

THE BOARD OF EDUCATION
DEPARTMENT OF SPECIAL SERVICES
OFFICE OF HEALTH SERVICES

SCHOOL HEALTH CODE*

1979

*The procedures outlined herein are to be utilized in conjunction with:

N.J.S.A.-Title 18A and State Board of Education Rules and Regulations (NJAC Title 6)
Health and Vital Statistics (Title 26), N.J. State Sanitary Code and Labor and
Workman's Compensation (Title 34) School Health Services (pgs. 1-51); Physical
Education (pgs. 1-7); Pupil Records (6:3-2.5; 6:29-4.2) Tuberculin Testing
(NJSA 18A:40-16; 16-223).

1/28/80

TABLE OF CONTENTS

EMPLOYEE HEALTH PROGRAM

	<u>Page.</u>
ADMISSION OF NEW STUDENTS	1
PARTICIPATION IN VARSITY ATHLETIC PROGRAMS.	2
STUDENT HEALTH PROGRAM.	2
SCHOOL DENTAL SERVICES.	3
SCHOOL HEARING TESTING.	4
ALCOHOL AND DRUG ABUSE.	5
VISION SERVICES	5
PUPIL ACCIDENT REPORTS.	7
ACCIDENTS--INSURANCE CLAIMS	8
INSPECTION OF THE SCHOOL PLANT.	8
SCHOOL HEALTH PROCEDURES.	8
FIRST AID PROCEDURES.	10-14
NEED FOR FURTHER EXAMINATION--EXCLUSION FROM SCHOOL . . .	15
NURSES' STANDING ORDERS	16
SCOLIOSIS SCREENING	17
COMMUNICABLE DISEASE CONTROL.	17
HOME VISITATION	18
BEDSIDE INSTRUCTION	18
HANDICAPPED STUDENTS.	18

EMPLOYEE HEALTH PROGRAM

1. Every new employee must present a statement of health, signed by a physician. This record will be kept on file in the central administration office.
2. In accordance with the present state law regarding tuberculosis testing, all employees who have never had a positive tuberculin test may have a Tine test. If the test is positive, they must have an x-ray. All employees who indicate a history of positive reaction to the Tine test will have an annual chest x-ray. This testing program includes all persons working in the schools. The approximate timing is either late in October or early November. Dates will be announced.
3. All employees must report any injury occurring on school property or connected with any school activity. Form WC-1 (5-56) must be completed and sent to the business office by the start of the second work day after the injury occurred. These forms are available in each principal's office.
4. An employee documented as a positive tuberculin reactor, whose initial chest x-ray was negative for evidence of tuberculosis, shall present a certificate from a licensed physician showing that a physical examination has been made prior to December 1 of each school year.
5. A positive tuberculin reactor who is certified in writing by a licensed physician to have a completed one year of preventative treatment (chemoprophylaxis with ionized (INH), shall not be required to undergo any further testing for tuberculosis.

ADMISSION REQUIREMENTS FOR ALL STUDENTS ENTERING THE NUTLEY PUBLIC SCHOOLS

1. Parents or guardian must furnish written evidence of the following immunizations at the time of registration:
 - a. DPT immunization with evidence of additional booster (booster recommended within ten years)
 - b. Adequate poliomyelitis immunization
 - c. Measles immunization or having had the disease - (to be given at 15 months; 12 months is acceptable)
 - d. It is recommended that all new admissions to a school district, including kindergarten children, submit evidence of a negative result from the intradermal tuberculin test.
 - e. That rubella and mumps vaccine must be administered.

Exceptions to the above will be made only by a religious waiver or a medical excuse signed by the student's physician. In case of epidemic or certain exposure, the school physician may exclude any child who is not properly immunized.

2. Parents of kindergarten enrollees will be given a standardized medical form at the time of enrollment that is to be completed by their family physician or clinic. These cards will be returned to the school as promptly as possible, and no later than the date specified. Where students do not comply with the suggested date, a follow-up reminder form will be sent to the parent by the school nurse through the building principal.

PARTICIPATION IN VARSITY ATHLETIC PROGRAMS

Students participating in varsity athletics must undergo a physical examination by their own physician. If a student participates in more than one sport, one examination is sufficient. Where evidence of this examination has been submitted by students in grades 9 and 11, it will not be necessary to have the regular medical examination form completed.

