

## STUDENT HEALTH AND IMMUNIZATION CERTIFICATES

Students desiring to participate in athletic activities or enrolling in kindergarten or first grade in the school district will have a physical examination by a licensed physician and provide proof of such an examination to the school district. A physical examination and proof of such an examination may be required by the administration for students in other grades enrolling for the first time in the school district.

A certificate of health stating the results of a physical examination and signed by the physician is on file at the attendance center. Each student will submit an up-to-date certificate of health upon the request of the superintendent. Failure to provide this information may be grounds for disciplinary action.

Students enrolling for the first time in the school district will also submit a certificate of immunization against diphtheria, pertussis, tetanus, poliomyelitis, rubeola, rubella, and other immunizations required by law. The student may be admitted conditionally to the attendance center if the student has not yet completed the immunization process but is in the process of doing so. Failure to meet the immunization requirement will be grounds for suspension, expulsion or denial of admission. Upon recommendation of the Iowa Department of Education and Iowa Department of Public Health, students entering the district for the first time may be required to pass a TB test prior to admission. The district may conduct TB tests of current students.

Exemptions from the immunization requirement in this policy will be allowed only for medical or religious reasons recognized under the law. The student must provide a valid Iowa State Department of Health Certificate of Immunization Exemption to be exempt from this policy.

Legal Reference: Iowa Code §§ 139.9; 280.13 (2007).  
281 I.A.C. 33.5.  
641 I.A.C. 7.

Cross Reference: 402.2 Child Abuse Reporting  
501 Student Attendance  
507 Student Health and Well-Being

Approved:

Reviewed: 5/11, 11/14

Revised:

## ADMINISTRATION OF MEDICATION TO STUDENTS

The board is committed to the inclusion of all students in the education program and recognizes that some students may need prescription and nonprescription medication to participate in their educational program.

Medication shall be administered when the student's parent or guardian (hereafter "parent") provides a signed and dated written statement requesting medication administration and the medication is in the original, labeled container, either as dispensed or in the manufacturer's container.

When administration of the medication requires ongoing professional health judgment, an individual health plan shall be developed by an authorized practitioner with the student and the student's parent. Students who have demonstrated competence in administering their own medications may self-administer their medication. A written statement by the student's parent shall be on file requesting co-administration of medication, when competence has been demonstrated. By law, students with asthma or other airway constricting diseases or students with a risk of anaphylaxis who use epinephrine auto-injectors may self-administer their medication upon the written approval of the student's parents and prescribing licensed health care professional regardless of competency.

Persons administering medication shall include authorized practitioners, such as, licensed registered nurses and, physicians, and persons to whom authorized practitioners have delegated the administration of medication (who have successfully completed a medication administration course). A medication administration course and periodic update shall be conducted by a registered nurse or licensed pharmacist, and a record of course completion shall be maintained by the school.

A written medication administration record shall be on file including:

- date;
- student's name;
- prescriber or person authorizing administration;
- medication;
- medication dosage;
- administration time;
- administration method;
- signature and title of the person administering medication; and
- any unusual circumstances, actions, or omissions.

Medication shall be stored in a secured area unless an alternate provision is documented. Emergency protocols for medication-related reactions shall be posted. Medication information shall be confidential information as provided by law.

Disposal of unused, discontinued/recalled, or expired medication shall be in compliance with federal and state law. Prior to disposal school personnel shall make a reasonable attempt to return medication by providing written notification that expired, discontinued, or unused medications needs to be picked up. If medication is not picked up by the date specified, disposal shall be in accordance with the disposal procedures for the specific category of medication.

Legal Reference: Iowa Code §§124.101(1), 147.107, 152.1, 155A.4(2), 280.16, 280.23 (2007)  
Education [281]—§41.12(11) IAC  
Pharmacy [657]—§8.32(124, 155A), IAC  
Nursing Board [655]—§6.2(152), IAC

Cross Reference: 506 Student Records  
507 Student Health and Well-Being  
603.3 Special Education  
607.2 Student Health Services

Approved:

Reviewed: 5/11, 11/14

Revised: 1/09, 4/16

AUTHORIZATION - ASTHMA OR OTHER AIRWAY CONSTRICTING DISEASE MEDICATION OR  
EPINEPHRINE AUTO-INJECTOR SELF-ADMINISTRATION CONSENT FORM

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student's Name (Last), (First) (Middle)    Birthday    School    Date

The following must occur for a student to self-administer asthma or other airway constricting disease medication or for a student with a risk of anaphylaxis to self-administer an epinephrine auto-injector:

- Parent/guardian provides signed, dated authorization for student medication self-administration.
- Parent/guardian provides a written statement from the student’s licensed health care professional (A person licensed under chapter 148 to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under chapter 152 or 152E and registered with the board of nursing, or a physician assistant licensed to practice under the supervision of a physician as authorized in chapters 147 and 148C) containing the following:
  - Name and purpose of the medication or epinephrine auto-injector;
  - Prescribed dosage; and
  - Times or special circumstances under which the medication or epinephrine auto-injector is to be administered.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container containing the student name, name of the medication, directions for use, and date.
- Authorization is shall be renewed annually. In addition, if any changes occur in the medication, dosage or time of administration, the parent is to notify school officials immediately. The authorization shall be reviewed as soon as practical.

