



Health and Wellness Handbook

2022-2023

The School of Sacred Heart St. Francis de Sales

307 School Street
Bennington, Vermont
05201

802-442-2446

Providing excellence in academics and a deepening faith in God and Gospel Values in an environment that is caring, challenging, and respectful, striving to develop in every student the habits of thinking critically and acting responsibly in daily life.

THE SCHOOL OF SACRED HEART ST. FRANCIS de SALES

HEALTH AND WELLNESS HANDBOOK

WELLNESS POLICY

The School of Sacred Heart St. Francis de Sales is committed to providing a school environment that promotes and protects children's health, well-being, and ability to learn by supporting healthy eating and physical activity.

Therefore, it is the policy of our school that:

- All students in Pre-Kindergarten through Grade 8 will have opportunities, support, and encouragement to be physically active on a regular basis.
- Food and beverages served at school will meet nutrition recommendations of the U.S. Dietary Guidelines for Americans.
- To the maximum extent practicable, our school will participate in an available federal school meal program.
- We will provide nutrition education and physical education to foster lifelong habits of healthy eating and physical activity.
- We will work in collaboration with the Southwest Supervisory Union to ensure that guidelines for reimbursable school meals comply with regulations and guidance issued by the Secretary of Agriculture pursuant to sections (a) and (b) of section 10 of the Child Nutrition Act and section 9(f)(1) and 17a of the Richard B. Russell National School Lunch Act as those regulations apply to schools.

To achieve these goals:

- We will make an effort to see that meals served by the food service program contracted by the public school system will be appealing and attractive to children; be served in a clean and pleasant setting, and will meet nutrition requirements established by local, state, and federal statutes.
- We 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-priced school meals.
- We will provide students with at least 20 minutes to eat sitting down for lunch between the hours of 11 a.m. and 1 p.m.
- We will discourage students from sharing their foods and beverages with one another during meal and snack times given concerns about allergies and other restrictions on some children's diets.
- Foods of minimal nutritional value, as listed in 7 CFR 210, Appendix B and 7 CFR 220, Appendix B shall not be sold on campus during lunch periods (7CFR210.11(a)(4)).
- We will offer children at each grade level the knowledge and skills necessary to promote and protect their health as a part of a sequential comprehensive standards based health program in accordance with the Vermont Framework of Standards and Learning

Opportunities.

- We will provide clean, safe, adequate spaces for eating and serving school meals in a calm and relaxed atmosphere.
- Food will not be used as a reward or punishment for academic performances.
- School personnel shall encourage hand washing for all students.
- We will integrate, whenever possible, physical activities to reinforce the knowledge and self-management skills needed to maintain a physically active lifestyle.
- We offer weekly physical education classes throughout the school year to all students.
- We will schedule at least 20 minutes a day of supervised recess in Pre-Kindergarten through Grade 5, preferably outdoors, and schedule periodic breaks during extended long indoor periods of time such as mandatory school-wide testing.

- When feasible, we will offer interscholastic sports programs for middle school students.
- We will also encourage daily periods of physical activity during after-school enrichment and childcare opportunities whenever it is feasibly possible.

Policy Implementation

- The principal or his/her designee shall monitor district programs and curriculum to ensure compliance with policy and administrative procedures.
- The Principal or his/her designee shall report at least annually to Boards on compliance with policy and student wellness.
- The Principal or his/her designee will ensure districts follow best practices suggested in the Vermont Nutrition and Fitness Policy Guidelines.
- The Principal or his/her designee will ensure all federal and state guidelines for dietary restrictions.

Legal References

16 VSA 131 and 906(b) (3)

Richard B Russell School Lunch Act 42 U.S.C. 1751 et seq.

Child Nutrition Act of 1966, 42 U.S.C. 1771 et seq.

Child Nutrition and WIC Reauthorization Act of 2004 section 204 of public law 108-265

Code of Federal Regulations, 7 CFR Part 210, Part 220 and Part 15(B)

FNS Instruction 783-2, Revision 2, Meal Substitutions for Medical or Other Special Dietary Reasons

Rehabilitation Act of 1973, Section 504

Individuals with Disabilities Act (IDEA), Part B

Americans with Disabilities Act, July 26, 1990, 28 CFR Part 35, Title II, Subtitle A

GENERAL ILLNESS OR INJURY

A. If your child is ill or appears to be ill; you are requested to keep him/her at home. In this way we can prevent the spread of infections. Please contact the school if your child is going to be absent or tardy.

