



Catholic Schools
A Faith-Based Education
that Lasts a Lifetime

Health Room Close-out

MAY 21, 2020

11:00

VIA ZOOM

AGENDA

May 21, 2020

11:00

Via Zoom

- ❖ Opening Prayer/Greetings

- ❖ Close-Out Procedures for SY20
 - ❖ Common Understandings & Practices
 - ❖ Indoor & Outdoor Exchanges
 - ❖ Medication and Other Health Related Items

- ❖ Infrared Thermometers

- ❖ Questions

A Prayer for Uncertain Times

May we who are merely inconvenienced remember those whose lives are at stake.

May we who have no risk factors remember those most vulnerable.

May we who have the luxury of working from home remember those who must choose between preserving their health and making their rent.

May we who have the flexibility to care for our children when their schools close remember those who have no options.

May we who have to cancel our trips remember those who have no safe place to go.

May we who are losing our margin money in the tumult of the economic market remember those who have no margin at all.

May we who settle in for a quarantine at home remember those who have no home.

As fear grips our country, let us choose love.

And during this time when we may not be able to physically wrap our arms around each other, let us yet find ways to be the loving embrace of God to our neighbors. Amen.

- Submitted by Fr. Michael Graham, S.J.



Greetings!

Close-Out Procedures

2019-2020 SCHOOL YEAR

Common Understandings

- ❑ End-of-Year (EOY) Guidelines - when the stay-at-home order is lifted
- ❑ Close-out will occur at end of school year based on school's calendar
- ❑ Families will be returning items to the school, e.g. devices, books
- ❑ Schools will be giving items back to families, e.g. items from locker, medications
- ❑ Two options- outdoor & indoor exchange

Before the Exchange Day

- ❑ Principals will manage staff to return to buildings in a safe, scheduled and documented format to gather, collect, and pack up students' personal materials
- ❑ Be Mindful: the more people in your building - the more risk incurred
- ❑ Follow CDC and local health department guidelines
 - ❑ School personnel will wear masks and gloves
 - ❑ Social Distancing space/distance so to avoid crowds of people in any area of the property
 - ❑ Cleaning protocols

During Exchange Days

- ❑ The objective is to exchange the property as safe and efficiently, as possible
- ❑ Preference for outdoor exchange but indoor guidelines will be provided
- ❑ Drop locations for indoor exchange should be determined on building configuration. Avoid communities coming deep into the building
- ❑ Communicate procedures to parents ahead of time, with rules to follow
- ❑ Follow CDC and local health department guidelines for safety
 - ❑ School personnel (masks & gloves) and family members (wear masks)
 - ❑ Follow ***social distancing rules*** - space/distance so to avoid crowds of people in any area of the property - a minimum of 6 feet apart
- ❑ Other arrangements should be made for families with symptoms, illness, or positive COVID-19 family members

Common Practices

- ❑ School administrators will determine dates and times for one (1) family member (adult) to bring school property back to the school, while returning the property of the student in a safe and efficient manner.
- ❑ Utilize signs asking people to remain at least 6 feet from each other and directing people to their designated drop zone
- ❑ It is recommended that the appointed adult family member only has to make one trip to the school, if they have multiple children in different classrooms.

Common Practices

- ❑ The student's personal items should be bagged and labeled with the student's name (teacher/grade) visible. All of their personal items should be in the bag for pickup
- ❑ Teachers should document the items each family returns. These exchanges should be as brief as possible
- ❑ Materials should sit 72 hours before opened or inventoried. ‘
- ❑ Communicate this “72-hour hold” to families for unpacking materials received from the school

Common Practices

- ❑ Protect yourself <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>
- ❑ Schedule exchange times to spread out the number of people present at any given time, to less than 10 persons, and always a minimum of 6 feet apart
- ❑ It is recommended to provide at least two time slots for the exchange, including one outside of normal business hours (day/evening) to accommodate working families

Outdoor Exchange

- Clean and disinfect tables, carts, or bins often
- Create lanes for cars outside of the school and have families place the returned items in bins, labeled clearly with a teacher/grade level; have their labeled bags ready for pickup
- It is recommended to use bins with wheels and lids or place bins with lids on a table with wheels
- Secure lids prior to moving into the school or another central location
- Create walking zones outside of school for in-person drop-off
- Use cones, chalk, or tape to direct families and maintain 6 ft distance

Indoor Exchange

- ❑ Avoid having to greet people at the school entrance, use signage, and consider keeping the designated entrances unlocked during this time as there are no students in the building
- ❑ The use of the gym/cafeteria/library are excellent indoor options. Classrooms should be used as a last resort.
- ❑ All of the student's property should be in a bag labeled with their name ready for pickup

Record-keeping for Contact Tracing

(if necessary)

Schedule of...

- ❑ teachers in the building for preparation of exchange
- ❑ staff participating on the day of material exchange
- ❑ parents dropping off materials
- ❑ staff unpacking materials

Returning Medications and Other Health-related Items

The school nurse should be the lead in this process.

