

2020-2021

Dear Parents and Guardians,

Welcome to another year at Antilles School!

In addition to the enrollment contract, we need to collect your child/children's health information as mandated by the USVI Department of Health and Department of Human Services. **All students are required to have an annual physical exam in order to be enrolled in school.**

It is mandatory that your child's MD visit, for pertinent forms, be on or after **6/6/2020** and prior to **8/17/2020**, as forms MUST be valid for the entire school year. Complete packets are due on or before August 17, 2020 at 8:00 AM. **For those students who had their physicals after the start of the school year the physicals are due on the day the last physical expires. However, immunization records and emergency forms are due on August 17, 2020.**

Health Packet for TLC - Kindergarten

- **Emergency Health Information Form:** *Very IMPORTANT to list ALLERGIES or NKDA (no known drug allergies). It is also important to write in any over-the-counter medications that you do not want your child to receive. **Be sure to sign this form. (If your physical appointment falls after the start of the school year this form must be turned in by August 17th.)***
- **Universal Child Health Record Form:** *To be filled out and signed by your child's doctor on or after June 6, 2020 and before August 17, 2020. Please make sure you fill out the top of this form completely and sign your name.*
- **Copy of your child's updated Immunization Record:** *Students may not attend the first day of school if the recommended immunization requirements (schedule included in packet) are not met (no exceptions).
A complete copy with all current immunizations must be provided each new school year.*
- **Department of Health (Virgin Islands Immunization Registry Form):** *To be filled out by parent(s)/guardian, signed, and returned with a copy of child's updated immunizations record. (New enrollees and Kindergarten students)*
- **New Students - Clearance Slip:** *To be obtained, by parent/guardian from VI Department of Health located across from the Nisky Center or from the East End Medical Clinic located in the Tutu Park Mall. Parent/guardian along with their students must present their picture ID along with child's birth certificate & their up-to-date immunization record. Once the Clearance Slip is issued, include it with a copy of your updated VI yellow immunization record in the health packet that you return to the nurse. Clearance Slips only apply to Kindergarten and up. TLC to Pre-K must register and obtain the yellow immunization card.*
- **St. Thomas/St. John Interscholastic Athletic Association and After-School Activities Medical Certification Form:** *In order for your child to be eligible to participate in sports or after-school activities listed on the form, this form must be signed by a physician and parent. ** MUST be completed by MD on or after 6/6/2020 and/or prior to participation in any of the listed activities.***
- **Prescription Medication Release Form:** *This form is only applicable for students required to take prescription medication (including EpiPens & inhalers) during the school day. These prescription medications MUST be dispensed by the school nurse except for those students in grades 4 through 12 who may carry their own EpiPens and inhalers.
 - **A new Prescription release form is required to be filled out by your physician for any illness developed during the school year requiring prescription medications to be dispensed by the school nurse during school hours.***

Please feel free to contact the nurse's office at 340-776-1600 x4603 or email eciaccia@antilles.vi if you have questions.

Upload your completed health forms into the SNAP electronic health portal. **Information to follow with instructions.**

Best Regards,
Edye Ciaccia, RN

2020-2021

HEALTH FORMS CHECKLIST FOR TLC - KINDERGARTEN

Note:

- Please use the packet for the grade your child will enter on August 24, 2020.
- Please print all forms as physicians do not provide the school's form.
- Yearly physical must be completed on/after June 6 and on/before August 17.
- Upload completed packets by **August 17th at 8AM into the SNAP portal. Instructions to follow.**
- For those students who had their physicals after the start of the school year last year the physicals are due on the day the last physical expires. Updated Immunization forms and emergency health consent forms are due at start of school.
- **Immunizations must be up to date prior to the start of school. This will affect 4 year old, 11 year old and 16 year old students as well as all new enrollees. If your physicals are delayed please get the immunizations in on time as this is a territorial requirement. The Department of Health, East End Medical Clinic, Walgreens and most doctor's offices will schedule immunization administration without seeing the doctor.**
- If you have any questions, you may email nurse@antilles.vi before June 12 and jaubain@antilles.vi during the summer

	Emergency Health Information Form (completed by parent): Please write legibly & sign. This form is due by August 17th
	Universal Child Health Record Form (completed by both parent & <u>physician</u> on/after June 6 and on/before August 17) unless you meet #4 above.
	Photocopy your child's current Virgin Islands Immunization Record showing all required immunizations are up to date or Obtain a Virgin Islands Immunization Exemption (procedure included in packet) Students may not attend the first day of school if the recommended immunization requirements (schedule included in packet) are not met (no exceptions). Contact Nurse Edye at nurse@antilles.vi if you have any questions.
	Virgin Islands Immunization Registry Systems Form (completed by parent) Required for Kindergarten and new students.
	New Students: Clearance Slip to be obtained by parent/guardian from VI Department of Health located across from the Nisky Center or from the East End Medical Clinic located in the TuTu Park Mall. Parent/guardian accompanied by their child must present photo ID, their child's birth certificate, and child's up-to-date immunization record. It is recommended you call ahead as hours change. Only Kindergarten and above need Clearance slips. TLC to PK4 must obtain a yellow immunization card.
	After School Activities Medical Certification (completed by both <u>physician</u> & parent) (NA for TLC)
	Prescription Medication Release Form (completed by <u>physician</u>): This form is required for any child that requires the nurse to dispense prescription medication (including EpiPens or inhalers) during class time. It is also required for any 4 th through 12 th grader who keeps EpiPens and/or inhalers with him/her. A new Prescription release form is required to be filled out by your physician for any illness developed during the school year requiring prescription medications to be dispensed by the school nurse during school hours. Take a copy of this form with you to the doctor's office if your child is sick so it can be filled in by the physician at your appointment time.

