Health Assessment

- Within 30 calendar days of the first day of school entry, all kindergarten students and all students entering public schools for the first time, regardless of grade level, must furnish to the principal a form that meets the requirements of state law indicating that the student has received a health assessment pursuant to G.S. 130A-440.
- A student who fails to meet this requirement will not be permitted to attend school until the required health assessment form has been presented.
- The assessment must include a medical history and physical examination with screening for vision and hearing and, if appropriate, testing for anemia and tuberculosis.
- The health assessment must be conducted no more than 12 months prior to the date of school entry.
- The health assessment shall be conducted by a physician licensed to practice medicine, a physician's assistant as defined in G.S. 90-18.1(a), a certified nurse practitioner, or a public health nurse meeting the Department's Standards for Early Periodic Screening, Diagnosis, and Treatment Screening.
- Exceptions to the health assessment requirement will be made only for religious reasons.
- The NC Health Assessment Transmittal Form may be downloaded from our website – available in English and Spanish.

Immunizations

North Carolina requires immunizations for every child present in the state (listed below). Every parent, guardian, or person in loco parentis is responsible for ensuring that his or her child receives the required immunizations. Proof (e.g., immunization record) of the immunizations required for entry into pre-K, Kindergarten, and 7th grade must be submitted by the parent/legal guardian to the school within 30 calendar days of the first day of school attendance. Students who do not comply with this regulation will not be allowed to attend school until the designated, age-appropriate immunization requirements are met and the immunization record is properly submitted. (NC G.S. 130A-152)

1. Requirements for Initial Entry – Kindergarten
   - Within 30 calendar days of his or her first day of attendance in the school system, each student must show evidence of age-appropriate vaccination in accordance with state law and regulation, including the following vaccines as applicable: DTaP (diphtheria, tetanus, and pertussis); poliomyelitis (polio); measles (rubeola); rubella (German measles); mumps; Haemophilus influenzae, type b (Hib); hepatitis B; varicella (chickenpox); and, any other vaccine as may be required by law or regulation.
   - The current vaccination requirements for school are available from the N.C. Immunization Branch online at http://www.immunize.nc.gov/schools/index.htm.
   - For immunization schedules and required doses of each vaccine listed below go to: http://www.immunize.nc.gov/family/immnz_children.htm.

2. Additional Requirements – Students entering 7th Grade (Tdap and MCV)
   All students entering seventh grade or who have reached age 12, whichever comes first, are required to receive a booster dose of Tdap (tetanus, diphtheria, and pertussis vaccine), if they have not previously received it; and, the meningococcal conjugate vaccine (MCV).

3. Certificate of Immunization
   - Evidence of immunizations must be shown in the form of a certificate furnished by a licensed physician or by the health department. A student who received immunizations in a state other than North Carolina must present an official certificate
that meets the immunizations requirements of G.S. 130A-154(b).

- Principals are required to refuse admittance to any child whose parent or guardian does not present a medical certification of proper immunizations within the allotted time. If, following approved medical practice, the administration of a vaccine requires more than 30 calendar days to complete, upon certification of this fact by a physician, additional days may be allowed in order to obtain the required immunizations.

The student’s immunization record will be reviewed by the school nurse for compliance with state requirements. Contact your child’s school nurse, healthcare provider, or the local health department with questions.

**When Immunizations are “in process”**

Children who have begun a series of immunizations, but have not completed the series due to the need to meet minimum intervals between doses, are considered *in process* and may attend school.

### Immunization Exemptions

- **Medical Exemption**: An exemption is permitted for medical reasons when a physician determines that an immunization is or may be harmful to a student for a specific reason. Valid medical exemptions must be written and signed by a physician licensed to practice medicine in North Carolina. The medical exemption must correspond to those medical contraindications specified in the N.C. Immunization Rules or an approved Rules’ exception approved by the State Health Director. The medical exemption statement must be maintained in the student’s permanent record, and include, at minimum, the basis of the exemption; specific vaccine(s) the child should not receive; and length of time the exemption will apply for the child. Please check the Nurses website for the Medical Exemption Statement Form.