GENERAL HEALTH PROGRAM FOR STUDENTS

1. Pre-kindergarten students and students in third, sixth, eighth, and tenth grades will take home a standardized medical form that is to be completed by their family physician or clinic. These cards will be sent home in the spring of the year and returned not later than the last school day in September. Dates to be announced.

2. All cards will be reviewed by the medical department when they are brought back to the school. All children showing a deviation will be further examined by the school physician.

3. The school physician will examine those children who have not been examined by their own physician.

4. A routine examination, under the direction of the school physician, will be given to every child at the given grade levels. These routine examinations will include the eyes, the ears, the height, the weight, the tuberculin test, etc.

5. The school nurse will be responsible for the maintenance of student health records. The initial Health Examination Card (HE-1) will be retained in the nurse's office. Health Examination Card (HE-2) will also be retained in the file. The latest dated cards will replace those cards of older origin.

6. All Special Education children should have examinations at periodic intervals by their own physicians. These records should be inspected and evaluated by the school physician and kept in the nurse's office. Many of these children have cardiac, neurological or other abnormalities which have been evaluated, and knowledge of these evaluations should be available to the medical personnel.

Any medications being given should be known to the medical personnel and the medical department.

Close liaison between parent, personal physician and school physician is necessary for proper health maintenance in school.

Tuberculin testing should be done according to state regulations.

Screening procedures such as vision testing, hearing testing should be attempted with realization that value of such procedures will be limited to the ability of the child to cooperate.

Any abnormalities should be reported to the school physician for evaluation. If adequate testing is not possible, parents may be notified if an abnormality is suspected.

In case of accident or illness general procedures in the health code are to be followed.

SCHOOL DENTAL SERVICES

Procedures for Examination

1. The school dental examination will be correlated with the medical examination presently in effect for students at grade levels, new kindergarten, 4, 7, 9 and 11. Information concerned with dental health will be included on the HE-1 and HE-2 forms. This information will be completed by the family dentist. Parents will be encouraged to have the family dentist perform an examination at all grade levels. The family dentist will be asked to submit his findings in writing to the individual school. The school dentist will examine those students in grades 2,3,4,5,6,7,10 and 12 where no evidence of previous examination has been forwarded by the family dentist.

2. A Dental Inspection Form (DH-2) or its equivalent (equivalent shall be interpreted as meaning written evidence from the family dentist or school dentist that an examination has been performed) will be kept on file for each student. The files will be kept in the principal's or nurse's office.

3. The school dentist and the school nurse will conduct those examinations held in school.

- a. The dentist will examine those students in all scheduled grades who have not had the dental portion of the physical examination card completed. He will review the records of all completed cards. The school nurse will conduct a follow-up on all students who have not returned their completed cards.

- b. The central office in each building will make available to the dentist Dental Inspection Forms (DH-2) for those students where no evidence exists that an examination has been performed by the family dentist. This will necessitate close cooperation with the school nurse.
 - c. At the completion of the examinations
 1. The school nurse or aide will complete the required form for each pupil in need of dental treatment.
 2. The completed forms will be submitted through the building principal to the school nurse.
 3. The principal or nurse will see to it that the completed form is sent home with the pupil.
 - d. The school dentist will devote one day each week (Wednesday) to school dental services. The assistant superintendent in charge of special services will be responsible for the scheduling of their time.
4. Dental emergency cases will be called to the attention of the parent by the school nurse. When no parental action has been taken, the case will be brought to the attention of the school social worker.

SCHOOL HEARING TESTING

The following procedure shall be used regarding the administration of the hearing tests with the Maico F-1 Audiometer.

1. Pupils will be tested by the school nurse under the direction of the school physician.
2. A schedule for the use of the audiometer shall be worked out by the nurses.
3. Screening test - it is recommended that the test be performed at the 1st, 3rd, 7th and 9th grade levels, and to children from other grades who have had borderline hearing impairments (15-20 decibel loss) in previous years; children who have a) speech defects, b) suspected of having acquired hearing or ear trouble since last testing.
4. Pupils having failed the Screen Test
 - a. Thorough re-check is given each pupil
 - b. Use a Maico Audiogram for scoring test
 - c. Attach audiogram to pupil's health record card for future reference. (This is the nurse's responsibility.)

5. Reporting of hearing defects to parents
 - a. A hearing loss of a child is considered as reportable to parents where the loss in decibels is greater than 20 in any two frequencies between 500 and 4,000.
 - b. All such cases will be called to the attention of the school physician.
6. The school nurse will not notify parents regarding a hearing defect of their child until the school physician has examined the child and directed the nurse to do so.

