



## **Health Policy**

### **Academic Year 2013-2014**

August 11, 2013

Cedar River Academy, Ltd.  
3333 Griffin Avenue  
Enumclaw, Washington 98022  
(360)825-8080

[www.CedarRiverAcademy.com](http://www.CedarRiverAcademy.com)

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## **Emergency Information**

Cedar River Academy  
3333 Griffin Avenue  
Enumclaw, WA 98022  
(360) 825 8080  
Cross Street: Griffin Avenue and 244<sup>th</sup> Street SE

## **Emergency telephone numbers**

Fire/Police/Ambulance: **911**  
Poison Control Center: **(800) 222-1222**

DCCEL Public Health Advisor:	Frances Limtiaco (425) 649 7159
Public Health Nurse:	Yvette Edwards (206) 205 1253
Public Health Nutritionist:	Nancy Couhig (206) 205 1253

Communicable Disease/Immunization Hotline Recorded Information: (206) 296-4949

Communicable Disease Report Line: (206) 296-4774

## **Academy Health Policies**

### **Minor Emergencies**

A copy of First Aid, written by the Diagram Group / Youngson, R. M., is located in the first aid kit kept in the library. Teachers with first aid training or a member of the Safety Committee are available at all times during school hours and may be summoned to help.

Staff will refer to the child's emergency form and call parents/guardians, emergency contacts or Health Care Provider if necessary. If blood or other body fluids are present, gloves are worn.

### **Major or Life Threatening Emergencies**

The first response to all severe medical emergencies is to call **9-1-1**.

The injured student or Academy employee will not be left unattended while an emergency call is completed. One or more teachers or staff will remain with the injured person, while another telephones for help.

The student or staff member will be kept as comfortable as possible until emergency personnel arrive. If blood or other body fluids are present, gloves will be worn.

If the student is transported to a hospital or emergency facility, the Head of School or a designated staff person will accompany the student, and remain with them until a parent or guardian arrives. The parent, guardian, or emergency contact will be called immediately and informed of the incident, and where their child has been taken for treatment. If possible, the student will be taken to the preferred hospital or clinic as noted in the student's file.

If possible, an injured or ill staff member will be taken to their choice of medical facility. The Head of School or designated staff person will accompany, and their emergency contact, as listed in their personnel file, will be notified.

If a student or staff member has a known medical condition, and the emergency has been caused by that condition, medication will be administered immediately by the attending CRA staff member as outlined by the student's physician orders.

### **Emergency Follow Up**

Regardless of whether the medical emergency is minor, severe, or life threatening, the follow procedures will be followed:

- Teachers or staff will notify the Head of School to record all medical emergencies on the Academy Incident Notice Form. The form includes the date, time, place of injury or illness, cause of the illness or injury, if known, and an explanation of what happened. A list of staff and students witnesses to the incident will be included. Copies of all Incident Forms are kept in the Head of School's office. All reports are confidential, and will be shown only to the parent or guardian, or a county or state official, if required. In those cases, parents or guardians will be notified of the request.
- In addition, a copy of the Incident Notice will be given to the parent or guardian the same day, with an additional copy to be kept in the student's file. The form must be signed by the parent or guardian who receives the Incident Notice.
- The Academy Incident Log will be reviewed monthly by the Head of School. Any trends will be noted, and possible corrective action will be taken to prevent further injury or illness.

### **Parent or Guardian Medication Consent**

Medication can only be given with prior written consent of the student's parent or guardian. The Academy Medication Authorization Form includes the student name, medication name, reason for the medication,

dosage, method of administration, frequency, start and stop dates, special storage requirements and package insert listing possible side effects.

The Academy can accept parent or guardian consent only for the following over-the-counter medications:

- Antihistamines
- Non-aspirin fever reducers/pain relievers
- Non-narcotic cough suppressants
- Decongestants
- Ointments or lotions intended specifically to relieve itching or dry skin
- Sunscreen

The medication must be in the original container, with the student's name written on the package. Medication instructions must match the student's age and weight. Dosage and duration can not exceed label-specific recommendations, and cannot be given "as needed."