Provided the above requirements are fulfilled, the school shall permit the self-administration of medication by a student with asthma or other airway constricting disease or the use of an epinephrine auto-injector by a student with a risk of anaphylaxis while in school, at school-sponsored activities, under the supervision of school personnel, and before or after normal school activities, such as while in before-school or after-school care on school-operated property. If the student abuses the self-administration policy, the ability to self-administer may be withdrawn by the school or discipline may be imposed, after notification is provided to the student’s parent.

Pursuant to state law, the school district and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from self-administration of medication or use of an epinephrine auto-injector by the student. The parent or guardian of the student shall sign a statement acknowledging that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or an epinephrine auto-injector by the student as provided by law.

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Medication	Dosage	Route	Time
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Purpose of Medication & Administration /Instructions

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Special Circumstances	_____/_____/_____ Discontinue/Re-Evaluate/ Follow-up Date
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Prescriber's Signature	_____/_____/_____ Date
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Prescriber's Address	Emergency Phone
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- I request the above named student possess and self-administer asthma or other airway constricting disease medication(s), and/or an epinephrine auto-injector at school and in school activities according to the authorization and instructions.
- I understand the school district and its employees acting reasonably and in good faith shall incur no liability for any improper use of medication or an epinephrine auto-injector or for supervising, monitoring, or interfering with a student's self-administration of medication or use of an epinephrine auto-injector. I acknowledge that the school district is to incur no liability, except for gross negligence, as a result of self-administration of medication or use of an epinephrine auto-injector by the student.
- I agree to coordinate and work with school personnel and notify them when questions arise or relevant conditions change.
- I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment.
- I agree the information is shared with school personnel in accordance with the Family Educational Rights and Privacy Act (FERPA) and any other applicable laws.
- I agree to provide the school with back-up medication approved in this form.
- Student maintains self-administration record.

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Parent/Guardian Signature (agreed to above statement)	_____/_____/_____ Date
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Parent/Guardian Address	Home Phone
	_____/_____/_____ Business Phone

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Self-Administration Authorization Additional Information

PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF MEDICATION TO STUDENTS

Student's Name (Last), (First), (Middle) \_\_\_\_\_ / / \_\_\_\_\_ Birthday

School \_\_\_\_\_ / / \_\_\_\_\_ Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication, an epinephrine auto-injector, and/or provide the health service.
• The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
• The medication label contains the student's name, name of the medication, directions for use, and date.
• Authorization is renewed annually and as soon as practical when the parent notifies the school that changes are necessary.

Medication/Health Care \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_ Time at School \_\_\_\_\_

Administration instructions \_\_\_\_\_

Special Directives, Signs to Observe and Side Effects \_\_\_\_\_

/ / \_\_\_\_\_ Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Signature (if prescription medication) \_\_\_\_\_ Date / / \_\_\_\_\_

Prescriber's Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I request the above named student carry medication at school and school activities, according to the prescription, or other medication administration instructions, and a written record kept.

Special considerations are noted above. The information is confidential except as provided ~~to~~ by the Family Educational Rights and Privacy Act (FERPA) and any other applicable law. I agree to coordinate and work with school personnel and prescriber (if any) when questions arise. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment. Procedures for medication disposal shall be in accordance with federal and state law.

_____	_____/_____/_____
Parent's Signature	Date
_____	_____
Parent's Address	Home Phone
_____	_____
Additional Information	Business Phone
_____	
_____	
_____	