ALCOHOL AND DRUG ABUSE

Procedure used for suspected Alcohol and Drug Abuse in the schools as mandated by P. L. 1970. Chapter 226 (sec. 2) (c. 24, 21-2)

Notify the principal immediately.

If student is unconscious, call Rescue Squad immediately.

Notify parent or guardian.

If parent or guardian not available, the principal appoints school staff member to accompany ill student to the doctor or to the emergency room in the hospital.

The pupil shall be examined as soon as possible. A written report of the examination shall be furnished within 24 hours to the principal.

If the diagnosis is positive as a result of the examination, the pupil shall not resume attendance at school until he submits to the principal a written report certifying that he is physically and mentally able to return to school.

VISION SERVICES

The Snellen Test shall be administered by school nurses in grades 1, 5, 7, 9, and 11. Results of the test will be noted in the student's health record on form V-2. When school nurses believe that a student is in need of further professional vision examination, the nurse shall notify the student's parent of this need. Form V-1 shall be used for this notice.

All third grade students will participate in the annual vision survey which is sponsored by the Nutley Lions Club. Instances of defective vision shall be so noted by the Lions Club optometrist who will inform the school nurse of the need for vision correction. School nurses will notify parents of defects identified during the vision survey. They shall use form V-1 for this purpose. The school principal will ensure that these notifications are delivered to parents of students in need of vision referrals.

Records of telebinocular examinations shall be kept on form V-2. A copy of this form shall be filed with the student's health record.

The Lions Club of Nutley will furnish glasses for indigent pupils. In such cases necessary arrangements will be made by the school principal or the school social worker.

Cases of suspected eye disease shall be referred by the school nurse to the school physician.

Color perception test will be given in first grade, and the results will be noted in the student's health record.

PUPIL ACCIDENT REPORTS

Accident reporting can be a constructive device. One of the primary functions of the report is not to compile statistics, but to help ascertain where and why accidents occur in order that they may be avoided, or at least curtailed, in the future.

Information regarding an accident may be needed months or even years after memories have faded; in such a case nothing would be quite as helpful as an accurate report of the accident. Pupil Accident Reports will be kept in the school where the accident occurred.

Obviously, it is of vital importance that the accident report be accurate and complete. Distribution of completed reports will be as follows:

1. Retain one copy for school file - yellow
2. Two copies to business office

Accidents will be reported according to the following procedure:

1. Report only accidents which occur
 - a. On the way to school
 - b. On the way home from school
 - c. At school
 - d. When a teacher is in charge of a pupil, i.e., trips, errands sports, etc.
2. The pupil accident reports will be used to report an injury which involves
 - a. Pupil being absent from school
 - b. Doctor being consulted
 - c. Parent or guardian being notified
 - d. Any accident which appears to be of a serious nature
(When in doubt, fill out a card)
3. Filling out Pupil Accident Reports
 - a. A teacher or nurse will fill out the report
 - b. All reports should be checked for completeness and signed by a teacher or nurse
 - c. Reports shall be completed at the earliest possible date
4. Accidents of a serious nature will be reported to the Business Office as soon as possible.
 - a. Copy of the Pupil Accident Report will be sent to the Business Office as soon as the report can be completed
 - b. Accidents of the following nature shall be considered serious:

- 1) broken bone
- 2) severe sprain
- 3) cut requiring stitches
- 4) head injuries

5. How to secure PUPIL ACCIDENT REPORT Forms

Pads will be ordered through the building principal.

ACCIDENTS INVOLVING INSURANCE CLAIMS

The school nurse or building secretary will complete the insurance claim form for those accidents that are involved with insurance claims. The information will be gathered from the school accident form.

Where accidents are not reported to the school, or when accidents occur at a time other than school hours, it is the parents' responsibility to complete the insurance claim form. Parents may secure form from the principal's office.

INSPECTION OF THE SCHOOL PLANT

The school physician, accompanied by the school nurse, will conduct an inspection of the facilities as directed by the Secretary-Business Administrator. A copy of these inspection reports will be forwarded to the office of the Secretary-Business Administrator. Interim checks will be made by the nurse with the building principal.

SCHOOL HEALTH PROCEDURES

All cases of accident or emergency that involve injury to students in school, on the school grounds, in activities (field trips included) or on the way to and from school are to receive first aid.