Consent for sunscreen may cover a period up to 6 months. All other medications may only cover the course of the illness.

The Academy cannot accept any medications past their expiration date. Medication inventories will be inspected on the first school day of each month and any medications that are labeled with an expiration date prior to the inspection date will be removed from the inventory, the subject parent will be notified and ask for a replacement inventory.

### **Health Care Provider Consent**

A Health Care Provider's consent, along with parent or guardian consent, is required for prescription medications and all over-the-counter medications that do not meet the above criteria. This includes vitamins, supplements and fluoride. In addition, a Health Care Provider's written consent must be obtained to add medication to food or liquid.

A licensed Health Care Provider's consent will be provided in 3 different ways:

- The provider's name is on the original pharmacist's label along with the child's name, name of the medication, dosage, frequency (can NOT be given "as needed"), duration and expiration date);
- The provider signs a note or prescription that includes the information required on the pharmacist's label; and
- The provider signs a completed Medication Authorization Form.

### **Medications for Chronic Conditions**

Chronic conditions requiring medication must have written consent from parent or guardian, and must be renewed monthly. These conditions require an individual care plan listing symptoms or conditions under which the medication can be given.

#### **Asthma**

A student with asthma is required to have an individual plan of care including emergency treatment. "My Asthma Plan", printed by Public Health of Seattle and King County, should be completed and signed by the student's health care provider and parent and/or guardian.

All asthma attacks are documented according to the Academy emergency follow-up procedures.

#### **Food Allergies**

An individual plan of care is required for any student with known food allergies. The plan must include foods to avoid and how the student reacts to the food.

If the reaction can be severe, staff should follow the emergency procedures prescribed the student's Health Care Provider. Epinephrine (EpiPen) or other medication could need to be administered. In the reaction can be life threatening, 9-1-1 will be called. The Academy will call the student's Health Care Provider and report the incident.

All food allergy reactions are documented according to Academy emergency follow-up procedures.

## **Emergency Medication Supplies**

Medications for chronic conditions, or medications taken at home, require a three-day supply to be kept with the Academy Emergency Evacuation Kit.

## **Staff Training and Documentation**

Only Academy teachers, school administrator, and Head of School may administer medications to students. All Academy personnel administering medications to a student are trained in medication procedures by the Academy Head of School. Records of the training are kept with the teacher or staff personnel records.

Academy staff will document the student's name and date of birth, the time, date, and dosage of all medication administered on the student's Medication Record. To assure accuracy, a copy of the Medication Authorization Form is attached to each Medication Record. The Medication Authorization Form will be placed in the student's records folder in a locked file cabinet, the key to which is kept by the school administrator and the Head of School.

Academy personnel are aware medication authorization and documentation are considered confidential information. Paperwork is kept in a private location.

## **Medication Storage**

All student medication is stored in the original container with the student's first and last name. Instructions for use are required to be easy to read. Prescription medications must include the fill date, and expiration date. Medication is stored:

- Inaccessible to students;
- Protected from sources of contamination;
- Away from heat, light and sources of moisture;
- At temperature specified on the label, including refrigerated if required;
- With internal (oral) and external (topical) medications separated;
- Protected from sources of contamination;
- Separate from food; and
- In a sanitary and orderly manner.

All controlled substances are stored in a locked cupboard in the library kitchen area. Controlled substances must be signed in and out.

Medication inventories will be inspected on the first school day of each month and any medications that are labeled with an expiration date prior to the inspection date will be removed from the inventory, the subject parent will be notified and ask for a replacement inventory.

Medications no longer being used are returned to parents or guardians.

## **Student Self-Administration**

Students over 6 years will be allowed to administer his or her own asthma inhaler. Students over 9 years of age can administer their own Epinephrine pen. In both cases, medication must meet Academy storage conditions. In addition:

- Students must have written approval from a Health Care Provider as well as a parent or guardian.
- Teachers or staff must observe and document all self-administered medications.

## Medication Administration Procedure

Medications to be administered by Academy staff require a completed Medication Authorization Form. Parents or guardians must complete and sign. Depending on the medication, a health care provider signature may be required, too.

