
- **Tingling sensation around the mouth**

HEALTH CARE ACTION PLAN:

If --- exhibits mild to moderate symptoms of hypoglycemia and blood glucose is below 70-treat with a rapidly effective carbohydrate.

If above 70-observe and repeat the test if symptoms persist in 10-15 minutes.

Examples of appropriate treatment include:

- Glucose tablets 3-4
- Juice 4 ounces
- Glucose gel 1/2 tube

If symptoms resolve and meal or snack time is imminent, --- may eat. If a meal or snack is not imminent, but exercise will occur before the next meal, ---- should eat an additional 15 grams of carbohydrate.

Examples:

- One slice of bread
- 6 Saltine crackers
- 3 graham crackers

If symptoms persist after 15 minutes, re-treat as above.

In case of severe symptoms (loss of consciousness with or without convulsion):

- Notify paramedics immediately
- Give Glucagon 1 mg SQ
- Students should be positioned on the ground to prevent aspiration of foreign material.
- DO NOT put anything in mouth

LOCK DOWN EMERGENCY DIRECTIONS FOR DIABETES CARE

In the event of a prolonged lockdown resulting in the inability of a trained health staff member to come to the locked down site/classroom

- Refer to the chart of signs and symptoms of low blood sugar. If you notice symptoms of low blood sugar or if the student tells you s/he is feeling like their blood sugar level is low, and you are unable to leave the classroom and trained staff are unable to come to the classroom; immediately have the student check his/her blood sugar level. If the blood sugar level is below 80 immediately give the student juice.
- If after 10 to 15 minutes you are still noticing signs and symptoms of low blood sugar or the student tells you that s/he is still feeling like their blood sugar is low, please give juice again.
- When the student is no longer exhibiting or feeling signs and symptoms of low blood sugar or if the blood sugar level is above 80, please give a carbohydrate & protein snack (cheese & crackers, protein bar, etc.).
- Emergency numbers:
- School Nurse:
- Cluster Coordinator:

STUDENT ATTENDANCE

- No Concerns
 Concerning Absenteeism (5 – 9.9%)
 Chronic Absenteeism (> 10%)

INTERVENTIONS

- Parent/Guardian Contact
 Attendance letter
 HIPAA/MD Contact
 Medical Referral
 Teacher(s) Collaboration
 SART/SARB

IN THE EVENT OF AN EMERGENCY EVACUATION

The following designated and trained staff member(s): _____ should have access to a communication device and are responsible for assuring that the student’s medication and emergency plan accompanies him/her to the evacuation command center.

The following designated and trained staff member(s): _____ are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her power chair/wheelchair, then the Med-Sled must be used to evacuate. The Med Sled is located: _____

DESIGNATED STAFF:

Name	Training Date	Name	Training Date
1.		4.	
2.		5.	
3.		6.	

DISTRIBUTION DATE(S):

Principal Date _____ Parent/Guardian Date _____
 Teacher (Put copy in sub folder) Date _____ Other _____ Date _____

School Nurse Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____



INDIVIDUALIZED SCHOOL HEALTHCARE PLAN (ISHP) - LEUKEMIA

Please attach applicable procedure and physician's orders to this ISHP

Student Name: _____ DOB/ID #: _____ Date: _____
 School Site: _____ Rm. # _____ School Phone: _____

Physician Information:

Name: _____	Phone: _____
-------------	--------------

Emergency Contacts:

Name	Relationship	Phone	Phone	Phone
1.				
2.				
3.				

MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:

Leukemia is a type of cancer that affects the blood. It is characterized by an overabundance of abnormal cells in the bone marrow which can spread to other parts of the body. This over accumulation affects the bone marrow's ability to produce normal white blood cells. The white blood cells are the cells which help to fight infection. The exact cause of leukemia is unknown. The student has Acute Lymphocytic Leukemia which is a disorder of children. Treatment is usually by chemotherapy to destroy as many leukemia cells as possible & return the bone marrow to as near as normal as possible. It usually takes 2-3 years minimum before a "cure" can be considered.