1. Caution - No internal medications are to be given to any student at any time by any of the school personnel.

Dressings may be reinforced but should not be changed by school personnel. If a dressing falls off, a clean sterile pad may be applied. No dressing put on by a physician is to be changed unless specifically requested by the physician in writing.

In the absence of a nurse, a student should never be sent to the room alone to treat his injuries. An adult should always accompany the student.

2. Minor Accidents - Minor accidents are to be cared for by the principal, teacher or school secretary in the absence of the school nurse. Standard first aid procedures are to be followed in all such cases.

No student shall be permitted to walk home after a head injury or an injury that requires medical attention.

3. Serious Accidents and Emergencies - When serious accidents or emergencies occur, the school nurse and the principal are to be notified immediately. The following procedure is to be followed in all cases of serious accidents and emergencies:

- a. Notify the parent
- b. In the absence of both parents, consult the family physician
- c. If the family physician is unavailable, consult one of the school physicians
- d. If no physician is available, transport the student by car or ambulance (First Aid Squad) to a hospital
- e. The Office of the Superintendent is to be notified immediately of all serious emergencies
- f. Fill out Accident Report Form with all pertinent data and send to the Office of the Superintendent. (All bills for outside attention and transportation to be paid by the parents.)

4. Illnesses - Accidents - No student is to be excused to go home unless a parent or responsible person is at home. If necessary, contact the parent at his place of business for advice.

In general, students should not be permitted to walk home. If the parent is unable to call for the student, the principal or nurse is to assume the responsibility for sending the student home by taxi, with the permission of the parent.

First Aid

First aid and emergency treatment ONLY will be given by the school personnel. Definitive treatment is to be given by the family physician.

Objects of First Aid

1. Prevent further injury
2. Ease the pain after an injury
3. Prevent and minimize shock
4. Prevent or limit blood loss

(No attempt is to be made to correct an injury. Cover wound with sterile dressing. DO NOT tamper with a fracture or dislocation.)

General Principles of First Aid

1. Make the patient comfortable
2. Support the injured part
3. Prevent further contamination of the wound by a suitable dressing
4. Control bleeding from external wounds as follows:
 - a. Direct pressure with sterile gauze or pressure type bandage
 - b. Elevation of the bleeding part
 - c. Use of pressure points ONLY in severe spurting bleeding
Use of tourniquet only when these measures fail. Once applied, tourniquet is to be relaxed only by medical personnel
5. Be sure there is no obstruction to breathing if patient is unconscious. Loosen collar, see that the mouth is clear and that the tongue has not slipped into the throat.
6. In suspected injury to back or spine, do NOT move patient until instructed to do so by a physician.
7. Treat all head injuries as severe injuries.
8. Do not attempt to have an unconscious patient swallow water or other liquids.

Procedures in First Aid

1. Abrasions
 - a. Wash with green soap or phisohex and water or zepharen. Apply antiseptic solution
 - b. Cover with a sterile pad or bandaid
2. Asphyxiation
 - a. Artificial respiration
 - b. Loosen tight clothing
 - c. Have someone call ambulance
 - d. Have someone call a physician
3. Back Injuries
 - a. Do not disturb victim if he is recumbent
 - b. Protect patient with suitable covering
 - c. Follow procedures for serious injuries
4. Bee Stings
 - a. If swelling occurs, apply an ice compress
 - b. Watch for reaction

5. Bleeding from Ears, Throat, Stomach, Lungs
 - a. Have patient lie down with head elevated on pillow
 - b. Follow procedure for serious emergency
6. Blisters
 - a. Wash lightly with green soap or Phisohex and water
 - b. Apply antiseptic solution
 - c. Do not open a blister
 - d. Cover with a sterile pad
7. Bruises (contusions)
 - a. Wash area with green soap or Phisohex and water
 - b. Apply ice bag or cold compresses
8. Burns
 - a. Apply cold water
 - b. If serious, refer for immediate medical care
9. Chemical Burns of the Skin
 - a. Wash area with large amounts of cold water
10. Chemical Burns of the Eye
 - a. Wash eye with large amounts of cold water
 - b. Refer immediately to parent or physician
11. Convulsive Disorders
 - a. Place patient on the floor. Loosen clothing. Remove eyeglasses.
 - b. Place something between teeth, wedging them apart
 - c. Keep patient's tongue forward
 - d. Use little or no restraint
 - e. Call nurse
 - f. To prevent swallowing of tongue, turn head to one side
12. Cuts (lacerations)

The location, depth, extent, and the amount of bleeding from a cut determines its degree of seriousness and the type of treatment necessary.