All employees complete an orientation in Academy medication policies and procedures before dispensing medications to students. Orientation in specialized medications such as asthma inhalers or epi-pens include parent or guardian demonstrations in administration procedures and observations to be noted in correctly administering.

Staff is required to wash hands before and after preparing medications. Medication labels should be verified to insure information on the label is consistent with the medication form and includes:

- Student name;
- Student date of birth
- Medication name;
- Dose to be given;
- Time and dates to be given;
- Duration;
- Any special instructions;
- Route of administering; and
- Storage requirements of medication.

Medication cannot be added to the student's food unless approved in writing by the student's Health Care Provider. Liquid medications should be given in clean medication spoons, syringes, droppers or medicine cups that have measurements on them and have been provided by the parent or guardian. For capsules or pills, medication should be measured into a paper cup and dispensed as directed by the Health Care Provider, parent, or guardian. After the student has been given the medication, the staff member will note on the student's Medication Record, and initial.

The staff member dispensing the medication will observe the student for any side effects and document any on the student's Medication Record. If a dose was missed, it will be documented on the form and include the reason.

Bulk medication, such as sunscreen, will be used as needed, with staff washing their hands each time before applying between students. Care should be taken not to contaminate the container.

After completing the medication requirements, the Medication Authorization Form, together with the Medication Record will be filed with the Academy administration records, and a copy will be kept in the student's file.

## Excluding Ill Students

Very few illnesses require exclusion from the Academy. However, students will be excluded from classes if illness prevents the student from participating in activities or they require more care than the staff can provide. Students with any of the following symptoms will also be prohibited from classes:

- Illness preventing the student from participating comfortably in activities;
- Fevers of 100.5 degrees or more, until temperature remains normal for 24 hours, or written approval by a Health Care Provider;
- Vomiting, more than once per day, until resolved, or written approval by a Health Care Provider;
- Diarrhea, more than once per day, until resolved, or written approval by a Health Care Provider;
- Stiff neck or headache with fever, until resolved, or written approval by a Health Care Provider;
- Rash with fever or itching, until resolved or a Health Care Provider determines symptoms do not indicate a communicable disease;
- Eye discharge or conjunctivitis (pink eye) until clear or until 24 hours of antibiotics have been given;

- Lice until treated and nits no longer remain;
- Open or oozing sores, these sores should be completely covered by a dressing;
- Scabies, until 24 hours of antibiotics have been given; and
- Impetigo, until 24 hours of antibiotics has been given.

The Academy will use an oral thermometer, with a new covering after each use.

If a student begins to show signs of any of the symptoms while in class he or she will be separated from the group and cared for in the main office. Parents, guardians or emergency contact will be notified to pick up their child. A record of students who become ill in class will be kept in the Head of School's office. The Illness Report Form will list symptoms, temperature if taken, and time released to the parent or guardian. A copy is given to the parent or guardian. Illness Reports information is also included with Incident Reports.

Students with a reportable disease may not attend classes without written approval from the local or state health authority.

Staff members are subject to the same exclusion criteria as students.

### **Seasonal Illness Notices**

The Academy provides parents and/or guardians a "Keep me home if" notice each change of season. Parents or guardians receive a written list of illnesses and symptoms, which could be a problem.

### **Reporting Communicable Diseases**

Cedar River Academy is required to report communicable diseases to the local health department.

Cases or suspected cases of a disease that may be associated with the Academy are also reported. In those cases the Academy will work with the health department in investigating the outbreak. Influenza outbreaks may require notifying and monitoring by the local health department.

When a student or Academy employee becomes infected with a communicable disease, a written notification is sent home to parents. A notice is also posted in the main office.

In all cases, student and employee medical information remains confidential.

### **Immunizations**

To protect students in our care and our staff, and to meet state health requirements, we only accept children fully immunized for their age. We keep on file the Certificate of Immunization Status (CIS) to show the Department of Health and the Division of Child Care and Early Learning (DCCEL) that we are in compliance with licensing standards.

