



## HEALTH AND MEDICATION PROCEDURES

### SCHOOL CLINIC:

The school clinic is staffed by trained medical personnel to address situations that occur at school, not at home. We cannot operate as a health clinic. Diagnosis cannot take place within the clinic. The clinic is used for first aid, required medication distribution, and as a communication point between the school and parent when a child becomes injured or ill at school. Student medical information forms must be completed annually. Parents are responsible for notifying the school clinic of any changes to the student's health during the school year.

### ILLNESS POLICY:

We strive to maintain a healthy environment for students to learn in. If a child is ill, he should remain at home. A physician note may be required to return to class. The following are guidelines for re-entry to school for many common illnesses. Questions or pertinent information regarding a child's illness should be directed to the school clinic. More specific guidelines are listed on pages 5 – 8.

- **Fever – Oral temperature 100.0 or higher** – Student may return when they have been fever-free for an entire 24-hour period without fever reducing medication such as Tylenol or Ibuprofen.
- **COVID-19 Diagnosis or Testing** – Follow illness policies based on symptoms. Unless advised by school staff, testing is not required. If covid testing is opted for and the results are positive, contact the school clinic for return guidelines for all household members based on current protocols.
- **Flu / Influenza** – Student may return under physician direction – *AND* – Symptoms have improved/resolved – *AND* – Follow fever guidelines.
- **Strep Throat or other Infections requiring antibiotics** – Student may return 24-hours after the first dose of medication was administered – *AND* – Follow fever guidelines.
- **Viral Sore Throats, Colds** – Student must be able to participate in all school activities. Symptoms should be minimal/resolved – *AND* - Coughs must be under control – *AND* – Follow fever guidelines.
- **Skin Infections (i.e. Staphylococcus, Impetigo, MRSA)** – Student may return 24 hours after the first dose of antibiotic was administered – *AND* – the wound is not draining. The wound should be covered during school. Contact sports should be avoided until the wound is healed.
- **Eye Infections/Conjunctivitis/Pink Eye** – Student may return 24-hours after the first dose of treatment is administered – *AND* – The eye(s) must be free of draining and discharge.
- **Vomiting and Diarrhea (two or more episodes):** – Student may return 24 hours after the last episode of vomiting and/or diarrhea – *AND* – have resumed a normal diet – *AND* – Follow fever guidelines.
- **Chickenpox or Shingles** – Student may return after ALL of the lesions are dry and crusted over – *AND* – Follow fever guidelines.
- **Head Lice** – Re-entry to class must be approved by school personnel.

Please notify the school clinic at [schoolclinic@tcjax.org](mailto:schoolclinic@tcjax.org) or 904-596-2518 if your child is diagnosed with COVID-19, influenza, strep throat, conjunctivitis, chicken pox or other communicable disease.

#### **ILLNESS AT SCHOOL:**

A student will be sent home if he/she has any of the above, untreated symptoms and/or at the discretion school personnel. Pick up should be within one hour of notification.

#### **COVID-19 IMPLICATIONS FOR 2022 – 2023:**

Trinity Christian Academy continues to review recommendations from the Florida Department of Health and will adhere to best practices as applicable to our school community. COVID-19 is a fluid situation. Guidelines and recommendations are subject to change. As per our normal illness policy, students who become ill at school will be isolated and the parent will be contacted. Face coverings/masks are not required. Daily screenings will not take place at school. Parents should contact the school clinic prior to sending a symptomatic student to school. See section *Illness Policy* for return guidelines for common symptoms.

#### **INJURY AT SCHOOL:**

Minor injuries occur daily. Students who are injured at school will be assessed and appropriate care given. Injuries more significant than a minor abrasion will result in parent contact. This contact may include but is not limited to: written contact and/or verbal contact by phone. If an injury is deemed severe or possibly life-threatening Emergency Medical Services (911) will be notified. For more specific guidelines on injury treatment, parents should contact the school clinic or a building principal.

#### **STUDENTS WITH ASTHMA:**

Florida State Statute (FS1006.062) mandates that a physician must authorize a student to *carry and self-administer an asthma inhaler* at school. There are specific forms available for the physician to complete. Forms must be maintained annually. Students, *third grade and higher*, who are authorized to carry an asthma inhaler must keep the inhaler in the pharmacy labeled container. Trinity Christian Academy reserves the right to rescind physician authorization if inhaler guidelines are not adhered to.