Slight Superficial Cuts

Cleanse adjacent area around cut with green soap or Phisohex and water, then peroxide. Apply antiseptic solution. Cover with a sterile pad, or bandaid.

Deep and Extensive Cuts

May require sutures. Control bleeding. Apply sterile pad. Refer for immediate medical care.

Puncture Wounds

Follow procedure for cuts. Tetanus antitoxin or toxoid booster may be indicated on the advice of the physician.

13. Diabetics

- a. All diabetics should be known to the school personnel
- b. Call nurse in emergency
- c. Give sugar solution, if conscious. If in a coma, call physician immediately

14. Dislocations

- a. Do not attempt to reduce a dislocation
- b. Immobilize the affected part
- c. Refer for immediate medical care

15. Dog Bites

- a. Wash area with large amounts of soap and water, phisohex, antiseptic solution
- b. Cover with sterile pad
- c. Refer for immediate medical care
- d. Principal to notify Police Department, giving description of dog and name of owner, if known

16. Eye Injuries

- a. All injuries to the eyeball, laceration or contusions are to be referred to parent or physician immediately
- b. No attempt is to be made by anyone other than the school nurse to remove a foreign body from the eye

17. Fainting

- a. Have patient lie flat with head lowered and feet elevated
- b. Place cold towel or compress on forehead
- c. Use ammonia inhalant if available
- d. Rest until pulse becomes regular

18. Foreign Body in the Throat

(A small object caught in the throat may cause strangulation)

- a. A sharp slap on the back between the shoulder blades may dislodge the object. Position: Bend at waist -- head lowered to knee level
- b. A swallow of water may dislodge the object. Bread, if handy, may help
- c. If first aid procedures fail, refer for immediate medical care

19. Fractures

(Many fractures can be diagnosed only by x-ray. If there is a doubt, proceed on the basis that the injury is a fracture.)

- a. Immobilize the part
- b. Do not attempt to realign the bones
- c. Control bleeding, if present
- d. In case of compound fracture with bone protruding, cover wound with sterile dressings
- e. Keep patient warm
- f. Proceed as in case of serious injury

20. Head Injuries

- a. Treat all head injuries as serious until proven otherwise
- b. Keep patient lying down and warm
- c. Refer for medical care -- follow procedure for serious injury

21. Insect Bites

- a. Apply cold witch hazel compresses

22. Injury to Teeth

- a. Call the nurse

23. Lacerations

See Cuts

24. Nose Bleed

- a. Apply cold compresses to bridge of the nose
- b. If bleeding continues, apply nasal clip
- c. If nose bleed is prolonged, call parent. Refer to family physician

25. Nausea and Vomiting

- a. Isolate patient on cot until arrangements are made to take him home

26. Splinters

- a. Wash area with alcohol
- b. Remove minor splinter with sterilized needle or tweezer

27. Sprains

- a. Of the UPPER extremity -- support part. Use sling or ace bandage
- b. Of the LOWER part -- keep off feet. Apply ice bag, ace bandage.
If severe, refer to parent

28. Suspected Communicable Disease

Isolate patient until arrangements are made to take him home

29. Rash

Student to be excluded from school until the cause of the rash is determined

30. Elevated Temperature

Isolate student until arrangements are made to take him home

SIGNS AND SYMPTOMS WHICH MAY REQUIRE FURTHER EXAMINATION AND EXCLUSION
FROM SCHOOL

Eyes

- a. Inflammation of the eyes
- b. Purulent or watery discharge

Skin

- a. Presence of rash
- b. Extreme pallor in otherwise normal student
- c. Flushed appearance

G.I. System

- a. Nausea and vomiting
- b. Diarrhea

Respiratory

- a. Running nose
- b. Hoarseness
- c. Cough, insistent

General

- a. Headache
- b. Earache
- c. Abdominal pain
- d. Fever

NURSES' STANDING ORDERS

The following constitutes a list of standing orders for the guidance of nurses in the Nutley Public Schools.

