

BETHEL SCHOOL CLINIC GUIDELINES

Our goal is to provide a safe, healthy learning environment in our school and to keep the student in class for optimal learning.

All students sent to the nurses clinic must have a written pass with both first and last name filled out or be accompanied by an adult. We understand that emergency situations occur where this is not possible, but it is the expected daily procedure.

Questions to ask students before sending them to the clinic during class: Have they used the restroom? Hungry? Thirsty? Allergies? Tired? These are not emergent reasons to see the nurse. If you need band-aids in your room for minor cuts, scrapes, please notify the nurse and she will provide them. Please encourage the student' parents to talk with the school nurse if there is a history or medical problem so that special adjustments can be made.

1. **Temp of 100 or more**, the student will be sent home. They may return the next day if no fever, unless it is during flu season then they must be fever-free for 24hrs without the use of fever-reducing medication.
2. **Headaches:** If student complains of a headache, and no other symptoms, they may be asked to remain in class until break. Exceptions to this would be diagnosis of migraines or other medical condition that includes frequent headaches.
3. **Head Lice:** If lice are visible, student will be sent home. They may be excused one day from school for treatment. Upon return to school, a parent/guardian must accompany child to clinic and have the nurse check head for lice. If no lice are found, child may stay at school. If lice are still present, they will be sent back home. They will be checked every 3 days for new nits & lice.
4. All **head traumas** will be reported to parent/guardian immediately. Student will be sent home or to hospital if needed.
5. **Eye injuries** are emergent and should be seen by nurse immediately.
6. If **pink eye** is suspected, child will be sent home and referred to a doctor for evaluation & treatment. If it is diagnosed as pink eye, they may return to school after 24 hours of treatment with appropriate medicated eye drops.
7. **Ear aches** can be a common complaint, especially among the elementary age. Unless it is a severe pain or drainage is apparent, the child may be kept in class until break. The school nurse can check for inflammation and drainage, but cannot diagnose an ear infection; therefore the child may be referred to a physician for further evaluation. Most children with earaches without temperature can stay at school, some do very well with Tylenol or Motrin. Middle ear infections are not contagious.
8. **Nosebleeds** can be scary looking but are usually nothing to worry about. They are most frequently caused by dry air or nose-picking. They should be sent to the clinic until controlled and skin/clothing cleaned. Encourage the student to pinch both sides of nose together completely with tissue, breathe through mouth, and bend slightly forward at the waist to avoid swallowing blood. Someone may need to walk with them to the clinic for safety.
9. **Dry chapped lips** are not a medical necessity and do not need to be seen in the clinic unless sores or bleeding are evident, then they will be allowed one trip to the clinic for Vaseline. Parents are encouraged to provide Chap Stick especially in the winter season.
10. **Braces** can sometimes cause places in the mouth to get "poked" by the metal. They should keep dental wax with them and can be applied quickly and discretely. We have extra wax in the clinic. Parents may provide OTC medication (with written consent) for pain relief after dental adjustments.
11. Nurses will pull **baby teeth** if very loose – no tugging.
12. **Sore Throats** are a very common complaint. They are not emergent & should be sent to the clinic between classes, unless other symptoms are present as well (temp, vomiting, rash, strep odor).

They will be assessed & if redness or sinus drainage is observed, fluids may be encouraged & a note may be sent home. If blisters or swollen tonsils are observed, a parent will be contacted.

13. **Cough/Congestion** can be symptoms of allergies, a virus (the “cold”), or may be more severe and escalate in cases such as asthma. Mild symptoms should not keep a student from class, although water should be offered frequently. Students with written consent can have OTC medications as directed. Students are allowed cough drops during breaks and must sit in the clinic until it is dissolved. Please limit these visits as they become very frequent.
14. **Stomach aches:** This is a very frequent complaint, often exaggerated, and difficult to medically evaluate. It can become a very time consuming evaluation for the student, clinic nurse, and teacher. If child states vomiting, there must be verification from school staff. If the student has been in clinic x 20 minutes without fever, vomiting, or diarrhea, they may return to class. Upon initial complaint to teacher, the student should be given opportunity to use bathroom or eat a snack. If a child has a medical condition that causes frequent stomach problems, it should be reported to the school nurse/aide or principal so that a Plan of Care can be written and special arrangements can be made.
15. **Mint** contains menthol which calms muscles in the digestive system. This helps conditions like indigestion & gas, but it will aggravate conditions such as reflux (“heartburn”). Student will be assessed to determine if mint is appropriate for them. Students are allowed one trip to the clinic for mint (candy or tea). Student must finish their mint before returning to class for safety reasons & so they can rest during that time. Too much peppermint candy (sugar) will make stomachache worse. Parents of students with frequent stomachaches will be notified so underlying cause can be treated.
16. If Student is sent home for **Diarrhea and Vomiting**, they must be symptom free for 24 hours before returning to school.
17. **Ice packs** should be used immediately after an injury and should be placed for no longer than 20 minutes. Students may return to class with ice pack but it must be returned after 20 minutes. If student’s injury requires more than two visits for ice, parent will be notified. Ice is not the treatment for an old injury.
18. **Splinters** will be removed if visible and accessible with tweezers. They will not be "dug" out. A Band-Aid may be given and a note sent home to parents alerting them of the splinter.
19. Students with **draining wounds** that cannot be covered with appropriate bandages will not be allowed at school. If a student has a piercing that is infected (red, drainage, foul odor) they will be sent home.
20. **Rashes:** If allergic reaction is suspected and student is at risk for respiratory difficulty, they may receive Benadryl and be sent home/to a medical facility immediately. If not life threatening, they may receive Benadryl with parent’s permission and remain at school if parent chooses. Rashes of unknown origin will be reported to parent and treated accordingly. In cases such as chicken pox and impetigo, students with open/draining lesions will be excluded from school. They may not return until ALL lesions are crusted & healing. Students will be sent home if ringworm is present. They may return to school after appropriate medical treatment is started. Two applications are preferred.
21. **Over-the-counter medicines** such as cough syrup, antihistamines, decongestants, etc. may be given at school if absolutely necessary and as long as the parent brings the medicine in the original container, labeled with student’s name, to the school nurse with instructions (dose & time). They will be administered for a maximum of five days. After five days, the child will be referred to his/her physician for further evaluation. We do not encourage giving medicine at school when doses can be given at home or if it will make student drowsy or impaired.
22. **We have a limited amount of clothing** available and arranging for parent to bring clothes is time consuming, so if the student’s own clothing is only mildly uncomfortable, please do not send them to the clinic (such as wet knees from playground, food stains from lunch, etc.).