*Inhalers kept in the clinic* do not require physician authorization but must be in pharmacy labeled container and the parent must complete information and authorization forms. Any student nursery through second grade must have their medication stored in the clinic according to school guidelines and be supervised in administration.

Information forms must be completed annually for all asthmatic students. Please contact the clinic.

#### **STUDENTS WITH SEVERE ALLERGIES/ANAPHYLAXIS:**

Students diagnosed with a severe allergy who have been prescribed an EpiPen must have a *Food Allergy & Anaphylaxis Emergency Care Plan* on file. This plan must be updated annually and when a change in medication/health status occurs. Students *grade five and up* may carry the EpiPen on their person with written physician approval. The pen must be kept in the pharmacy labeled container. It is recommended a second EpiPen be stored and maintained in the school clinic. Any student nursery through fourth grade must have their medication stored in the clinic according to school guidelines and be supervised in administration. Please contact the school clinic for specific forms.

## **MEDICATION IN SCHOOL:**

**Students are not permitted to carry or self-administer medication, excluding life-sustaining medication for asthma, anaphylaxis or diabetes. Written authorization is required for ALL medication. Verbal permission is not recognized. Only in person or faxed requests will be accepted.**

**SCHOOL STOCKED MEDICATION:** The school clinic stocks acetaminophen (Tylenol), ibuprofen (Motrin/Advil). These medications are available for students with minor pain who do not need to go home. Students who are going home ill will be given school stocked medication only upon parent request.

### **The following guidelines are followed before administering medication.**

1. A designated form is completed and signed by the parent during registration which authorizes medication administration. (This form includes a medical profile.)
2. The duration of the pain is greater than one hour.
3. The quality of pain requires medication.
4. The student has eaten a meal prior to taking the medication.
5. The student has not taken pain medication in the last four hours.
6. Contact of a parent will be attempted.
7. The administration is documented and a form is sent home alerting the parent.
8. Doses are based on weight and manufacturer recommendations. Any deviation to the prescribed amount must be in writing from a physician.
9. Clinic and/or administrative staff reserve the right to refuse to dispense school stocked medication at any time. A parent will be contacted to address the specific need of the situation.
10. The clinic maintains communication with the parent for recurring or regular clinic visits.
11. Regular use of an over the counter medication, or any change in level of dosing of medication requires written consent from the student's physician.
12. Medications are not administered outside of school hours.

**MEDICATION BROUGHT FROM HOME:** Students are not permitted to carry and/or self-administer any medication, prescription or over the counter.

*The only exception to this applies to students who require life-sustaining medication such as an emergency asthma inhaler, an Epi-pen, or diabetic medication. A physician note must be on file annually.*

**Medication must be turned in to the clinic upon arrival at school with a written parent authorization.**

### **See the following:**

1. All OTC medicine must be in its original labeled container - medication received in baggies will not be dispensed and will be disposed of.
2. All prescription medicine must be brought in the original pharmacy labeled container. This pharmacy label represents physician authorization.
3. Medication must be in date. Expired medications will not be stored or administered.
4. Medication will be dispensed according to manufacturers or pharmacy labeling only. Any changes must be in writing from the physician.
5. Medications given 3 or less times a day should be given at home.

6. Written request must be on a school form, or from the parent listing the *medication name, the reason for the medication, the time and route to give the medication, and the last time the medication was given. **Form is available on page 9, and in building offices.***
7. Students found carrying and/or self-administering medication at school will receive disciplinary action.
8. Long term use - more than three days of continuous use, or regular use - of an over the counter medication requires written physician request.
9. Clinic and/or administrative staff reserve the right to refuse to dispense medication brought from home at any time. A parent will be contacted to address the specific need of the situation.

**Homeopathic medication:** It is the policy of Trinity Christian Academy that all homeopathic and/or herbal remedies will not be recognized as treatment for illness. Additionally, no homeopathic or herbal medication will be administered at school or by school personnel. A physician prescribed antibiotic is required for the treatment of bacterial infections which may include but are not limited to: conjunctivitis (pink eye), streptococcal, staphylococcal, and pneumococcal infections.

