

## WHMS HEALTH POLICY

### 1. Immunizations

New York State (NYS) [Public Health Law Section 2164 and New York Codes, Rules and Regulations \(NYCRR\) Title 10, Subpart 66-1](#) require every student entering or attending public, private or parochial school in New York State (NYS) to be immune to diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis, hepatitis B, varicella and meningococcal in accordance with Advisory Committee on Immunization Practices (ACIP) recommendations. Every child in prekindergarten in NYS must be immune to diphtheria, tetanus, pertussis, measles, mumps, rubella, poliomyelitis, hepatitis B, varicella, Haemophilus influenzae type b (Hib), and pneumococcal disease. Full details on school and child care immunization requirements are available at [New York State Immunization Requirements for School Entrance/Attendance \(PDF\)](#).

### 2. Illness

WHMS must protect all children attending classes. Any ill child should be kept at home. Children should be kept at home for 24 hours after being sent home with a fever, diarrhea, or vomiting. They should not return to school the following day.

#### **General Illness:**

Children should be segregated from the other children and staff members for the following reasons:

1. Contagious or communicable disease
2. Fever 100.5 or higher
3. Cold or flu symptoms, e.g., sore throat, persistent cough, or sneezing
4. Rash or discharge from the nose or eyes
5. Child “not well enough to go outside”
6. Head lice

In general, children not well enough to go outside should stay home.

### 3. Medication Administration

There are circumstances when, under specific regulations, a medication prescribed by a private physician may be administered to a student during school hours. Medications should only be given at school if it is prescribed for a time that cannot be given at home. If the over-the-counter/prescription medication must be given at school the following criteria must be met:

- a. A written order from the physician must be furnished by the parent.
- b. A written request from the parent requesting the school personnel administer the medication as ordered.
- c. The family must provide the medication in a bottle, tube or container that has a pharmacy label on it or in the case of over-the-counter medicines, a label with the child’s name on it.
- d. Students are permitted to self-carry EMERGENT MEDICATIONS ONLY if physician and parent permission is received and SELFCARRY is stated.
- e. Medication MUST be brought to school by the parent or designated adult.

WHMS will not administer medication except an epipen. Parents may come to the school to administer injectable medication at anytime. If your child might require the use of an epipen, please contact the health office. Students with epipens must have an allergy action plan filled out and on file in the office.

#### **4. Allergies and Asthma**

Parents are directed to fill out the Medical Information on FACTS. This form must be completed prior to the first day of class. If allergies are life-threatening or severe, parents must fill out an Allergy Action Plan. (See WHmS website or front office for a copy of the plan.)

Due to peanut and nut allergies, do not bring any food to share that contains nuts or peanuts (e.g., birthday treats, holiday parties, etc.) our peanut policy focuses attention on peanuts because they present a special problem: They are the most common culprits in severe food allergies, and they contain an oily substance. Peanut oil residue is easily spread from hand to hand, and around school surfaces, lunch tables, and educational materials. This policy is designed to minimize the risk of severe allergic reactions, to prepare faculty and staff to deal with allergy emergencies, and to minimize anxiety on the part of all students, faculty, and staff around the issue of food allergies. Specific measures include:

- a) No peanut or nut butter or peanut or nut products are knowingly served by the school.
- b) Toddler and Primary programs are 'nut-free,' meaning no peanut or nuts are to be brought to school or any programs (including, but not limited to, School Care and Enrichment), either in lunches or to be shared. This includes products that 'may contain peanuts or nuts.'
- c) For the Lower EL, Upper EL, and Middle School, foods containing peanut or nut products must be labeled on the outside as having peanut or nut products and the classroom teacher must be notified in writing. Areas of the school will be designated as "peanut- and nut-free."
- d) There may be more classroom-specific policies if there are other known allergies.
- e) Children are instructed not to share food.
- f) Hand washing before and after meals and snacks is part of the daily routine
- g) Tables will be washed after snacks and meals. This is the teachers' responsibility in classrooms or any other schoolroom where food is eaten.

Parents of children with life-threatening allergies must provide the school with a written medical treatment protocol for their child, as well as any medication prescribed by the doctor. Parents of children with severe allergies are made aware of policies and protocols. A copy of our Allergy Action plan is available in the front office, and is on our website. A trained staff member will educate and train faculty and staff at the beginning of each school year about the recognition and emergency treatment of severe food allergies, including specific information about how to administer the EpiPen.

The school nurse is part of a core team that coordinates the overall allergy prevention and treatment program. This food allergy policy does not guarantee that a student will never experience an allergy-related event at school. We believe, however, that these measures significantly decrease the risk to allergic children, and that they reflect the strong value that our school places on respect for individual differences.

#### **5. Physical Examination**

Children entering K, 1st, 3rd, 5th, and 7th grade, and those who are new to WHMS between Kindergarten and 8th grade, must have a physical examination within one year prior to the start of school. The school district will provide an exam if necessary, but a private doctor examination is preferred.

## 6. Head Lice

Head lice is a common problem among school age children and prevalent in schools. Head lice, or pediculosis is an infestation with the human head-and-body louse, *Pediculus Humanus*. Woodland Hill Montessori School recognizes how difficult it can be to combat lice. In order to minimize the spread of lice at school, we are asking parents to partner with us in performing home checks and communicating cases of lice to the School Nurse, Head of School, or Office Manager. This will help ensure that students who have lice are treated effectively and the risk of lice spreading is reduced. WHMS will educate students and families on lice prevention and treatment several times during the school year with printed and digital information. We ask families to reinforce education at home and encourage children not to share brushes, combs, hair accessories, helmets or hats in order to reduce the potential spread of lice. To minimize exposure, WHMS has a no-nit policy. We require students to be free of lice and nits prior to returning to school. When WHMS is notified that there are lice in the school we will notify families, of students in the same classroom. The school nurse will screen the classrooms for lice as necessary. If there is an outbreak that requires more help than the school nurse can provide, an outside lice removal company will be brought in to screen. When students are sent home, or are home due to head lice, they will need to be screened by the School Nurse, Head of School, or Office Manager prior to returning to the classroom. If the student was treated by a lice removal company, a clearance letter from them will suffice. If lice or nits are found upon rescreening, the student will return home for further delousing. Students will be re-examined within 10-14 days to ensure they have remained lice free.

The following procedure should be followed if live lice or nits are discovered on a child's head:

- contact the School Nurse, Head of School, or Office Manager via email or phone.
- If a student is found to have a case of live lice or nits while at school, the student will be sent home, and is asked not to return until after treatment and clearance by either a lice removal agency or the School Nurse, Head of School, or Office Manager.
- Select a process of getting rid of the lice, a home treatment or outside agency may be used.
- once a case of lice is reported to the school, the classroom families will be notified that a case of lice was found in the student's classroom.
- once treatment is completed, please schedule a time to be re-examined by the School Nurse, Head of School, or Office Manager, or provide a note from a lice agency or physician stating the child is lice-free, prior to the child returning to class.
- The child will be rescreened within 10-14 days to ensure they have remained lice free.
- For more information on identifying and treating lice please refer to the centers for Disease control and Prevention website: <http://www.cdc.gov/parasites/lice/head/index.html>