Authorization Form

## COMMUNICABLE DISEASE CHART

CONCISE DESCRIPTIONS AND RECOMMENDATIONS FOR EXCLUSION  
OF CASES FROM SCHOOL

DISEASE <i>*Immunization is available</i>	Usual Interval Between Exposure and First Symptoms of Disease	MAIN SYMPTOMS	Minimum Exclusion From School
CHICKENPOX	13 to 17 days	Mild symptoms and fever. Pocks are "blistery." Develop scabs, most on covered parts of body.	7 days from onset of pocks or until pocks become dry
CONJUNCTIVITIS (PINK EYE)	24 to 72 hours	Tearing, redness and puffy lids, eye discharge.	Until treatment begins or physician approves readmission.
ERYTHEMIA INFECTIOSUM (5 <sup>TH</sup> DISEASE)	4 to 20 days	Usual age 5 to 14 years – unusual in adults. Brief prodrome of low-grade fever followed by Erythema (slapped cheek) appearance on cheeks, lace-like rash on extremities lasting a few days to 3 weeks. Rash seems to recur.	After diagnosis no exclusion from school.
GERMAN MEASLES* (RUBELLA)	14 to 23 days	Usually mild. Enlarged glands in neck and behind ears. Brief red rash.	7 days from onset of rash. Keep away from pregnant women.
HAEMOPHILUS MENINGITIS	2 to 4 days	Fever, vomiting, lethargy, stiff neck and back.	Until physician permits return.
HEPATITIS A	Variable – 15 to 50 (average 28 to 30 days)	Abdominal pain, nausea, usually fever. Skin and eyes may or may not turn yellow.	14 days from onset of clinical disease and at least 7 days from onset of jaundice.
IMPETIGO	1 to 3 days	Inflamed sores, with puss.	48 hours after antibiotic therapy started or until physician permits return.
MEASLES*	10 days to fever, 14 days to rash	Begins with fever, conjunctivitis, runny nose, cough, then blotchy red rash.	4 days from onset of rash.
MENINGOCOCCAL MENINGITIS	2 to 10 days (commonly 3 to 4 days)	Headache, nausea, stiff neck, fever.	Until physician permits return.
MUMPS*	12 to 25 (commonly 18) days	Fever, swelling and tenderness of glands at angle of jaw.	9 days after onset of swollen glands or until swelling disappears.
PEDICULOSIS (HEAD/BODY LICE)	7 days for eggs to hatch	Lice and nits (eggs) in hair.	24 hours after adequate treatment to kill lice and nits.
RINGWORM OF SCALP	10 to 14 days	Scaly patch, usually ring shaped, on scalp.	No exclusion from school. Exclude from gymnasium, swimming pools, contact sports.
SCABIES	2 to 6 weeks initial exposure; 1 to 4 days reexposure	Tinny burrows in skin caused by mites.	Until 24 hours after treatment.
SCARLET FEVER SCARLATINA STREP THROAT	1 to 3 days	Sudden onset, vomiting, sore throat, fever, later fine rash (not on face). Rash usually with first infection.	24 hours after antibiotics started and no fever.
WHOOPING COUGH* (PERTUSSIS)	7 to 10 days	Head cold, slight fever, cough, characteristic whoop after 2 weeks.	5 days after start of antibiotic treatment.

Readmission to School – It is advisable that school authorities require written permission from the health officer, school physician or attending physician before any pupil is readmitted to class following any disease which requires exclusion, not mere absence, from school.

## REPORTABLE INFECTIOUS DISEASES

While the school district is not responsible for reporting, the following infectious diseases are required to be reported to the state and local public health offices:

Acquired Immune Deficiency Syndrome (AIDS)	Leprosy	Rubella (German measles)
Amebiasis	Leptospirosis	Rubeola (measles)
Anthrax	Lyme disease	Salmonellosis
Botulism	Malaria	Shigellosis
Brucellosis	Meningitis (bacterial or viral)	Tetanus
Campylobacteriosis	Mumps	Toxic Shock Syndrome
Chlamydia trachomatis	Parvovirus B 19 infection (fifth disease and other complications)	Trichinosis
Cholera	Pertussis (whooping cough)	Tuberculosis
Diphtheria	Plague	Tularemia
E. Coli 0157:h7	Poliomyelitis	Typhoid fever
Encephalitis	Psittacosis	Typhus fever
Giardiasis	Rabies	Venereal disease
Hepatitis, viral (A,B, Non A-Non-B, Unspecified)	Reye's Syndrome	Chancroid
Histoplasmosis	Rheumatic fever	Gonorrhea
Human Immunodeficiency Virus (HIV) infection other than AIDS	Rocky Mountain spotted fever	Granuloma Inguinale
Influenza	Rubella (congenital syndrome)	Lymphogranuloma Venereum
Legionellosis		Syphilis
		Yellow fever

Any other disease which is unusual in incidence, occurs in unusual numbers of circumstances, or appears to be of public health concern, e.g., epidemic diarrhea, food or waterborne outbreaks, acute respiratory illness.



REPORTING FORM

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

Botulism  
Cholera  
Diphtheria  
Plague

Poliomyelitis  
Rabies (Human)  
Rubella  
Rubeola (measles)

Yellow Fever  
Disease outbreaks of  
any public health concern

WEEK ENDING \_\_\_\_\_

REPORT ALL OTHER DISEASES BELOW.