At a minimum, students need to be immunized for the following:

- Diphtheria
- Tetanus
- Pertussis
- Polio
- MMR
- Hepatitis B
- Hemophilus

Exceptions are made only for either of the following reasons:

- The parent or guardian has signed the back of the CIS form stating they have personal, religious or philosophical reasons for not obtaining the immunization(s)
- A Health Care Provider has provided a signed medical exemption.



Students not immunized can not attend classes during an outbreak for diseases such as measles or mumps, which can be prevented by immunization.

## **First Aid**

An Academy staff with Cardio-Pulmonary Resuscitation (CPR) and First Aid training is always with each group or classroom. A current list of personnel with approved training is listed on the Emergency Organization sheet.

First Aid kits are located in each building, and in the Academy office. A First Aid Kit is taken on all field trips and kept in each vehicle used to transport children. A portable kit is available for field trips, walks, etc.

The Safety Committee refurbishes first aid kits monthly or sooner if needed. The expiration date for syrup of ipecac will also be checked at that time.

## **Health History Records**

All students complete the Academy Health History Form upon enrollment. Copies of the completed form are kept in the student's permanent information file.

## **Student Health Care Information Updates**

The Academy reviews student health information quarterly. Parents or guardians complete a Student Information Quarterly Review that includes updates on any medical diagnoses or allergies, and emergency contact information.

Copies of the latest Review are kept in the student's file, administration file, and Academy Emergency Evacuation Kit.

Each child's health record will contain:

- Health, development, nutrition and dental history;
- Date of last physical exam;
- Health care provider and dentist name and phone number;
- Allergies;
- Individualized care plans for special needs or considerations,(Medical, Physical, or Behavioral.)
- List of all current medications;
- Current immunization records (CIS Forms)
- Consent for emergency care; and
- Preferred hospital for emergency care;

The above information will be collected by the Admissions Manager before entry into the program.

Teachers, and/or cooks, and bus drivers will be oriented to any special needs or diet restrictions before the child first enters the program. Plans for children with special needs will be documented and staff will be oriented to the individual's special needs plan.

## **Individual Plans of Care**

The Academy uses The Individual Plan of Care, printed by Public Health of Seattle and King County, for students with special needs. The Head of School, parent or guardian, and Health Care Provider if deemed necessary, develop the plan to best fit the student needs.

Records are updated annually or sooner if changes are brought to the attention of the Head of School or the student's teacher.

## Hand Washing

To help ensure a clean environment, and help prevent the spread of germs and bacteria, all Academy staff and students wash their hands with soap and water, rubbing hands together for a minimum 20 seconds, on a frequent basis. In addition, Academy policy requires everyone to wash their hands:

- Upon arrival at the school and when leaving at the end of the day;
- Before and after handling foods, cooking activities, eating or serving food;
- After using the toilet;
- After handling or coming in contact with body fluids such as mucus, blood, saliva or urine;
- After attending to an ill child;
- After being outdoors; and
- After feeding, cleaning or touching any pets or animal.

## Hand Washing Procedures

Student and staff hands must be washed using soap, warm water between 85 and 120 degrees Fahrenheit, and dried using individual paper towels. Soap, warm water, and individual paper towels will be available at all sinks at all times. Hands will be washed using the follow procedure:

- Turn on water and adjust temperature;
- Wet hands and apply a liberal amount of soap;
- Rub hands in a ringing motion from wrists to fingertips for a period of at least 10 seconds;
- Rinse hands thoroughly;
- Dry hands using an individual paper towel; and
- Use hand drying towels to turn off water faucets.

All Staff should wash their hands before and after giving any medications.