1. The policy of "no treatment" other than for first aid or emergency treatment as outlined in the standing orders for First Aid should be adhered to in the absence of school physician's special orders to the contrary.
2. All rules and regulations contained in the "accident policy" should be followed in case of emergency accidents to pupils.
3. All lacerations or abrasions should be cleansed with antiseptic soap solution and covered with sterile gauze.
 - a. All such lacerations or abrasions, with the exception of those on the face, should be treated with zephrene chloride, antiseptic solution, or other antiseptic solution as approved by the medical inspector. Exercise caution on lacerations or abrasions near eyes or mouth.
 - b. All dressings applied to lacerations or abrasions should be sterile, i.e., pads or bandages.
4. Bandages, dressings, or appliances applied by parents or outside physicians should not be removed by school officials in any capacity, except in case of emergency.
5. Pupils are to be readmitted to school following illnesses of an infectious or communicable nature in accordance with existing rules and regulations (see "Communicable Diseases") and after passing inspection by the school nurse. This history of illness or injury, e.g., fracture, should appear on the health record.
6. Doubtful or suspicious cases or infectious or communicable diseases should be excluded as possible cases of disease until evidence is presented to the contrary.
7. Nurses should never diagnose (except for their own purpose). Positive diagnosis should not be given out to the pupils, parents or guardians.
8. All pupils observed by the nurse, who in her opinion appear to be in poor general health or to have specific physical defects, should be referred to the school physician for his diagnosis and opinion before any action or disposition is taken.
9. All pupils with elevated temperatures over 99° should be excluded from school.
10. Nurses should never give any internal medication to a student.
11. Splints may be applied as an emergency measure, followed with proper notification to parent.

SCOLIOSIS SCREENING

New Jersey law mandates that every pupil between the ages of ten and eighteen be screened annually for scoliosis.

Scoliosis is a lateral curvature of the spine, most commonly found during adolescence. This condition occurs more frequently in girls, and it is estimated that between five and ten percent of school children have a curvature in varying degrees. The effect of scoliosis depends upon its severity, how early it is detected, how promptly treatment is received.

This screening procedure will be done annually by the school nurse during physical education classes. Students in grades 5-12 will be screened. Where scoliosis is indicated, the school nurse shall refer the student to the school physician. The physician shall notify parents of confirmed scoliosis cases.

CONTROL OF COMMUNICABLE DISEASE

The Board of Education cooperates with the local Board of Health in matters of exclusion and quarantine for the control of communicable diseases and infections.

Any student with a disease entity considered detrimental to the health of the student body may be excluded from attending school until the condition is declared cured or controlled. The student must present a written note from the family physician to this effect. Exclusion of students with contagious diseases and contacts of these students shall be carried out as recommended by the school physician in cooperation with the local Board of Health.

Tuberculin Testing

Tine testing is done on 8th grade students. Positive tine reactors are referred to their own doctors or to the Nutley Health Clinic for follow-up, Mantoux and X-Ray. If Mantoux is positive and X-Ray reveals active tuberculosis, prophylactic treatment of INH is recommended by the State Health Department for one year.

Students entering high school, 13 years of age or over and have not been tined, must show proof of X-Ray, previous Tine Test, or present family physician's note indicating negative indication of tuberculosis.

Immunization

Proof of immunization will be required before any student can register in the Nutley Public Schools at any age.

Requirements:

1. DPT -- 3 doses -- 4 to 6 weeks apart. Booster 6 months to 1 year later. Ten year booster given ten years after first booster.
2. Sabin oral vaccine for polio given -- 1st two doses one month apart, last dose given six months to one year later. Five to ten year booster optional. Eighteen year olds not administered oral Sabin. State Health Department feels pupil too old for any benefits.
3. Measles Vaccine -- given after 15 months of age. Not needed if child had actual disease.
4. Rubella and Mumps Vaccine -- given after 15 months of age or before pupil is 13 years of age. Rubella not required if child is over 12 years of age. Mumps not required if over 7 years - if child has had disease, not required.

OTHER SERVICES

Home Visitation

The school social worker is available for home visitation. His/Her services may be requested by the school physician, school nurse, psychologist, and building principal.

Bedside Instruction

To receive bedside instruction, the student's absence must be continuous for two weeks or more. A written request from the family physician must be submitted by the parent to the Office of the Superintendent. Pertinent information shall be transferred to the student's health record.

Handicapped Students

The school physician, the school nurse, psychologist, social worker and other consultants will assist in arrangements for students who require a modified or specialized program. They may suggest special seating arrangements or restricted schedules. The child study team will recommend to the superintendent those students who are in need of supplemental instruction. Classification of handicapped students requires participation on the part of all specialized discipline represented on the child study team.