See 507.3E2 for list of reportable infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			

Reporting Physician, Hospital, or Other Authorized Person \_\_\_\_\_

Address \_\_\_\_\_

Remarks: \_\_\_\_\_

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
_____	Chickenpox	_____	Gastroenteritis		
_____	Erythema infectiosum (5 <sup>th</sup> Disease)	_____	Influenza-like illness (URI)		

COMMUNICABLE DISEASES - STUDENTS

Students with a communicable disease will be allowed to attend school provided their presence does not create a substantial risk of illness or transmission to other students or employees. The term "communicable disease" will mean an infectious or contagious disease spread from person to person, or animal to person, or as defined by law.

Prevention and control of communicable diseases is included in the school district's blood-borne pathogens exposure control plan. The procedures will include scope and application, definitions, exposure control, methods of compliance, universal precautions, vaccination, post-exposure evaluation, follow-up, communication of hazards to employees and record keeping. This plan is reviewed annually by the superintendent and school nurse.

The health risk to immune-suppressed students is determined by their personal physician. The health risk to others in the school district environment from the presence of a student with a communicable disease is determined on a case-by-case basis by the student's personal physician, a physician chosen by the school district or public health officials.

It is the responsibility of the superintendent, in conjunction with the school nurse, to develop administrative regulations stating the procedures for dealing with students with a communicable disease.

Legal Reference:        School Board of Nassau County v. Arline, 480 U.S. 273 (1987).  
29 U.S.C. §§ 701 *et seq.* (2004).  
45 C.F.R. Pt. 84.3 (2004).  
Iowa Code ch. 139 (2007).  
641 I.A.C. 1.2-.5, 7.

Cross Reference:        403.3    Communicable Diseases - Employees  
506       Student Records  
507       Student Health and Well-Being

Approved:

Reviewed: 5/11, 11/14

Revised:

STUDENT ILLNESS OR INJURY AT SCHOOL

When a student becomes ill or is injured at school, the school district will attempt to notify the student's parents as soon as possible.

The school district, while not responsible for medical treatment of an ill or injured student, will have employees present administer emergency or minor first aid if possible. An ill or injured child will be turned over to the care of the parents or qualified medical employees as quickly as possible.

It is the responsibility of the principal to file an accident report with the superintendent within twenty-four hours after the student is injured.

Annually, parents are required to complete a medical emergency authorization form indicating the procedures to be followed, if possible, in an emergency involving their child. The authorization form will also include the phone numbers of the parents and alternative numbers to call in case of an injury or illness.

The superintendent is responsible, in conjunction with the school nurse, to develop rules and regulations governing the procedure in the event a student should become ill or be injured at school.

Legal Reference: Iowa Code § 613.17 (2007).

Cross Reference: 507 Student Health and Well-Being

Approved:

Reviewed: 5/11, 11/14

Revised:

## EMERGENCY PLANS AND DRILLS

Students will be informed of the appropriate action to take in an emergency. Emergency drills for fire, weather, and other disasters are conducted each school year. Fire and tornado drills are each conducted regularly during the academic school year with a minimum of two before December 31 and two after January 1.

Each attendance center will develop and maintain a written plan containing emergency and disaster procedures. The plan will be communicated to and reviewed with employees. Employees will participate in emergency drills. Licensed employees are responsible for instructing the proper techniques to be followed in the drill.

Legal Reference: Iowa Code § 100.31 (2007).  
281 I.A.C. 41.25(3).

Cross Reference: 507 Student Health and Well-Being  
711.10 School Bus Safety Instruction  
804 Safety Program

Approved:

Reviewed: 5/11, 11/14

Revised:

STUDENT INSURANCE

Students will have the opportunity to participate in the health and accident insurance plan selected by the school district. The cost of the health and accident insurance program is borne by the student. Participation in the insurance health and accident plan is not a contract with the school district, but rather, a contract between the insurance company and the student.

Legal Reference: Iowa Code § 279.8 (2007).

Cross Reference: 504 Student Activities  
507 Student Health and Well-Being

Approved:

Reviewed: 5/11, 11/14

Revised:

CUSTODY AND PARENTAL RIGHTS

Disagreements between family members are not the responsibility of the school district. The school district will not take the "side" of one family member over another in a disagreement about custody or parental rights. Court orders that have been issued are followed by the school district. It is the responsibility of the person requesting an action by the school district to inform and provide the school district the court order allowing such action.

This policy does not prohibit an employee from listening to a student's problems and concerns.

It is the responsibility of the superintendent to ensure employees remain neutral in a disagreement about custody and parental rights.

Legal Reference: Iowa Code §§ 232.67, .70, .73, .75; 235A; 279.8; 710.6 (2007).  
441 I.A.C. 9.2; 155; 175.

Cross Reference: 506 Student Records  
507 Student Health and Well-Being

Approved:

Reviewed: 5/11, 11/14

Revised:

STUDENT SPECIAL HEALTH SERVICES

The board recognizes that some special education students need special health services during the school day. These students will receive special health services in conjunction with their individualized education program.