## Cleaning and Disinfecting

Cleaning supplies are stored in the original containers and kept inaccessible to students. Cleaning supplies are stored in the kitchen area. Cleaning includes washing surfaces with soap and water and rinsing with clean water. Disinfecting and sanitizing includes the following:

<b>Disinfecting and Sanitizing:</b>	<b>Amount of Bleach:</b>	<b>Amount of Water:</b>
Body fluids, bathrooms and bathroom equipment. Bleach solution remains in contact with surface for 2 minutes.	1 tablespoon ¼ cup	1 quart 1 gallon
Table tops, dishes, toys, mats, etc. Bleach solution remains in contact with surface for 2 minutes.	¼ teaspoon 1 teaspoon	1 quart 1 gallon

- Tables used for food serving are cleaned with soap and water, rinsed, and then disinfected with the bleach solution before and after each meal or snack;
- The kitchen is cleaned daily and more often if necessary. Sinks, counters and floors are cleaned and disinfected daily. The refrigerator is cleaned and disinfected monthly or more often if needed;
- Bathroom(s) area cleaned daily or more often if necessary. Sinks, counters, toilets and floors will be cleaned and disinfected at least daily;
- Hard floor surfaces are swept and mopped daily;
- Cleaning mops are washed, rinsed, sanitized, and then air dried;
- Toilet seats are cleaned and disinfected as needed;
- Toys are washed, rinsed, disinfected and air-dried or run through the dishwasher;

- Mats are cleaned and disinfected weekly, or more often as needed; and
- General cleaning of the Academy is done as needed.

### **Contact or Exposure to Body Fluids**

Gloves are always worn when there is a risk or opportunity to for contact with any body fluids. When any staff person has been in contact with body fluids, or is at risk for being in contact with body fluids, the following precautions are taken:

- Open cuts or sores are kept covered;
- If contact with bodily fluids, hands are washed immediately with soap and warm water and dried with paper towels;
- All surfaces in contact with body fluids are cleaned and disinfected;
- Gloves and any cleaning materials used to wipe up body fluids are put in a plastic bag, tied shut, and placed in a covered waste container;
- Brushes, brooms, dustpans, mops, etc. used to clean-up body fluids are disinfected and air dried; and
- Student clothing soiled with body fluids is sent home in a closed plastic bag. A change of clothing is kept for students and staff.

### **Blood Contact or Exposure**

The Academy follows current guidelines set by Washington Industrial Safety and Health Act (WISHA).

### **Injury Prevention**

Cedar River Academy is inspected quarterly for safety hazards by the Head of School and Safety Committee. The playground is inspected on a regular basis for broken equipment, environmental hazards, garbage, animal contamination, etc. Teachers review their rooms daily and remove any broken or damaged equipment. Hazards are reported immediately to the Head of School who will insure that they are removed, made inaccessible or repaired immediately to prevent injury.

The Incident Report Log is monitored monthly by the Head of School to identify accident trends and implement a plan of correction.

### **Disaster Preparedness**

A copy of the Academy Emergencies and Disaster Preparedness Plan is located in the Academy reception area, with a copy is kept in the Academy Emergency Evacuation Kit. In case of disaster or emergency, staff should follow the plan procedures.

### **Pet Health**

Because of the many allergies and diseases, Cedar River Academy does not allow pets on the premise.

### **Staff Health**

Teachers and staff have Mantoux test results on file. An exception is staff employees who have had a positive tuberculin skin test in the past and will always have a positive test, despite having undergone treatment. Staff do not need to be retested for tuberculosis unless they have an exposure. If a staff member converts from a negative test to a positive test during employment, medical follow up will be required and a letter from the Health Care Provider is kept on file indicating the employee has been treated or is undergoing treatment.

The Academy complies with all recommendations from the local health jurisdiction.

Staff who have a communicable disease are expected to remain at home until the period of communicability has passed. Staff will also follow the same procedures listed under “Excluding Ill Students” in this policy.

## **Child Abuse and Neglect**

Signs of child abuse or neglect will be reported to the Head of School. Suspected or witnessed child abuse or neglect is immediately reported to the Head of School who will notify Child Protective Services (CPS).

## **Inclusion of Students with Special Needs**

Cedar River Academy is committed to meeting the needs of all students. This includes students with special health care needs, as well as students with chronic illness and physical challenges. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).

Written individual health care plans are developed collaboratively with the Head of School, parent or guardian, teacher, and Health Care Provider, if deemed necessary. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible.

## **Staff and Parent Health Policy Reviews**

A part of the Academy new employee orientation includes a review of this Health Policy. All Academy employees are given a copy of the Health Policy during orientation. A copy is available for review in the main office and the Head of School's office.