B. If a child comes to school ill or becomes ill at school, the parent or guardian will be contacted at home or work to come for him/her.

C. It will be the responsibility of the parent of guardian to provide transportation and care taking for his/her ill or injured child. Be sure that we have a telephone number where you can be reached at all times. You are requested to provide two (2) names and phone numbers of family or friends who will take responsibility for your child when you are unavailable.

D. In general, any child attending school must participate in physical education and outside

activity. In some instances, the parent or nurse may excuse a child for up to one (1) week. Non-participation for longer than one (1) week will be permitted only with a written doctor's excuse.

E. School personnel will wear gloves at all times when in contact with blood/body fluids from all persons.

F. It is not the school's responsibility to diagnose or treat illness or injury. School personnel are only responsible for giving immediate aid and notifying parents.

INJURIES AND EMERGENCY PROCEDURES

A. All injuries occurring at home are the parent's/guardian's responsibility.

B. In the event of a medical emergency, the following procedure is used:

1. The parent/guardian is notified as soon as possible after the emergency occurs.
2. If the injury appears to be serious, the child will be transported by the Bennington Rescue Squad directly to the hospital emergency room.
3. Every attempt is made to have the nurse present, but if this is not possible any adult present on the scene follows this procedure.

4. The school does make every effort to contact parents either at home, work or otherwise. If we do not find you on our first try we continually call until we reach you.
5. If a child must be taken to the emergency room at the hospital, **A PARENT WILL NEED TO BE PRESENT**. If they are seriously ill or injured, evaluation and treatment will be started prior to your arrival. The hospital has a form you will be required to sign for treatment.

MEDICATION

- A. No medication will be administered to any student without specific written instructions **and** a parent's signature. An authorized adult must bring all prescription and non-prescription medication to the office. Medication must be in the original container with the child's name clearly printed on it. Medication will not be given if in an envelope or a plastic bag. This includes non-prescription drugs.
- B. Medication will be kept in a locked area and distributed by a designated staff member if the nurse is not present. Children are not allowed to keep any kind of medication on his or her person. All medication must be given to the secretary or nurse by an adult upon arrival at school in the morning.
- C. **NON-PRESCRIPTION MEDICATION** should be sent to school only if and when it is necessary. If at all possible, all medication should be given at home. Medications will not be stored in the office for situations deemed "just in case."
- D. **PRESCRIPTION MEDICATION** should be administered at home unless otherwise ordered by a physician. A copy of the physician's orders must accompany the medication needed.
- E. The school is no longer responsible for administering medicated lollipops, cough drops, or Chap Stick.
- D. A Prescription and non-prescription medication form is available at school.
- F. **NO ASPIRIN OR SALICYLATES WILL BE GIVEN IN SCHOOL** (unless prescribed by a physician) because of its possible association with Reye Syndrome. We advise that you contact your physician before giving aspirin at home.

PLEASE NOTE: If your child has a history of any allergic reactions to bees, wasps, etc. and is required to have a "bee sting kit" or other medication in school, you **MUST** notify the school at once. It is the parent/guardian responsibility to provide the appropriate medication and written physician's directions for administration of medication. If your child is stung, you will be notified immediately. If your child is having an allergic reaction, he/she will be transported to the hospital emergency room.

SCREENINGS

VISION

- A. Routine vision screenings are done for all students. Students are also screened if referred by a teacher, parent or physician.
- B. Children are retested if necessary. Any child failing the retest will be referred. A parent or guardian will be contacted by written note and/or telephone.
- C. We do request a report from the doctor on his/her findings.

HEARING

- A. Routine hearing screenings are done for all students. Students are also screened if referred by teacher, parent, or physician. The audiologist assisted by the school nurse does some testing.

PHYSICALS

Physicals are recommended on all Kindergarten and sixth grade students. It is not required, but highly recommended.

RECORDS

A health record is maintained for each student in Pre-Kindergarten through Grade 8 and is part of the cumulative record.

CONFERENCES

Conferences are held with parents at any time deemed necessary.