The superintendent, in conjunction with licensed health personnel, will establish administrative regulations for the implementation of this policy.

Legal Reference:     Board of Education v. Rowley, 458 U.S. 176 (1982).  
                          Springdale School District #50 v. Grace, 693 F.2d 41 (8th Cir. 1982).  
                          Southeast Warren Comm. School District v. Dept. of Public Instruction, 285  
                          N.W.2d 173 (Iowa 1979).  
                          20 U.S.C. §§ 1400 *et seq.* (2004).  
                          34 C.F.R. Pt. 300 *et seq.* (2004).  
                          Iowa Code §§ 256.11(7); 256B; 273.2, .5, .9(2)-(3); 280.8 (2007).  
                          281 I.A.C. 12.3(7), 41.96

Cross Reference:     502     Student Rights and Responsibilities  
                          506     Student Records  
                          603.3   Special Education

Approved: 10/97

Reviewed: 5/11, 11/14

Revised: 12/99

## SPECIAL HEALTH SERVICES REGULATION

Some students who require special education need special health services in order to participate in the educational program. These students will receive special health services in accordance with their individualized educational program.

### A. Definitions

"Assignment and delegation" - occurs when licensed health personnel, in collaboration with the education team, determine the special health services to be provided and the qualifications of individuals performing the health services. Primary consideration is given to the recommendation of the licensed health personnel. Each designation considers the student's special health service. The rationale for the designation is documented. If the designation decision of the team differs from the licensed health professional, team members may file a dissenting opinion.

"Co-administration" - the eligible student's participation in the planning, management and implementation of the student's special health service and demonstration of proficiency to licensed health personnel.

"Educational program" - includes all school curricular programs and activities both on and off school grounds.

"Education team" - may include the eligible student, the student's parent, administrator, teacher, licensed health personnel, and others involved in the student's educational program.

"Health assessment" - health data collection, observation, analysis, and interpretation relating to the eligible student's educational program.

"Health instruction" - education by licensed health personnel to prepare qualified designated personnel to deliver and perform special health services contained in the eligible student's health plan. Documentation of education and periodic updates are on file at school.

"Individual health plan" - the confidential, written, preplanned and ongoing special health service in the educational program. It includes assessment, planning, implementation, documentation, evaluation and a plan for emergencies. The plan is updated as needed and at least annually. Licensed health personnel develop this written plan with the education team.

"Licensed health personnel" - includes licensed registered nurse, licensed physician, and other licensed health personnel legally authorized to provide special health services and medications.

"Prescriber" - licensed health personnel legally authorized to prescribe special health services and medications.

"Qualified designated personnel" - persons instructed, supervised and competent in implementing the eligible student's health plan.

"Special health services" - includes, but is not limited to, services for eligible students whose health status (stable or unstable) requires:

- Interpretation or intervention,
- Administration of health procedures and health care, or
- Use of a health device to compensate for the reduction or loss of a body function.



## SPECIAL HEALTH SERVICES REGULATION

"Supervision" - the assessment, delegation, evaluation and documentation of special health services by licensed health personnel. Levels of supervision include situations in which licensed health personnel are:

- physically present.
- available at the same site.
- available on call.

B. Licensed health personnel will provide special health services under the auspices of the school.

Duties of the licensed personnel include the duty to:

- Participate as a member of the education team.
- Provide the health assessment.
- Plan, implement and evaluate the written individual health plan.
- Plan, implement and evaluate special emergency health services.
- Serve as liaison and encourage participation and communication with health service agencies and individuals providing health care.
- Provide health consultation, counseling and instruction with the eligible student, the student's parent and the staff in cooperation and conjunction with the prescriber.
- Maintain a record of special health services. The documentation includes the eligible student's name, special health service, prescriber or person authorizing, date and time, signature and title of the person providing the special health service and any unusual circumstances in the provision of such services.
- Report unusual circumstances to the parent, school administration, and prescriber.
- Assign and delegate to, instruct, provide technical assistance and supervise qualified designated personnel.
- Update knowledge and skills to meet special health service needs.

C. Prior to the provision of special health services the following will be on file:

- Written statement by the prescriber detailing the specific method and schedule of the special health service, when indicated.
- Written statement by the student's parent requesting the provision of the special health service.
- Written report of the preplanning staffing or meeting of the education team.
- Written individual health plan available in the health record and integrated into the IEP or IFSP.

D. Licensed health personnel, in collaboration with the education team, will determine the special health services to be provided and the qualifications of individuals performing the special health services. The documented rationale will include the following:

- Analysis and interpretation of the special health service needs, health status stability, complexity of the service, predictability of the service outcome and risk of improperly performed service.
- Determination that the special health service, task, procedure or function is part of the person's job description.