- **Religious exemption**: A parent, legal guardian, or person in loco parentis who has a bona fide religious objection to immunization requirements must place a signed statement on file in the student’s permanent record. An objection based upon a "scientific" belief (i.e. a foreign substance or chemical may be harmful) or non-religious personal belief or philosophy (i.e., clean living, fresh air, and pure water) is not considered to be a religious exemption and is not allowed under North Carolina law. A written statement must be maintained in the student’s record containing and include, at minimum, the name of student, date, and bona fide religious objection and signature of parent, legal guardian, or person in loco parentis. For a student age 18 or older, student name, signature, date, and statement of bona fide religious objection are required. Please check the Nurses website for the Religious Exemption Statement Form.

**Student Transfers**

A student transferring from another school system must present the most recent certificate of immunization; and, if attending a public school in NC for the first time, a Health Assessment Transmittal Form. All requirements listed above are applicable.

**Health Conditions**

It is our goal to identify and safely care for students with acute and chronic health conditions. The parent/legal guardian is responsible for completing a Health History Form at the beginning of each academic school year; and, contacting the school nurse, if individualized health/emergency action plans, medications (daily, emergency, and “as needed”), skilled procedures, adaptive devices, etc. are needed at school. Please refer to the Nurses webpage for student health policies/protocols, medication authorization forms, and individualized health/emergency action plans.
Garrett’s Law
Garrett’s Law (N.C. Senate Bill 444) enacted in 2004 and expanded in 2007 mandates that schools provide parents/legal guardians with information about meningococcal meningitis, influenza, and the human papillomavirus (HPV) and vaccines that protect against these diseases. This information may be found on the student health web site and is always available from the school nurse. Students and staff receive information at the beginning of each academic school year and reminders are provided throughout the school year on communicable disease prevention measures and protective practices. Good hand-washing, receiving age-appropriate immunizations, staying home when ill, and medical treatments/medications, as ordered by the healthcare provider, are key components to prevention of communicable diseases.

Updated Guidelines for When to Keep a Child Home from School / Exclusion from School

It is sometimes difficult to know when to keep a student home from school, when sick. The following updated guidelines are available to assist in this decision. Please contact the school nurse for help in making the decision to keep your child home. When deciding whether to keep your child home, the most important things to think about are:

1. Does your child’s illness keep him/her from comfortably taking part in activities?
2. Does the sick child need more care that the staff can give without affecting the health and safety of other children?
   - If the answer to either of these questions is yes, then your child should not go to school.
   - If a sick child is sent to school, he/she may not be allowed to stay.
3. Could other students/staff get sick from your child’s condition / is the illness contagious?
   - If the answer to this question is yes, your child should not be in school.

If any of the above criteria are met, the child should be excluded, regardless of the type of illness. Decisions about caring for the child while awaiting parent/guardian pick-up shall be made on a case-by-case basis providing care that is comfortable for the child considering factors such as the child’s age, the surroundings, potential risk to others, and the type and severity of symptoms the child is exhibiting.

Temporary exclusion is recommended when the child has any of the following conditions:

1. The illness prevents the child from participating comfortably in activities.
2. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.
3. A severely ill appearance - this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.