SYMPTOMS TO WATCH FOR:

Leukemia causes anemia, thrombocytopenia (low amounts of blood clotting cells) with symptoms of paleness, fatigue, shortness of breath & decreased activity tolerance; leukopenia (low amounts of white cells which fight off infection with symptoms of increased infections (which can be fatal) & illness and fever, swollen glands, joint swelling & pain, weight loss & lack of appetite. Central nervous system involvement is not uncommon with symptoms of irritability, nausea & vomiting, headache, personality changes, blurred vision & changes in the level of consciousness. Report symptoms observed to school nurses.

HEALTH CARE ACTION PLAN:

Symptoms of infection must be reported to the school nurse promptly including:

- Fever,
- Complaints of illness even when vague

Good classroom hygiene must be practiced minimizing risk of illness, especially due to upper respiratory infections.

- Good hand washing
- Prevent exposure to persons with illness

Adjust school environment and PE as needed to minimize fatigue and promote rest.
 Report any bleeding to school nurses or parents.
 Arrange for home-hospital instruction if school attendance is impossible on an extended or intermittent basis.

Notify parents for any infectious disease outbreak in school (influenza, measles, chicken pox, etc.).

STUDENT ATTENDANCE

No Concerns
 Concerning Absenteeism (5 – 9.9%)
 Chronic Absenteeism (> 10%)

INTERVENTIONS

Parent/Guardian Contact
 Attendance letter
 HIPAA/MD Contact
 Medical Referral
 Teacher(s) Collaboration
 SART/SARB

IN THE EVENT OF AN EMERGENCY EVACUATION

The following designated and trained staff member(s): should have access to a communication device and are responsible for assuring that the student’s medication and emergency plan accompanies him/her to the evacuation command center.

The following designated and trained staff member(s): are responsible to evacuate the student following the pre-determined (attached) path of travel. If the student is unable to ambulate or utilize his/her power chair, the Med-Sled must be used to evacuate. The Med-sled is located:

DESIGNATED STAFF:

Name	Training Date	Name	Training Date
1.		4.	
2.		5.	
3.		6.	

DISTRIBUTION DATE(S):

Principal Date _____
 Parent/Guardian Date _____
 Teacher (Put copy in sub folder) Date _____
 Other _____ Date _____

School Nurse Signature _____ Date _____
 Parent/Guardian Signature _____ Date _____

INDIVIDUALIZED SCHOOL HEALTHCARE PLAN (ISHP) - ATHMA

Please attach applicable procedure and physicians orders to this ISHP

Student Name: _____ DOB/ID#: _____ Date _____

School Site: _____ Rm#: _____ School Phone: _____

PHYSICIAN INFORMATION:

Name: _____

EMERGENCY CONTACTS:

Name	Relationship	Phone	Phone	phone
1.				
2.				
3.				
4.				

MEDICAL DIAGNOSIS/PROBLEM AND DESCRIPTION:

Asthma is a chronic inflammatory lung disease that causes airway hyper responsiveness, or spasms in the bronchi of the lungs, causing difficulty in breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

SYMPTOMS TO WATCH FOR:

Common symptoms include coughing, cyanosis, dyspnea, nasal flaring prolonged expiration, respiratory depth changes, tachypnea, use of accessory muscles, and loss of consciousness.

HEALTH CARE ACTION PLAN

- Assess the client's vital signs as needed while in distress.
- Assess the respiratory rate, depth, and rhythm,
- Assess the client's level of anxiety
- Assess breath sounds and adventitious
- Monitor oxygen saturation
- Assess for conversational dyspnea

GOAL

Patients will maintain optimal breathing patterns, as evidenced by relaxed breathing normal respiratory rate or patter and absence of dyspnea.