- ❑ If your nurse is unable to return to the school, the principal may follow these steps:
 - ❑ Count remaining medication (controlled substances) with another adult present
 - ❑ Complete the *Medication Administration Record (MAR)*, indicating the medication was returned to the parent.
 - ❑ Reconcile the count on the *Controlled Medication Reconciliation Form* (controlled substances only)
 - ❑ Both the other adult and principal initial the count
 - ❑ Add date and time on form

Sample MAR

SCHOOL: _____

Medication Administration Record 20__ - 20__ For Daily/Routine Medications

Student's Name _____ Sex _____ DOB _____ Grade _____
 Physician's Name _____ Phone # _____
 Delegating Nurse _____ Date _____
 Date Ordered _____ Date Discontinued _____
 Reason for Medication _____ Allergies _____
 Medication/Dose _____ Route _____
 Frequency/Time _____

Instructions: Initial in appropriate dated block when medication is given. Record actual time medicine is given if different from time stated above. If unable to administer, enter code from below. Write in the Change/Omission section (reverse side) using the code and explain why medication was not administered. Use the *Controlled Medication Reconciliation Form* for tracking purposes.

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nov | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dec | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jan | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Feb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apr | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Jun | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Signature/Initials (person giving/counting medications)

Signature/Initials (person giving/counting medications)

CODE: A – Absent F – Field Trip NMA – No Medicine Available D – Destroyed X – School Closed ER – Early Release O – Other

Controlled Medication Reconciliation Form

YOUR SCHOOL
School Year 20__-20__

Controlled Medication Reconciliation Form

Child's Name _____ Grade _____

Medication/Dosage _____

Month/Year _____

| Day | Med Total | Add (+) | Initials (2) | Given (-) | Total | Initials |
|-----|-----------|---------|--------------|-----------|-------|----------|
| 1 | | | / | | | |
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Categories of Medication

Prescription medications are divided into 2 categories:

- **Controlled**

- High potential for abuse
- Divided into 5 schedules - narcotics, depressants, stimulants, hallucinogens, and anabolic steroids
- Legal requirements – storage and record-keeping

- **Uncontrolled**

- All other medications

Examples of Controlled Substances



Amphetamines

- Adderall, Dexedrine

Diazepam

- Valium, Diastat

Methylphenidate

- Concerta, Ritalin, Methylin

Oxycodone

- Oxycontin, Percocet, Roxicet)

Morphine

- Roxanol, Oramorph

Codeine preparations

- Robitussin A-C, Pedicof

Clonazepam

- Klonopin, Clonopin

Lorazepam

- Ativan

Zolpidem

- Ambien,

Lisdexamfetamine

- Vyvanse

Returning Medications and Other Health-related Items

- ❑ Complete the [Student School Healthcare Items - Return Sheet](#).
- ❑ Include any items with a count of what is being returned to the parents, i.e. Epi-Pen - 2, Nebulizer - 1, Adderall - 8 tablets.
- ❑ (Make a copy for parent) See example on this [link](#).

Student School Healthcare Items – Return Sheet

Please list all items in the Health Room returned to parents. Prepare prior to parent pick-up. Include signatures from school staff and count for medication, supplies, or equipment.

School Name

Student's Name

Grade

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

| Item | Count | Comment (if needed) |
|------|-------|---------------------|
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SIGNATURES:

Name Title Date Time

Name Title Date Time

Parent Signature Date Time

Student School Healthcare Items – Return Sheet

EXAMPLE

STUDENT SCHOOL HEALTHCARE ITEMS - RETURN SHEET

Please list all items in the Health Room returned to parents. Prepare prior to parent pick-up. Include signatures from school staff and count for medication, supplies, or equipment.

School Name

Student's Name **Grade**

| Item | Count | Comment (if needed) |
|---------------------|---------------------|------------------------------------|
| Auvi Q | 2 epipens | 2 epipens returned inside of 1 pkg |
| Inhaler with spacer | 1 inhaler, 1 spacer | |
| Epipen | 1 epipen | 1 epipen inside 1 pkg |
| Methylphenidate 5mg | 14 tablets | |
| Nebulizer | 1 | |
| | | |
| | | |
| | | |
| | | |

SIGNATURES:

| | | | |
|---|--|---|---------------------------------------|
| <u>Mrs. Annabel Lee</u> <small>Name</small> | <u>Principal</u> <small>Title</small> | <u>6/15/2020</u> <small>Date</small> | <u>8:45 am</u> <small>Time</small> |
| <u>Mr. Edgar Allen Poe</u> <small>Name</small> | <u>Asst. Principal</u> <small>Title</small> | <u>6/15/2020</u> <small>Date</small> | <u>8:47 am</u> <small>Time</small> |
| <u>[Signature]</u> <small>Parent Signature</small> | <u>6/15/2020</u> <small>Date</small> | <u>9:30 am</u> <small>Time</small> | |

Returning Medications and Other Health-related Items

- ❑ Place all health items into a paper bag
 - ❑ Place parent copy of sheet in bag & staple the original sheet to bag. (Original sheet is to be signed by parent & retained by school)
- ❑ Parent checks items, signs/dates sheet and places sheet in a box. (To protect student information, use a cardboard box and create a slot for a Return Sheet.)
- ❑ A designated time (if possible) should be scheduled for parents receiving medications and returning items to the school (protecting privacy). This time is preferable at the beginning of the day or the end.



Returning Medications and Other Health-related Items

- ❑ Parent Signature
 - ❑ Ask the parent to bring a pen/pencil
 - ❑ Provide a pen/pencil and allow the parent to keep it
 - ❑ Disinfect pens/pencils thoroughly after every use



Infrared Thermometers

Example



[iHealth No-Touch Thermometer](#)

\$43.99

Questions