<table>
<thead>
<tr>
<th>Condition</th>
<th>When to keep a child home / When to send a child home from school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>Fever is defined as temperature above 101°F [38.3°C] by any method) with a behavior change.</td>
</tr>
<tr>
<td>Vomiting</td>
<td>Vomiting more than two times in the previous twenty-four hours, unless the vomiting is determined to be caused by a non-infectious condition and the child remains adequately hydrated.</td>
</tr>
<tr>
<td>Abdominal Pain</td>
<td>Abdominal pain that continues for more than two hours or intermittent pain associated with fever or other signs or symptoms of illness.</td>
</tr>
<tr>
<td>Rash</td>
<td>Rash with fever or behavioral changes, until the primary care provider has determined that the illness is not an infectious disease.</td>
</tr>
</tbody>
</table>
### Condition | When to keep a child home / When to send a child home from school – continued
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Active TB | Active tuberculosis, until the child’s primary care provider or local health department states child is on appropriate treatment and can return
Impetigo | Impetigo, only if child has not been treated after notifying family at the end of the prior program day. Exclusion is not necessary before the end of the day as long as the lesions can be covered
Strep | Streptococcal pharyngitis (i.e., strep throat or other streptococcal infection), until the child has two doses of antibiotic (one may be taken the day of exclusion and the second just before returning the next day).
Head Lice | Head lice, only if the child has not been treated after notifying the family at the end of the prior program day. (Note: exclusion is not necessary before the end of the program day.)
Scabies | Scabies, only if the child has not been treated after notifying the family at the end of the prior program day. (Note: exclusion is not necessary before the end of the program day.)
Chicken Pox | Chickenpox (varicella), until all lesions have dried or crusted (usually six days after onset of rash and no new lesions have appeared for at least 24 hours).
Rubella | Rubella, until seven days after the rash appears.
Pertussis | Pertussis (Whooping Cough), until five days of appropriate antibiotic treatment.
Mumps | Mumps, until five days after onset of parotid gland swelling.
Measles | Measles, until four days after onset of rash.
Hepatitis A | Hepatitis A virus infection, until one week after onset of illness or jaundice if the child’s symptoms are mild or as directed by the health department. (Note: Protection of the others in the group should be checked to be sure everyone who was exposed has received the vaccine or receives the vaccine immediately.)

### Conditions/symptoms that do not require exclusion:
- Common colds, runny noses (regardless of color or consistency of nasal discharge).
- A cough not associated with fever, rapid or difficult breathing, wheezing or cyanosis (blueness of skin or mucous membranes).
- Pinkeye (bacterial conjunctivitis) indicated by pink or red conjunctiva with white or yellow eye mucus drainage and matted eyelids after sleep.
  - This may be thought of as a cold in the eye.
  - Exclusion is no longer required for this condition.
  - Health professionals may vary on whether or not to treat pinkeye with antibiotic drops.
  - The role of antibiotics in treatment and preventing spread of conjunctivitis is unclear.
  - Most children with pinkeye get better after 5 or 6 days without antibiotics.
  - Parents/guardians should discuss care of this condition with their child’s primary care provider, and follow the primary care provider’s advice.
  - If no treatment is provided, the child should be allowed to remain in care. If the child’s eye is painful, a health care provider should examine the child.
  - If 2 or more children in a group develop pinkeye in the same period, the program should seek advice from the program’s health consultant or a public health agency.
- Watery, yellow, or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness.
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (i.e., the whites of the eyes).
Conditions/symptoms that do not require exclusion – continued:

- Fever without any signs or symptoms of illness regardless of whether acetaminophen or ibuprofen was given.
  - For this purpose, fever is defined as temperature above 101 degrees F (38.3 degrees C) by any method.
  - These temperature readings do not require adjustment for the location where they are made. They are simply reported with the temperature and the location, as in “101 degrees in the armpit/axilla”.
  - Notes: Fever is an indication of the body’s response to something, but is neither a disease nor a serious problem by itself. Body temperature can be elevated by overheating caused by overheating or a hot environment, reactions to medications, and response to infection. If the child is behaving normally but has a fever, the child should be monitored, but does not need to be excluded for fever alone. For example, an infant with a fever after an immunization who is behaving normally does not require exclusion.

- Rash without fever and behavioral changes.

- Impetigo lesions should be covered, but treatment may be delayed until the end of the day. As long as treatment is started before return the next day, no exclusion is needed.

- Lice or nits treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.

- Ringworm treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.

- Scabies treatment may be delayed until the end of the day. As long as treatment is started before returning the next day, no exclusion is needed.

- Molluscum contagiosum (does not require covering of lesions).

- Thrush (i.e., white spots or patches in the mouth or on the cheeks or gums).

- Fifth disease (slapped cheek disease, parvovirus B19) once the rash has appeared.