SPECIAL HEALTH SERVICES REGULATION

- Determination of the assignment and delegation based on the student's needs.
  - Review of the designated person's competency.
  - Determination of initial and ongoing level of supervision required to ensure quality services.
- E. Licensed health personnel will supervise the special health services, define the level of supervision and document the supervision.
- F. Licensed health personnel will instruct qualified designated personnel to deliver and perform special health services contained in the eligible individual health plan. Documentation of instruction and periodic updates are on file at school.
- G. Parents will provide the usual equipment, supplies and necessary maintenance for such. The equipment is stored in a secure area. The personnel responsible for the equipment are designated in the individual health plan. The individual health plan will designate the role of the school, parents, and others in the provision, supply, storage and maintenance of necessary equipment.

Approved:

Reviewed: 5/11, 11/14

Revised:

## WELLNESS POLICY

The East Sac County Community School District Board of Education is committed to the optimal development of every student. The board believes for students to have the opportunity to achieve personal, academic, developmental, and social success, there needs to be a positive, safe, and health-promoting learning environment at every level, in every setting.

The school district provides a comprehensive learning environment for developing and practicing lifelong wellness behaviors. The entire school environment, not just the classroom, shall be aligned with healthy school district goals to positively influence a student's understanding, beliefs and habits as they relate to good nutrition and regular physical activity. In accordance with law and this belief, the board commits to the following:

The school district will identify at least one goal in each of the following areas:

- **Nutrition Education and Promotion:** Schools will provide nutrition education and engage in nutrition promotion that helps students develop lifelong healthy eating behaviors.
- **Physical Activity:** Schools will provide students with age and grade appropriate opportunities to engage in physical activity that meet the Iowa Healthy Kids Act.
- **Other School Based Activities that Promote Wellness:** As appropriate, schools will support students, staff, and parents' efforts to maintain a healthy lifestyle.

The following nutritional guidelines for food available on school campuses will be adhered to:

- Meals served through the National School Lunch and School Breakfast Program will be appealing and meet, at a minimum, nutrition requirements established by state and federal law;
- Schools providing access to healthy foods outside the reimbursable meal programs before school, during school and thirty minutes after school shall meet the United States Department of Agriculture ("USDA") Smart Snacks in Schools nutrition standards, at a minimum. This includes such items as those sold through a la carte lines, vending machines, student run stores, and fundraising activities;
- Snacks provided to students during the school day without charge (e.g., class parties) will meet standards set by the district in accordance law. The district will provide parents a list of foods and beverages that meet nutrition standards for classroom snacks and celebrations; and
- Schools will only allow marketing and advertising of foods and beverages that meet the Smart Snacks in school nutritional standards on campus during the school day.

The superintendent or superintendent's designee shall implement and ensure compliance with the policy by:

- Reviewing the policy at least every three years and recommending updates as appropriate for board approval;
- Implementing a process for permitting parents, students, representatives of the school food authority, teachers of physical education, school health professionals, the school board, administrators and the public to participate in the development, implementation, and periodic review and update of the policy;
- Making the policy and updated assessment of the implementation available to the public (e.g., posting on the website, newsletters, etc). This information shall include the extent to which the schools are in compliance with policy and a description of the progress being made in attaining the goals of the policy; and
- Developing administrative regulations, which shall include specific wellness goals and indicators for measurement of progress consistent with law and district policy.

Legal Reference: 42 U.S.C. §§ 1751 *et seq.*  
42 U.S.C. §§ 1771 *et seq.*  
Iowa Code §§ 256.7(29); 256.11(6).  
281 I.A.C. 12.5; 58.11.

Cross Reference: 504.5 Student Fund Raising  
504.6 Student Activity Program  
710 School Food Services

Approved:

Reviewed: 5/12, 11/14

Revised: 10/17

## Nutrition Education and Promotion

The school district will provide nutrition education and engage in nutrition promotion that:

- is offered at each grade level as part of a sequential, comprehensive, standards-based program designed to provide students with the knowledge and skills necessary to promote and protect their health;
- is part of not only health education classes, but also classroom instruction in subjects such as math, science, language arts, social sciences and elective subjects;
- includes enjoyable, developmentally appropriate, culturally relevant participatory activities, such as contests, promotions, taste-testing, farm visits and school gardens;
- promotes fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, healthy food preparation methods and health-enhancing nutrition practices;
- emphasizes caloric balance between food intake and physical activity;
- links with meal programs, other foods and nutrition-related community services; and,
- includes training for teachers and other staff.

## Physical Activity

### Daily Physical Education

The school district will provide physical education that:

- is for all students in grades K-12 for the entire school year;
- is taught by a certified physical education teacher;
- includes students with disabilities, students with special health-care needs may be provided in alternative educational settings; and,
- engages students in moderate to vigorous activity during at least 50 percent of physical education class time.