MEDICATION/TREATMENT:

- Medication will be administered as ordered by a primary care physician.
- Encourage pursed-lip breathing for exhalation
- Encourage periods of rest between activities

FIELD TRIPS

One of the primary concerns in field trip planning is a student's health and safety. Any student participating in field trips has the right to have medication and chronic care (such as diabetic management) delivered to them as consistently as it would be delivered in the school setting. Every step of medication administration or delegated care tasks that are followed in the school setting must also be followed during the field trip.

If the field trip is a day time field trip that will overlap with the time of day a student's medication or daily regimen must be provided, it is the school's obligation to identify, in advance, the nurse to fulfill tasks. This should be determined two weeks in advance of field trips to identify gaps in trained personnel and allow for time to train additional staff as needed.

While it is the nurse's professional responsibility to train staff, it is the field trip organizers responsibility to identify students with health needs in their class and facilitate coordination with parents, administration, the secretary and the nurse to ensure the student is covered on a field trip. Parents may chaperone field trips and provide medication or care to students, but the school may not require the parent to do so.

Overnight field trips often include additional medications and procedures that are not routinely administered in the school setting. This requires advance planning of the field trip organizer to determine which students will require additional care and/or medications on overnight field trips. In the event that the field trip will be at a site that provides nursing services (such as outdoor school), it is the field trip organizers responsibility to determine what documentation and steps need to be completed in advance of the field trip for the third party. If there will be no nursing services provided, a MTP and applicable health related care providers must be in attendance the entire duration of the field trip. Parents may attend, but should not require them to attend.

PROCEDURES FOR FIELD TRIPS

- 1. Identify students with medical needs:** In advance of field trips, field trip organizers shall review their student rosters for students who receive medications or who have health protocols. Organizers may review the roster with the nurse. The teacher is notified at the beginning of the academic year of the health related needs within their classrooms. If the organizer is uncertain of the needs in the classroom, it is their responsibility to initiate review of the roster with the nurse and/or secretary to determine students with medication and health protocols. It is important to identify all students with health related issues, even those who are independent in their management.
 - **Identify Students with Health Protocols:** Students who have health protocols are obliged to receive the same access to care and emergency intervention as participants of school sponsored activities as they are in the school setting. Ensure a copy of the IHP is taken on the field trip and designated staff is present.
 - **Identify Self Managers:** Students who routinely self-carry and self-medicate at school may do so during field trips, specifically children with asthma. It is important,

however, to be aware of emergencies that may arise based on the students conditions/medications.

- **Identify students who need medication during the course of the field trip:** Students who require medication during the course of the field trip must have access to their medication as scheduled.
2. **Identify trained staff or need for trained staff:** When students who have medical needs are identified, it is the organizers responsibility to work with administration to determine what trained staff is available to attend the field trip. If there is no trained staff available and facilitate this training with the nurse in advance of school field trips. Last minute training should be avoided and are not feasible at all for: Epinephrine, Glucagon Solu Cortef, and CPR.
 - Best practice would include CPR certification of all staff and annual training for Epinephrine, Glucagon, and Solu Cortef for all staff in advance of the school year (OHA, 2016)
 3. **Facilitate training as needed:** When students with health protocols are identified and staff to be trained is identified, the staff must facilitate a meeting with the school nurse to train for specific clinical tasks and review health protocol and medication training. It is the liability of the school to provide appropriately trained staff.
 4. **Appropriately sign out medication:** On the day of the field trip, any student who has medication that will be administered during the duration of the field trip should have their medications signed out on the Medication Administration Record by MTP (Medically Trained Personnel) attending the field trip.
 5. **Secure medication and supplies:** Designated personnel shall ensure that they check out a copy of the students Individual Health Protocol (IHP) and a copy of the Medication Administration Record with the medications and medical supplies. These documents are confidential and should be kept securely together.
 6. **Individual Health Protocols:** Designated personnel shall ensure that they check out a copy of the students *Individual Health Protocol* (IHP) and a copy of the *Medication Administration Record* with medications and medical supplies. These documents are confidential and should be kept securely together.
 7. **Emergency Medications:** Any emergency medications that are prescribed to specific students must also be checked out for students with their IHP> We are obliged to send emergency medications and trained caregivers for students with anticipated emergencies (such as seizures or anaphylaxis)as well, not just daily medication or management needs
 8. **Follow Plans:** Students receiving medication must receive mediation within an hour window on field trips, just as is required in the school setting. It is important that designated staff follow this schedule and prompt students for medication and/or care management as needed.