IMMUNIZATIONS

Vermont State Law and Sacred Heart St. Francis School requires all students to have the following immunizations:

Students entering **preschool** must provide documentation of the following immunizations upon being admitted:

- 4 DTaP (diphtheria, tetanus, and pertussis) vaccine
- 3 each of: hepatitis B and polio

- 1–4 doses each of Hib (haemophilus influenzae type b) and PCV (pneumococcal)
- 1 each of: MMR and varicella

Students entering **kindergarten** must provide documentation of the following:

- 5 doses of DTaP (diphtheria, tetanus, and pertussis) vaccine
- 4 doses of polio vaccine
- 2 doses of MMR (measles, mumps, and rubella) vaccine
- 3 doses of hepatitis B vaccine
- 2 doses of chickenpox (varicella) vaccine

If the student has previously had chickenpox disease no vaccine or exemption is needed. Parents must submit documentation or sign the Health Department form

Students entering the **seventh grade** must provide documentation of the following:

- All of the immunizations listed above and
- One dose of Tdap (tetanus, diphtheria, and pertussis) vaccine

These requirements also apply to all students entering as a new student in our school.

EXEMPTIONS

- The philosophic exemption to vaccination requirements was eliminated, effective 7/1/2016.
- If a parent or guardian holds religious beliefs opposed to immunizations, each year she/he must sign the current school year religious exemption form. Signing acknowledges that she/he has read evidence based information regarding immunizations provided by the Health Department, and is aware of the risks associated with not vaccinating children.
- In order to claim a medical exemption, a health care practitioner authorized to prescribe vaccines must complete the Health Department supplied medical exemption form.

Exemption forms must be completed, signed and returned to the school upon enrollment each school year. Students with any exemption may be excluded from school during the course of a disease outbreak.

VERMONT LAW

Vermont’s Immunization Rule requires vaccination of all children enrolled in center based or family child care, public or independent kindergarten, elementary and secondary schools. Immunizations protect both individuals and the community.

An official immunization record must be presented to the school upon admission. If a student doesn't meet the vaccine requirements, or have a current school year exemption on file, they may be temporarily admitted only after the approval of school nurse or administrator. Failure to meet requirements may result in exclusion.

COMMUNICABLE DISEASES

General Information

Children with an elevated temperature and/or other signs of illness will be excluded from school. Children should be fever free for 24 hours before returning to school. If children are put on medication (e.g. antibiotic) they must be on the medication at least 24 hours before returning to school.

Children who are immuno-suppressed will be notified of the occurrence of a high-risk disease (e.g. chicken pox).

- ◆ AIDS/HIV Infection - A child with AIDS may attend school in compliance with school policy.
- ◆ Chicken Pox - The child will be excluded from school until all lesions are dry and crusted (approximately 6 -8 days following eruption).
- ◆ Cold Sores (fever blisters, Herpes simplex) -The child may attend school if feeling well and fever free. The child should avoid direct contact with a lesion. Frequent hand washing is strongly encouraged.
- ◆ Conjunctivitis (Pink Eye) - If suspected, the child will be referred to the parent and excluded from school until a release is signed by a physician.
- ◆ Diarrhea - The child with diarrhea will be excluded from school. He/she may return to school when the diarrhea has stopped. Frequent hand washing with soap is encouraged.
- ◆ Fever Blisters - (See Cold Sores)
- ◆ Fifth Disease - The child diagnosed with "fifth disease" may return to school when fever free and feeling well. The rash may still be present.

PLEASE NOTIFY THE SCHOOL NURSE IF THIS DIAGNOSIS IS MADE.

- ◆ **Head Lice** -Children with head lice will be excluded from school until there is no evidence of lice or viable eggs (live nits). Treatment with an appropriate medicated shampoo or rinse and combing out of dead nits will be necessary. Your child will be rechecked for head lice.

- A. We urge parents to check their children's hair at least once a week for signs of head lice. If you do not know what to look for, please contact the school.
- B. Periodic head checks may be done at school. If your child is found to have signs of head lice, you will be notified by note or telephoned.
- C. The child must be treated with a pediculicide shampoo or rinse, and every effort made to remove all nits.