#### **MEDICATION OUTSIDE OF SCHOOL HOURS:**

School Faculty and staff are not permitted to administer any medications, excluding life-sustaining medication, outside of school hours to include: After School care, after school sports and off campus activities. OTC or non-emergency medication required outside of regular school hours must be administered by the parent or guardian.

#### **CHRONIC CONDITIONS:**

Students who are classified as having a chronic condition such as, but not limited to: life-threatening allergies to foods or insects, students with asthma, diabetic students, students with seizure disorders, and students with cardiac illness, must have annual documentation on file within the school clinic. It is the parent's responsibility to notify the school clinic of chronic conditions, and/or any change to a student's health or medication.

# Trinity Christian Academy

## COMMUNICABLE DISEASE DESCRIPTIONS AND PROCEDURES

### *Adapted from Duval County Public School nursing guidelines*

It is recommended that the procedures as outlined below be followed when a communicable disease is suspected or reported.

I. When the signs and symptoms of a communicable disease are observed, as outlined in the Communicable/Non-Communicable Disease Chart prepared in conjunction with the Duval County Health Department.

A. **NO EXCLUSION** from School (see chart)

If the symptoms indicate a communicable disease with does not require exclusion the parent must be notified and proper treatment taken for the student to remain in school.

B. **EXCLUSION** from School (see chart)

If it appears that the student may have a communicable disease which requires exclusion, contact the parent or guardian and take the following action:

1. Segregate the student from other students until such time as the parent or guardian can pick up the student.
2. Inform the parent of the child's symptoms.
3. Inform the parent that the student may not return to the classroom until symptoms are relieved and with physician authorization.

II. When one of the communicable diseases listed below is reported to the school:

Notify the Supervisor of School Health Services at 388-7173. The supervisor of School Health Services will notify the County Health Department. (However, principals and school health officials should feel free to communicate directly with the County Health Department at 630-3240 if additional information is needed.)

- Diphtheria
- Giardiasis
- Hepatitis (All Types)
- Measles-Rubeolo (Regular)
- Measles-Rubella (German Measles)
- Meningitis
- Meningococcal Disease
- Mumps
- Polio
- Salmonellosis
- Shigellosis
- Whooping Cough (Pertussis)

Illness	Signs and Symptoms	Period Communicable	Reportable Disease*	Exclusion	Readmission Criteria & Important Facts
<b>Boils / Abscesses</b>	Infection of skin or underlying soft tissue. Area is red, swollen and tender. There may be drainage of thick, yellow pus.	While lesion is draining.	No	No	Lesions must be covered with a clean dressing and draining. Must have completed 24 hours of antibiotics if applicable.
<b>Common Cold</b>	Runny nose, watery eyes, coughing and sneezing.	1-3 days when symptoms begin.	No	No, unless fever is present	May remain present as long as fever is not present. May be excluded if severe coughing is present.
<b>Chicken Pox (Varicella)</b>	Small raised blisters containing clear fluid. Eruption usually starts around the head and neck areas and spread to the rest of the body. Often follows fever and headache.	From 5 days before the first appearances of blisters to 6 days after the first appearance.	No	Yes	When all blisters have scabbed over.
<b>Fifth Disease</b>	Mild viral illness. May be preceded by low-grade fever. Lacey rash, flush “slapped” cheeks, achy joints, fatigue.	From 1-2 days before the rash appears to about 5 days after the rash appears.	No	No, unless fever is present	Limit activities.
<b>Gastroenteritis, viral “Stomach Flu”</b>	Nausea, vomiting, diarrhea. Fever does not usually occur.	Variable. Often with contact of sputum or emesis.	No	Yes	After diarrhea subsides. <i>*Teach importance of handwashing.</i>
<b>Giardiasis</b>	Gradual onset of nausea, bloating and diarrhea. May recur several times over a period of weeks.	5-25 days or longer, usually 7-10 days.	Yes	Yes	After treatment has begun and diarrhea has subsided. <i>*Teach importance of handwashing.</i>
<b>Head Lice</b>  <b>*Nit Free Policy</b>	Scratching and itching of the scalp. Eggs may be attached to the base of the hair follicle.	As long as lice remain alive on the infested person or in the clothing; and until the eggs in hair and clothing have been destroyed.	No	Yes	After ALL lice and their eggs have been removed. Treatment should take place upon advice of a physician. The student must be cleared by a school official before re-entry to class.
<b>Hepatitis A</b>	Gradual onset, fever, loss of appetite, nausea, abdominal pain, jaundice, (whites of eyes and skin become yellow). Dark colored urine.	From approximately 14 days before onset of illness to a few days after onset. Most cases are not infectious one week after onset.	Yes	Yes	<b>After diagnosis must have physician note to return to class.</b> Good personal hygiene and washing of hands after using the bathroom and before eating.
<b>Hepatitis B</b>	Gradual onset, fever, loss of appetite, nausea, abdominal pain, jaundice, (whites of eyes and skin become yellow). Dark colored urine.	From several weeks before onset until recovery, a period of many weeks. Illness is only transmitted by contact with infected blood or body fluids.	Yes	Yes	<b>After diagnosis must have physician note to return to class.</b> Good personal hygiene and washing of hands after using the bathroom and before eating.
<b>Herpes Virus I (Cold Sores)</b>	Fever blisters on face, mostly around lips.	2 weeks but may be as long as 7 weeks.	No	No	Sores should be covered when possible.
<b>Impetigo (Staph or Strep infection of the skin)</b>	Red raised sores on skin. May drain yellow fluid. Usually starts on face around nose and mouth.	As long as the sores are draining.	No	Yes	24 hours after first dose of antibiotics. Sores must be covered and not draining. No participation in contact sports.