- Methicillin-resistant Staphylococcus aureus, or MRSA, without an infection or illness that would otherwise require exclusion. Known MRSA carriers should not be excluded.

- Cytomegalovirus infection.

- Chronic hepatitis B infection.

- Human immunodeficiency virus (HIV) infection.

- Children with chronic infectious conditions that can be accommodated according to the legal requirement of federal law in the Americans with Disabilities Act. The act requires that child care programs make reasonable accommodations for children with disabilities and/or chronic illnesses, considering each child individually.

Medication Administration at School

Please make every effort to give your child medication at home. School staff may administer medication, prescription and over-the-counter, only upon receiving the NRMPS medication form completed by the healthcare provider and signed by the provider and parent/legal guardian. Please check the Nurses website for the Supervised Medication Authorization Form.

Provisions are also available for students to self-administer emergency and/or rescue medication. Please check the Nurses website for the Medication Self-Administration Form. Medications classified as narcotic, stimulant, or controlled substance may not be self-administered or carried at school by any student at any grade level. Medications for ADD/ADHD that are classified as a controlled substance must be kept, stored, and given to your child only by school personnel trained by the school nurse. Self-administration of some over-the-counter medication may be allowed and must include written parental/legal guardian permission. Please contact the school nurse for more information and forms.
Medication administration forms are valid for one academic school year. For medications needed to be administered at school, please provide an updated medication form to the school nurse at the beginning of each academic school year and any time there is a change in the dosage, administration time, route, and/or type of medication. The parent/legal guardian is responsible for bringing the medication to the school and for picking-up unused medication. Unclaimed medication will be properly disposed, according to the medication administration procedure.

**Individualized Health Plans (IHP) and Emergency Action Plans (EAP)**

An Individualized Health Plan (IHP) / Emergency Action Plan (EAP) is valid for one academic school year. The individualized health plan (IHP) and emergency action plans (EAP) are available on the Nurses webpage and from the school nurse for students with acute and/or chronic health conditions (e.g., severe allergic reactions, anaphylaxis, diabetes, asthma, seizures, sickle cell anemia, cardiac, orthopedic problems, etc.). Forms and health plans are also available for students with special health needs requiring procedures, treatments, and/or medications to be administered at school. The parent/legal guardian is responsible for providing medications and/or supplies needed during the school day.

**Emergency Contact Information**

Parents/legal guardians are responsible for notifying the school and school nurse when emergency contact information changes.

**Screening**

School nurses provide routine vision and hearing screening as described below. Parents/legal guardians will receive notification for students who do not pass the vision and/or hearing screening and are responsible for following the instructions on the referral letter. An evaluation by a vision and/or healthcare provider is required for students who do not pass the vision and/or hearing screening. If a referral letter is sent by the school nurse, the form must be returned to the school nurse showing the provider’s findings, diagnosis, and treatment recommendations. School nurses will provide follow-up on referrals. Please contact the school nurse for assistance in obtaining a vision and/or hearing specialist to complete the referral form. Financial Assistance/Vouchers are available from multiple resources for vision care and prescription glasses – these programs are coordinated by the school nurse.

**Vision Screening**

- Stereopsis screening will be provided for Kindergarten students.
- Far vision screening will be provided for students in grades 1, 3, and 5.
- Far vision screening will be provided for K students who, at the time of their Kindergarten Health Assessment/Physical, did not pass or were unable to screen.
- Far and near vision screening will be provided for students in all grades who are referred by the teacher, EC Department, and/or parent.

**Hearing Screening**

- Hearing screening will be provided for students in Kindergarten and 1st grade.
- Hearing screening will be provided for students in all grades who are referred by the teacher, EC Department, and/or parent.

**Dental Screening**

- Dental screening will be coordinated through the NC Division of Oral Health and local dentists, as resources are made available.
- The school district participates in NC Give Kids a Smile Program, if selected by the NC Dental Assoc.
Student Health Advocacy / Resources
The school nurse is an advocate for your child’s health, safety, and well-being in the academic setting. Please contact your child’s school nurse for questions, assistance, and resources.