(The Centers for Disease Control and Prevention recommends at least 150 minutes a week for elementary students and 225 minutes a week for middle and high school students);

### Daily Recess

Elementary schools should provide recess for students that:

- is at least 20 minutes a day;
- is preferably outdoors;
- encourages moderate to vigorous physical activity verbally and through the provision of space and equipment; and,
- discourages extended periods (i.e., periods of two or more hours) of inactivity.

When activities, such as mandatory school-wide testing, make it necessary for students to remain indoors for long periods of time, schools should give students periodic breaks during which they are encouraged to stand and be moderately active.

### **Physical Activity and Punishment**

Employees should not use physical activity (e.g., running laps, pushups) or withhold opportunities for physical activity (e.g., recess, physical education) as punishment.

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Appendix C

## Other School-Based Activities that Promote Student Wellness

### **Integrating Physical Activity into Classroom Settings**

For students to receive the nationally recommended amount of daily physical activity and for students to fully embrace regular physical activity as a personal behavior, students need opportunities for physical activity beyond the physical education class. Toward that end, the school district will:

- offer classroom health education that complements physical education by reinforcing the knowledge and self-management skills needed to maintain a physically active lifestyle and to reduce time spent on sedentary activities;
- discourage sedentary activities, such as watching television, playing computer games, etc.;
- provide opportunities for physical activity to be incorporated into other subject lessons; and,
- encourage classroom teachers to provide short physical activity breaks between lessons or classes, as appropriate.

### **Food Marketing in Schools**

School-based marketing will be consistent with nutrition education and health promotion. The school district will:

- limit food and beverage marketing to the promotion of foods and beverages that meet the nutrition standards for meals or for foods and beverages sold individually;
- prohibit school-based marketing of brands promoting predominantly low-nutrition foods and beverages;
- promote healthy foods, including fruits, vegetables, whole grains, and low-fat dairy products; and
- market activities that promote healthful behaviors (and are therefore allowable) including: vending machine covers promoting water; pricing structures that promote healthy options in a la carte lines or vending machines; sales of fruit for fundraisers; and coupons for discount gym memberships.

### **Staff Wellness**

The school district values the health and well-being of every staff member and will plan and implement activities and policies that support personal efforts by staff to maintain a healthy lifestyle. Each school should:

- establish and maintain a staff wellness committee composed of at least one staff member, local hospital representative, dietitian or other health professional, recreation program representative, union representative and employee benefits specialist;
- develop, promote and oversee a multifaceted plan to promote staff health and wellness developed by the staff wellness committee;
- base the plan on input solicited from employees and outline ways to encourage healthy eating, physical activity and other elements of a healthy lifestyle among employees.

## Nutrition Guidelines for All Foods Available on Campus

### **School Meals**

Meals served through the National School Lunch and Breakfast Programs will:

- be appealing and attractive to children;
- be served in clean and pleasant settings;
- meet, at a minimum, nutrition requirements established by state and federal law;
- offer a variety of fruits and vegetables, legumes and whole grains;
- serve only low-fat (1%) and fat-free milk and nutritionally equivalent non-dairy alternatives (as defined by the USDA);

Schools should:

- engage students and parents, through taste-tests of new entrees and surveys, in selecting foods offered through the meal programs in order to identify new, healthful and appealing food choices; and,
- share information about the nutritional content of meals with parents and students. (The information could be made available on menus, a web site, on cafeteria menu boards, placards or other point-of-purchase materials.)

### **Breakfast**

To ensure that all children have breakfast, either at home or at school, in order to meet their nutritional needs and enhance their ability to learn, schools will:

- operate the breakfast program, to the extent possible;
- arrange bus schedules and utilize methods to serve breakfasts that encourage participation, including serving breakfast in the classroom, “grab-and-go” breakfasts or breakfast during morning break or recess, to the extent possible;
- notify parents and students of the availability of the School Breakfast Program, where available; and,
- encourage parents to provide a healthy breakfast for their children through newsletter articles, take-home materials or other means.

### **Free and Reduced-Priced Meals**

The school district will make every effort to eliminate any social stigma attached to, and prevent the overt identification of, students who are eligible for free and reduced-price meals. Toward this end, the school district may:

- utilize electronic identification and payment systems;
- provide meals at no charge to all children, regardless of income; and,
- promote the availability of meals to all students.

### **Meal Times and Scheduling**

The school district:

- will provide students with at least 10 minutes to eat after sitting down for breakfast and 20 minutes after sitting down for lunch;
- should schedule meal periods at appropriate times, e.g., lunch should be scheduled between 11 a.m. and 1 p.m.; should not schedule tutoring, club or organizational meetings or activities during mealtimes, unless students may eat during such activities;
- will schedule lunch periods to follow recess periods (in elementary schools);

- will provide students access to hand washing or hand sanitizing before they eat meals or snacks; and,
- should take reasonable steps to accommodate the tooth-brushing regimens of students with special oral health needs (e.g., orthodontia or high tooth decay risk).