Illness	Signs and Symptoms	Period Communicable	Reportable Disease*	Exclusion	Readmission Criteria & Important Facts
<b>Influenza: Including All Types: A, &amp; B, and H1N1</b>	Fever, chills, headache, sore throat, cough and aching muscles.	From the first to the fifth day of the disease and when fever is present.	No	Yes	When symptoms have been resolved without medication for at least 24 hours or upon recommendation of a physician.
<b>Fever</b>	Oral temperature of 100.0 degrees or greater.	Depends on specific illness.	No	Yes	When fever free without medication for 24 hours.
<b>Measles-Rubeola (Regular)</b>	Fever, cold-like symptoms eyes watery and sensitive to light, cough, red rash that begins on the face and behind the ears.	From one week before onset of rash to 4 days after the onset of rash.	Yes	Yes	7 days after the appearance of the rash and with physician approval.
<b>Measles-Rubella (German Measeles)</b>	Generalized red, blotchy rash with low-grade fever and/or cold symptoms. Glands behind ears often swell.	One week before and 4 days after the onset of rash.	Yes	Yes	4 days after onset of rash and with physician approval.
<b>Meningitis</b>	Infectious disease of the central nervous system. The disease is spread through direct contact including discharges from the nose and throat of infected persons.	Variable, depending on causative organism.	Yes	Yes	With physician approval.
<b>Meningitis, Meningococcal</b>	Severe type of bacterial meningitis. Fever, headache, vomiting, stiff neck and rash.	From onset of symptoms until initiation of antibiotic therapy.	Yes	Yes	With physician approval.
<b>Mononucleosis</b>	Fever, sore throat, swollen neck glands.	Prolonged: communicability may persist for months up to a year after the infection.	No	Yes	With physician approval. Should be fever free without medication for 24 hours.
<b>Mumps</b>	Fever, swelling of the salivary glands, usually in the gland in front of the ear at the angle of the jaw: sucking on a lemon or a pickle causes pain.	From 6 days before to 9 days after the swelling begins.	Yes	Yes	9 days after onset of swelling or earlier if swelling has subsided and with physician approval.
<b>Otitis (Ear Infection)</b>	Fever, ear pain. May follow the common cold.	Not a risk for communicability.	No	No, unless fever is present	After fever subsides. Antibiotics are often given.
<b>Pin Worms</b>	Itching during the night around the anal area.	Until pinworms are eradicated.	No	No	Treatment by a physician.
<b>Pink Eye (Acute bacterial or viral conjunctivitis)</b>	Red, sore, watery eyes. Swelling of eyelids, this yellow or white drainage from eyes.	3 to 14 days. Allergic conjunctivitis is not contagious.	No	Yes	At least 24 hours after first dose of prescribed drops. Eyes must be clear of all drainage.
<b>Ringworm (Scalp, body, groin, nails, feet)</b>	Round, scaly patches of temporary baldness, flat, round, spreading red, ring shaped lesions.	As long as lesions are present.	No	Yes	After note from parents or physician establishing that the patient is under treatment. Lesions must remain covered till healed.