## **Health Policy Approval**

Cedar River Academy Health Policy was initially approved by the King County Department of Health. The Policy meets or exceeds all county and state health laws and the Office of Superintendent of Public Instruction private school requirements. A copy of the signed Health and Safety Inspection and Compliance is available for review in the office of the Head of School.

The Cedar River Academy Health Policy is reviewed annually by a licensed healthcare provider to assure it conforms to current medical practices. A copy of the Health Policy for the 2013-2014 academic year is available for review in the office of the Head of School.

## Communicable Disease Reporting

Cedar River Academy is required to report communicable diseases to the local health department. The following is a list of diseases that should be reported as per the WAC 206-101:

AIDS (Acquired Immune Deficiency Syndrome)	Lyme disease
Animal bites	Malaria
Arboviral disease (West Nile virus, mosquito, sandfly- or tick-borne)	Measles
Botulism (foodborne or wound)	Meningococcal disease
Brucellosis	Mumps
Campylobacteriosis (Campy)	Paralytic shellfish poisoning
Cholera	Pertussis (Whooping Cough)
Cryptosporidiosis	Plague
Cyclosporiasis	Poliomyelitis
Diphtheria	Psittacosis
Diseases of suspected bioterrorism origin (including anthrax and smallpox)	Q fever
Diseases of suspected food borne origin	Rabies and Rabies Exposures
Diseases of suspected waterborne origin	Rare diseases of public health significance
Enterohemorrhagic E. Coli (including E. coli O157:H7 infection)	Relapsing fever
Giardiasis	Rubella
Haemophilus Influenzae invasive disease	Salmonellosis
Hantavirus pulmonary syndrome	Sexually Transmitted Diseases (all)
Hemolytic uremic syndrome	Shigellosis
Hepatitis A, acute	Tetanus
Hepatitis B, acute or chronic	Trichinosis
Hepatitis C, acute or chronic	Tuberculosis
Hepatitis, unspecified	Tularemia
(HIV) Human Immunodeficiency Virus	Typhus
Immunization reactions, severe	Unexplained critical illness or death
Legionellosis	Vibriosis
Leptospirosis	Yellow fever
Listeriosis	Yersiniosis

Public Health at **(206) 296 4774** will be notified if any of the conditions are present in students or staff of the Academy.

## Cedar River Academy Incident Reports

CRA incident reports are initiated by a teacher or staff member using a computer program. The resulting report is emailed to the student's parents, the student's teacher, and CRA administrative staff. A copy of the incident report is recorded in the students' digital record. The student health related incident reports contain the following information:

Date & Time

Student

Staff Member Name

Type of Incident       Injury    Illness

Incident Description

Action Taken

Parent/Guardian Called       Yes    No

Health Care Provider Called  Yes    No

Student Requires Additional Care or Treatment       Yes    No

If Yes, Describe

## Cedar River Academy Communicable Disease Notice

Date \_\_\_\_\_

Disease \_\_\_\_\_

A student has been clinically diagnosed with probable \_\_\_\_\_.

It has not been reported to the Seattle King County Health Department. However, we recommend students be observed for the following symptoms:

It has been reported to the Seattle King County Health Department. They have recommended:

If you have questions or concerns, please call the Academy Head of School (360) 825 8080

# Cedar River Academy Illness Report Form

Date \_\_\_\_\_ Time \_\_\_\_\_

Student \_\_\_\_\_

Class \_\_\_\_\_

Temperature (if taken) \_\_\_\_\_

Symptoms \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Time Parent/Guardian Called \_\_\_\_\_ Time Student Picked Up \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Administration Signature

Information entered on Incident Report Form.