- ◆ **Hepatitis A** - The child may return with a release signed by a physician after a minimum of one week following onset of jaundice. Frequent hand washing with soap is encouraged.
- ◆ **Hepatitis B** - Active Disease
The child may return to school when blood tests indicate there is no risk of contagion and with a release signed by the physician.
CARRIER STATE - Please contact the school.
- ◆ **Herpes Simplex** (See Cold Sores)
- ◆ **Herpes Zoster** (See Chicken Pox)
- ◆ **Impetigo - Multiple Draining Boils - Skin Infections.** The child will be excluded from school until the child is under a physician's care and there is no longer a sign of drainage. The child must have a signed physician's release to return to school.
- ◆ **Measles** - The school **MUST** be notified if your child is diagnosed with measles. The child may return to school when released by the physician.
- ◆ **Meningitis – Viral**
The child with viral meningitis may return to school when fever free for twenty-four hours, feeling well and with a physician's release.
- ◆ **Meningitis - Bacterial**
May return to school with a physician's release.
- ◆ **Mononucleosis**
May return to school with a physician's release.
- ◆ **Mumps**
May return to school ten days following the onset of swelling. Children must be fever free and feeling well.

◆ **Pertussis (Whooping Cough)**

The child may return to school with a signed physician's release verifying treatment.

PLEASE NOTIFY THE SCHOOL NURSE IF THIS DIAGNOSIS IS MADE.

◆ **Pneumonia**

May return to school when released by a physician.

◆ **Ringworm**

May attend school while being treated by a physician.

◆ **Rubella (German Measles)**

May return to school six days after rash appears. A child suspected of having Rubella will be sent home with a parent.

PLEASE NOTIFY THE SCHOOL NURSE IF THIS DIAGNOSIS IS MADE.

◆ **Scabies**

The parent of a child suspected of having scabies will be notified by note and/or phone call. The child may return to school after diagnosis by a physician and appropriate treatment. They must have a signed physician's release to return to school.

◆ **Strep Throat, Scarletina, Scarlet Fever**

The child with a physician diagnosed strep throat, scarlatina or scarlet fever may return to school when fever free, has been taking a prescribed antibiotic for twenty-four hours and feels well.

◆ **Sties**

The child with a sty may attend school if there is no drainage from the sty. Hand washing is strongly encouraged.

◆ **Upper Respiratory Infection (Common Cold, Flu, Croup)**

The child may return to school after symptoms have subsided (for example: fever, muscle and joint discomfort, vomiting, diarrhea, and cough.)

Parents are ultimately responsible for their child's health.

Vermont Recommended Child & Teen Vaccination Schedule

Vaccine	Birth	2 Months	4 Months	6 Months	12-15 Months	15-18 Months	Required		
							4-6 Years	11-12 Years	13-18 Years
<i>Haemophilus influenzae</i> type b (Hib)		Hib	Hib	Hib	Hib				
Pneumococcal (PCV)		PCV	PCV	PCV	PCV				
Hepatitis B (HepB)	HepB	HepB		HepB					
Diphtheria, Tetanus, Pertussis (DTaP)		DTaP	DTaP	DTaP	DTaP		DTaP		
Poliovirus (Polio) (IPV)		IPV	IPV	IPV			IPV		
Measles, Mumps, Rubella (MMR)					MMR		MMR		
Varicella (Chicken pox)*					Varicella		Varicella		
Tetanus, Diphtheria, Pertussis (Tdap)							Tdap		
Meningococcal ACWY (MCV4)**							MCV4	MCV4 second dose, after age 16	
Meningococcal B (MenB)***								MenB 2 doses, ages 16-18	
Hepatitis A (HepA)					HepA	HepA			
Rotavirus (RV)		RV	RV						
Human Papillomavirus (HPV)								HPV 3 doses	
Influenza				Influenza					Every flu season

4/2016

Children should be up-to-date by age 2

Required for child care

Required for school

Recommended

* Vaccine or documentation of history of disease.
 ** Recommended for all. Required only for residential students entering 7th grade and newly enrolled in 8-12.
 *** Recommendation for MenB vaccine is based on clinical discretion. Beginning at age 16, two doses at least one month apart.



Vermont's immunization schedule is compatible with the current recommendations of the Centers for Disease Control and Prevention (CDC).
 For more information, contact the Vermont Department of Health Immunization Program:
 Phone: 802-863-7638 toll free (in VT): 800-640-4374 website: HealthVermont.gov