ANTILLES UPDATED HEAD LICE POLICY 2018

1. Parents/Caregivers are the best source of detection of head lice and therefore should check their children frequently. If the child is symptomatic, they should be checked every two to three days if live lice are not seen initially.
2. If a child is demonstrating symptoms at school, they will be sent to the school nurse.
3. If the child is found to have live lice, Parents/Caregivers will be notified by the school nurse and the child will be sent home so that prompt, proper treatment of the condition can be initiated to keep other students lice free.
4. Treat the head lice per Doctor or Pharmacist recommendation if lice is found. Home remedies do not work so please use a recommended lice eradication product.
5. The student may return to school the day after treatment with a pediculocide shampoo. Before re-entry, the School requires the student, accompanied by a parent, to report to the school nurse.
6. Notify the school nurse if your child has lice. The expectation is that they be treated prior to returning to school.
7. Head lice screening programs have not been proven to have a significant effect over time on the incidence of head lice in the school setting and will no longer be instituted.
8. When a case of head lice is identified in the classroom the school will send a letter to parents so they are aware to be diligent in checking their children at home.

Please contact me if you have any questions.

Sincerely,
Edye Ciaccia, R.N.

School Nurse Phone #340-776-1600 x4603

ANTILLES SCHOOL HEAD LICE INFORMATION

A fact of life for school-aged children is often head lice. You are probably squirming right now just thinking about your child coming home from school scratching his/her head. Lice is a nightmare and a nuisance for every parent, but remember that head lice is not a serious disease or a sign of poor hygiene. Although it is inconvenient, head lice causes no medical harm and can be effectively treated.

What are Head Lice & How do they spread?

Head lice are tiny, grey-to-brown wingless insects that live close to the human scalp. They must feed on human blood to survive. An adult louse is the size of a sesame seed. Baby lice, or nymphs, are smaller. Nits are the tiny, teardrop-shaped lice eggs that attach to the hair shaft and are often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily brushed off. Head lice move by crawling and cannot jump or fly. They are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp. It is possible, but not common, to spread head lice by contact with items that have been in contact with a person who has head lice, such as their clothing, hats, scarves, combs, brushes or towels. You cannot spread nits...only live lice.

A revised clinical report from the American Academy of Pediatrics (AAP), the Center for Disease Control (CDC) and the National Association of School Nurses (NASN), clarifies and updates protocols for diagnosis and treatment, and provides guidance for the management of children with head lice in the school setting.

Most cases of head lice are acquired outside of school. In the report, the AAP, CDC and the NASN recommend that "No nit" policies are unjust and should be abandoned. Because head lice are usually transmitted by head-to-head contact, parents should carefully check a child's head before and after attending a sleepover or camp where children share sleeping quarters. **Antilles will be sending children home for treatment if head lice are found during the school day. After treatment the child may return to class the next day after checking in with the nurse. Please refer to the lice policy updated in 2018.**

Once a family member is identified with head lice, all household members should be checked. Those with live lice or nits within 1 cm. (1/4 inch) of the scalp should be treated. Excessive environmental cleaning with home pesticides is not recommended. However, washing pillowcases and treating natural bristle hair care items that may have been in contact with the hair of anyone found to have head lice in the 24 to 48 hours before treatment should be cleaned. Louse survival off the scalp beyond 48 hours is extremely unlikely.

Furniture, carpeting, car seats, and other fabrics or fabric-covered items can be vacuumed. Pediculicide spray is not necessary and should not be used. Viable nits are unlikely to incubate and hatch at room temperatures; if they did, the nymphs would need to find a source of blood for feeding within hours of hatching. Although it is rarely necessary, items that cannot be washed can be bagged in plastic for 2 weeks. (the time when any nits that may have survived, would have hatched, and nymphs would die without a source for feeding). Exhaustive cleaning measures are not beneficial.

While it is unlikely to prevent all cases of head lice, children should be taught not to share personal items such as combs, brushes, and hats. Regular observation by parents can also be an effective way to detect and quickly treat head lice infestations.

Over-the-counter treatment:

- Head lice should be treated with medication ***specifically for head lice***.
- Check with your Doctor or pharmacist for the best recommended treatment method. (The CDC website has an up-to-date list of treatment options)
- Parents and caregivers should make sure that the treatment chosen is safe, rapidly rids the individual of live lice, viable eggs, and residual nits, and should be easy to use and affordable. All products must be used exactly according to manufacturer's instructions. Treatments should be reserved for patients on whom **living lice** are found.
- Read and follow the label directions carefully and specifically. This is very important. Parents should use caution when dealing with any pediculicide, particularly on children.
- Do not use these products as a prevention method to avoid lice.
- \Combing (using the fine-toothed comb that is provided in the treatments) can help further reduce the number of live lice and nits on the hair.