*File in student records. Copy to Parent/Guardian*

# Cedar River Academy Medication Authorization Form

Student Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Medication: \_\_\_\_\_

Reason Medication Being Given \_\_\_\_\_

Times to be Administered \_\_\_\_\_

Dosage Per Time \_\_\_\_\_

Route of Administering:  Oral  Topical  Other \_\_\_\_\_

Frequency \_\_\_\_\_

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Meets criteria of manufacturer  Meets criteria of Health Care Provider

Medication Storage Requirements \_\_\_\_\_

Medication Authorized by:

Parent/Guardian

Telephone number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider

Telephone number (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Requires parent/Guardian to demonstrate administration | <input type="checkbox"/> Completed |
| <input type="checkbox"/> Requires parent/Guardian to demonstrate observations   | <input type="checkbox"/> Completed |

Special instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Cedar River Academy Medication Record

Student Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Reason Medication Being Given \_\_\_\_\_

Date	Time	Dosage	Given by	Reason NOT Given	Side Effects

Attach copies of:

- Medication Authorization Form
- Drug manufacturers list of possible side effects for medication

Medication Administered by (signature or initials):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

*After completing, form should be returned to Administrative Office.*

# Controlled Substances Sign In/Out Sheet

**This Form to remain with Medication Lockbox at all times**

Student Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Date received \_\_\_\_\_

Amount received \_\_\_\_\_ Refrigerate?  Yes  No

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Amount returned to parent/guardian \_\_\_\_\_ Date returned \_\_\_\_\_

Date	Time Out	Medication	Initials	Time Returned	Initials

Medication Administered by (signature or initials):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

# Health Care Provider's Report of Allergies

Student Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Substance** \_\_\_\_\_

Minor Reaction Symptoms \_\_\_\_\_

Call:  Parent or Guardian             Health Care Provider

Severe Reaction Symptoms \_\_\_\_\_

Administer \_\_\_\_\_ immediately.

Call:  **9-1-1**         Parent or Guardian             Health Care Provider

**Substance** \_\_\_\_\_

Minor Reaction Symptoms \_\_\_\_\_

Call:  Parent or Guardian             Health Care Provider

Severe Reaction Symptoms \_\_\_\_\_

Administer \_\_\_\_\_ immediately.

Call:  **9-1-1**         Parent or Guardian             Health Care Provider

The above list includes all known allergies/intolerances I am aware of at this time.

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Parent or Guardian

Date

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Signature of Health Care Provider

Date

*To be attached to Student Individual Plan of Care  
Copy to Disaster Kit*

# Student Information Quarterly Review

Quarter \_\_\_\_\_ Year 201 \_\_\_\_\_

Student name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_\_) \_\_\_\_\_

Emergency contact #1 \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_\_) \_\_\_\_\_

Emergency contact #2 \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_

Work phone (\_\_\_\_\_) \_\_\_\_\_ Other phone (\_\_\_\_\_) \_\_\_\_\_

Health Care Provider \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Insurance \_\_\_\_\_

Medical Diagnoses or Issues: \_\_\_\_\_

Allergies (Food or other) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **First Aid Kits Supplies**

- First aid guide
- Band-aids, different sizes
- Cotton balls
- Sterile gauze pads (2-4 inch sizes)
- Roller bandages (1-2 inch widths)
- Large triangular bandage
- Adhesive tape
- Small scissors
- Tweezers
- Disposable gloves
- CPR mouth barrier
- Chemical ice
- Bottle of Syrup of Ipecac, to be given only at direction of a poison control center

## HEALTH POLICY ACKNOWLEDGEMENT

Staff Name \_\_\_\_\_

Job Title \_\_\_\_\_

I have attended orientation for Cedar River Academy Health Policy.

I have read the entire Cedar River Academy Health Policy and am familiar with its terms and content.

---

Signature

Date

## Health Policy Parent or Guardian Acknowledgement

Student Name: \_\_\_\_\_

I have received a copy of Cedar River Academy Health Policy and am familiar with its terms and content.

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Parent or Guardian Signature

Date

## Cedar River Academy Health Policy Health Care Provider Review

I have reviewed the Cedar River Academy Health Policy for the 2013-2014 academic year, dated July 31, 2013 and find it:

\_\_\_\_\_ Sufficiently describes effective health care practices for children.

\_\_\_\_\_ Sufficiently describes effective health care practices for children with the following exceptions:

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Signed this \_\_\_\_\_ day of August, 2013.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_