## Nutrition Guidelines for All Foods Available on Campus

### **Qualification of Food Service Staff**

Qualified nutrition professionals will administer the meal programs. As part of the school district's responsibility to operate a food service program, the school district will:

- provide continuing professional development for all nutrition professionals; and,
- provide staff development programs that include appropriate certification and/or training programs for child nutrition directors, nutrition managers and cafeteria workers, according to their levels of responsibility.

### **Sharing of Foods**

The school district discourages students from sharing their foods or beverages with one another during meal or snack times, given concerns about allergies and other restrictions on some children's diets.

### **Foods Sold Outside the Meal (e.g. vending, a la carte, sales)**

All foods and beverages sold individually outside the reimbursable meal programs (including those sold through a la carte [snack] lines, vending machines, student stores or fundraising activities) during the school day, or through programs for students after the school day will meet nutrition standards as required by state or federal law.

### **Fundraising Activities**

There are two types of fundraising – regulated and other. Regulated fundraisers are those that offer the sale of foods or beverages on school property and that are targeted primarily to PK-12 students by or through other PK-12 students, student groups, school organizations, or through on-campus school stores. Regulated fundraising activities must comply with the state nutrition guidelines. All other fundraising activities are encouraged, but not required, to comply with the state nutrition guidelines if the activities involve foods and beverages.

The school district encourages fundraising activities that promote physical activity. The school district will make available a list of ideas for acceptable fundraising activities.

### **Snacks**

Snacks served during the school day or in after-school care or enrichment programs will make a positive contribution to children's diets and health, with an emphasis on serving fruits and vegetables as the primary snacks and water as the primary beverage. Schools will assess if and when to offer snacks based on timing of meals, children's nutritional needs, children's ages and other considerations. The school district will disseminate a list of healthful snack items to teachers, after-school program personnel and parents.

If eligible, schools that provide snacks through after-school programs will pursue receiving reimbursements through the National School Lunch Program.

### **Rewards**

The school district will not use foods or beverages, especially those that do not meet the nutrition standards for foods and beverages sold individually, as rewards for academic performance or good behavior, and will



not withhold food or beverages (including food served through meals) as a punishment.

### Nutrition Guidelines for All Foods Available on Campus

#### **Celebrations**

Schools should evaluate their celebrations practices that involve food during the school day. The school district will disseminate a list of healthy party ideas to parents and teachers.

#### **School-Sponsored Events**

Foods and beverages offered or sold at school-sponsored events outside the school day will be encouraged to meet the nutrition standards for meals or for foods and beverages sold individually.

#### **Food Safety**

All foods made available on campus adhere to food safety and security guidelines.

- All foods made available on campus comply with the state and local food safety and sanitation regulations. Hazard Analysis and Critical Control Points (HACCP) plans and guidelines are implemented to prevent food illness in schools.  
[http://www.fns.usda.gov/tn/Resources/servingsafe\\_chapter6.pdf](http://www.fns.usda.gov/tn/Resources/servingsafe_chapter6.pdf)
- For the safety and security of the food and facility, access to the food service operations are limited to child nutrition staff and authorized personnel.

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Appendix E

### Plan for Measuring Implementation

#### **Monitoring**

The superintendent will ensure compliance with established school district-wide nutrition and physical activity wellness policies.

In each school:

- the principal will ensure compliance with those policies in the school and will report on the school's compliance to the superintendent; and,
- food service staff, at the school or school district level, will ensure compliance with nutrition policies within food service areas and will report on this matter to the superintendent or principal.

In the school district:

- the school district will report on the most recent USDA School Meals Initiative (SMI) review findings and any resulting changes. If the school district has not received a SMI review from the state agency within the past five years, the school district will request from the state agency that a SMI review be scheduled as soon as possible;
- the superintendent will develop a summary report every three years on school district-wide compliance with the school district's established nutrition and physical activity wellness policies, based on input from schools within the school district; and,
- the report will be provided to the school board and also distributed to all school wellness committees, parent/teacher organizations, principals and health services personnel in the school district.

#### **Policy Review**

To help with the initial development of the school district's wellness policies, each school in the school

district will conduct a baseline assessment of the school's existing nutrition and physical activity environments and practices. The results of those school-by-school assessments will be compiled at the school district level to identify and prioritize needs.

Assessments will be repeated every 5 years to help review policy compliance, assess progress and determine areas in need of improvement. As part of that review, the school district will review the nutrition and physical activity policies and practices and the provision of an environment that supports healthy eating and physical activity. The school district, and individual schools within the school district will, revise the wellness policies and develop work plans to facilitate their implementation.