Illness	Signs and Symptoms	Period Communicable	Reportable Disease*	Exclusion	Readmission Criteria & Important Facts
<b>Salmonellosis</b>	Sudden onset of fever, abdominal pain, diarrhea, and sometimes vomiting.	1-3 days while diarrhea is present.	Yes	Yes	After diarrhea and fever subside. <i>*Teach importance of handwashing</i>
<b>Scabies</b>	Tunnel-like lesions that itch intensely. Caused by a mite that burrows under the skin, eggs are deposited in the lesions. Often, itching will occur before lesions.	Until mites and eggs are destroyed by treatment usually requiring two courses of treatment, one week apart.	No	Yes	After note from parents or physician establishing that the patient is under treatment.
<b>Scarlet Fever</b>	Fever, headache, sore throat, "strawberry tongue". Rough, red rash with later peeling of the skin from the fingers/toes.	With adequate antibiotic therapy, communicability is reduced within 24-48 hours.	No	Yes	24 hours after antibiotic therapy has been initiated and no fever is present. Note from physician is required.
<b>Shigellosis</b>	Sudden onset of fever, vomiting and diarrhea which may be bloody.	1-7 days while diarrhea is present.	Yes	Yes	After diarrhea and fever subside. Can spread quickly in child-care facilities. <i>*Teach importance of handwashing</i>
<b>Shingles (Herpes Zoster)</b>	Onset of severe non-traumatic pain on one side of the body, often preceded by fever or flu like symptoms. Clusters of small fluid filled blisters will appear at site of pain.	When blister are present. Does not spread shingles, but can spread Chicken Pox by direct contact with fluid.	No	Yes	When all blisters have crusted over.
<b>Sinus Infection</b>	Fever, headache, greenish to yellowish mucous for more than one week, associated with the common cold.	Not a risk for communicability	No	No	After fever subsides. Antibiotics are often given. Note that antibiotics taken three or less times a day should be taken at home.
<b>Strep Throat</b>	Sore throat, headache, nausea, usually fever (often high)	Until 24 hours after antibiotics have begun.	No	Yes	24 hours after antibiotic therapy has been initiated and fever free for 24 hours without medication.
<b>Tuberculosis (Diagnosed as active)</b>	Most children show no initial symptoms other than signs of chronic infection, fatigue and irritability. In advanced disease, there is weakness, weight loss, fever, night sweats, and severe cough.	Until sputum is cleared of bacteria, usually 2-4 weeks.	Yes	Yes	Upon recommendation of a physician or Health Department.
<b>Whooping Cough (Pertussis)</b>	Low grade fever, racking cough that progresses to severe cough and "whoop" like sound when a child takes a breath in.	From 7 days after exposure to 3 to 4 weeks after onset of the "whooping" stage.	Yes	Yes	7 days after appropriate antibiotic therapy has begun. Note from physician or Health department is required.

- ❖ Please note: The importance of handwashing is mentioned several times. Implementing proper handwashing among students, teachers, and staff is the only way to reduce the spread of communicable disease.



**TRINITY CHRISTIAN ACADEMY**  
**Authorization for Medication Administration by School Personnel**

**Medication Information: Must be in the Original Labeled Container.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name (Homeroom): \_\_\_\_\_

Diagnosis for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose as directed on label: \_\_\_\_\_ Time to give: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**All medication will be stored and dispensed from the school clinic during school hours only. Students are not permitted to carry and/or self-administer medication excluding life-sustaining medications.**

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**Rescue Inhalers for Asthma: Choose all that apply**

- An inhaler will be kept in the clinic.
- The student will carry the inhaler. Grades 3 – 12 only. Requires written physician authorization.\*

**EpiPen for Anaphylaxis: Choose all that apply**

- An EpiPen will be kept in the clinic.
- The student will carry the EpiPen. Grades 5 – 12 only. Requires written physician authorization.\*

\*Written Physician Authorization must be on file. The medication must display the pharmacy label. Emergency Action Plan must be completed. The school reserves the right to rescind this order at any time.

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**Parent Authorization:**

I authorize permission for the staff of the school clinic to administer my child his/her medication as indicated above. I understand that I am responsible to bring this medication to school and maintain the supply as needed.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Email Address (for medication updates) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Contact Number: \_\_\_\_\_