9. **Documentation:** All medications given or care provided in a field trip setting should be documented on the copies of MARS's or logs and transcribed onto original forms. Copies of IHP should be returned, shredded or secured,
10. **Return:** when staff and students return to school, medications and supplies should be signed back into the office. If staff returns to the school after hours, medications must be secured. Medication and care documentation should be transcribed onto original forms. Copies of IHP should be returned, shredded or secured.
11. **Report:** Any problems, incidents or complications should be reported to administration and the nurse. Complete Incident reports as applicable.
12. **Parents:** Parents may chaperone and provide medical care to students during the course of the field trip; the school however cannot require that they do so. Staff may not take orders from parents in regards to medical interventions; staff is legally obliged to follow protocol as designated by state law and the supervising school nurse. Parents providing care do not need to document that parents provided care and /or medication for the day.

Preparedness for incidents as well as documentation

1. When incidents occur, designated staff should be deployed to the location of the student/staff unless the individual has physically presented to the location of the staff.
2. When incidents occur, designated staff should always remain with student/staff until it has been determined that the student is safe and stable or until the student has been dismissed.
3. Incidents where altercations have occurred, first aid and medical intervention should supersede disciplinary actions.
4. Students sustaining injuries at school should be assessed by the school nurse if:
 - A head injury that is more than a minor bump.
 - Any temporary change in level of consciousness occurs (any sustained change requires a call to EMS).
 - Any laceration or puncture wound that is more than a superficial tissue injury
 - Students complain of unusual symptoms or pain levels.
 - Parents cannot be reached and denervation to transport is in question
 - **As requested by administration**
5. Standard Procedures/Standard First Aid should always be deferred to, however in the event a student/staff:
 - Loses consciousness
 - Has compromised breathing
 - Has a loss of pulse
 - Sustains a significant head injury
 - Has emergency medications administered
 - Shows any distress
 - Experiences a seizure for the first time
 - Exhibits any unexplained neurological symptoms (e.g. Paralysis, sudden inability to walk normally).

EMS should be called immediately.

6. When incidents occur, second to the student's safety, is ensuring proper documentation. This means collecting:
 - Date/time of incident
 - Designation of illness or injury
 - Description of illness or injury
 - Identifiers of individual(s) ill or injured
 - Parties involved including witnesses, if applicable
 - Response and interventions that occurred (protocol, procedure, first aid etc.)
 - Resolution Disposition (transported, dismissed, returned to class)
7. **It is important that if an incident occurs with a student who is case managed for chronic disease, or if the student has a 504 or IEP, that case managers are made aware of incidents.**

REFERENCES

1. Adapted in part from The Georgia Department of Public Health. (2016) Guidelines for Mandatory *Reporting of Suspected Child Abuse September 2016.*
2. Centers for Disease Control and Prevention December 2020.
3. Division of Child Protection & Permanency-D.C.P&P.
4. Georgia Department of Public Health September 2016.
5. Georgia State Law (26 V.S.A. 1572)
6. Keehner-Engelke, M., Martha Guttu, m., Warren, M., M., 2008.
7. National Library of Medicine, 2020.
8. Official Code of Georgia Annotated (O.C.G.A) 19-7-5.
9. Official Code of Georgia Annotated (O.C.G.A) 15-11-131.
10. State of Georgia Division of Family and Children Services
<http://dfcs.dhs.georgia.gov/child-abuse-neglec>