Prescription medication:

In some cases, the over-the-counter products fail to eliminate live lice. Your child's physician may then order a prescription for treatment of head lice. As with any treatment product, follow the directions carefully. Ask your physician or the pharmacist if you don't fully understand the directions.

Do not apply any insecticide or other chemical not specifically labeled for treating head lice on people. Well-intentioned parents treating their children with toxic or flammable substances have caused deaths and poisonings.

Alternative treatment:

- Other products such as essential oils, food oil, salts, enzymes, mayonnaise, etc., have not been studied sufficiently to determine their effectiveness.
- Hand-held hair dryers may kill lice and their eggs but because it is easy to burn the hair and the scalp of children, this method is not recommended.

Treatment of clothes:

A clothes dryer set at high heat or a hot pressing iron will kill lice or their eggs on pillowcases, sheets, nightclothes, towels and similar items which your child has been in contact with.

Freezing:

Lice and their eggs on objects (e.g. toys) may be killed by freezing temperatures. Objects that cannot be put in a clothes dryer may be placed in a freezer (or outdoors if sufficiently cold) for several days. This treatment is rarely required.

Haircuts: Short hair is more readily searched for lice and eggs, but does not prevent your child from getting head lice.

Control Measures in Schools

- Screening for nits alone is not an accurate way of predicting which children are or will become infested. Over time, screening for live lice has not been proven to have a significant effect on the incidence of head lice in a school community.
- Routine classroom or school-wide screening should be discouraged.
- Head lice infestations have been shown to have low contagion in classrooms.
- Parents should be encouraged to check their children's heads for lice regularly and/or if the child is symptomatic.
- A child with an active head lice infestation likely has had the infestation for 1 month or more by the time it is discovered and poses little risk to others from the infestation.
- All children should be discouraged from close direct head contact with others.
- The American Academy of Pediatrics, CDC and the National Association of School Nurses discourage "no nit" policies that exclude children from school.
- Excessive environmental cleaning with home pesticides is not recommended.
- Vacuum furniture, carpeting, and other fabrics or fabric-covered items.
- Wash shared classroom items in hot water and dry in a hot dryer as a precaution. (It is uncommon to spread head lice by contact with clothing or other personal items such as combs, brushes or hair accessories that have been in contact with a person with head lice).

What are the signs and symptoms of infestation?

- Tickling feeling on the scalp or in the hair
- Itching (caused by bites of the louse)
- Irritability and difficulty sleeping (lice are more active in the dark)
- Sores on the head (caused by scratching, which can sometimes become infected) Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.

ANTILLES SCHOOL ILLNESS POLICY

1. If your child is sent home due to illness, he or she may not come back to school, nor attend any of the after school activities/sports that entire day.
2. All students who are ill at school and need to go home must be picked up by parent or guardian within the hour of the call from the nurse. This is for the safety of all students who are in need of care in the nurse's office who will potentially be exposed to your sick child.
3. Any child with an elevated temperature of 100 degrees or above, must remain home until the temperature has been (below 99.5 degrees) **without medication**, for 24 hours.
4. If your child vomits or has diarrhea in the morning before school, he or she must stay home. Children should stay home **at least 24 hours after the last episode** of fever, vomiting, or diarrhea.
5. All communicable diseases, e.g., strep throat, chicken pox, conjunctivitis, Covid-19, scarlet fever, scabies, staphylococcus (to include: folliculitis, impetigo, staph, MRSA/methicillin-resistant staphylococcus aureus) must be reported to the school nurse even if diagnosed on the weekend or over vacation. **Any sore/lesion, resulting from the same, must be in healing stage (no oozing pus) before returning to school and be covered at all times. Your child must be on antibiotics a FULL 24 hours prior to returning to school. Please have your child wear long sleeves/long pants to ensure sores/lesions are covered, in addition to band aids.**
6. Children being treated for most communicable diseases may return after a **full 48 hours** after starting antibiotic therapy or other viral treatments. **(This is excluding all staphylococcus, diagnosed flu or Covid-19. These require a physician's release to return to school).** Children being treated for ringworm may return to school after 48 hours of treatment, and must keep lesions covered while in school. Children with chicken pox may return to school after five days, and all lesions are dry and scabbed over.
7. If your child is diagnosed with a concussion, they may not return to school without written permission from their physician with specific restrictions and instructions for care in school.
8. If your child has an anaphylactic reaction they must have physician clearance to return to school.

It is important for parents of other students to be made aware if they have been exposed to communicable diseases. The names of affected children are kept confidential. Without adequate information, however, we cannot prevent unnecessary transmission of communicable diseases in school.

See enclosed information on "When to Keep a Sick Child Home from School".

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib Haemophilus influenzae type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillomavirus	Men- ACWY	MenB	Influenza Flu
											Meningococcal		
at Birth (within 24 hours of birth)	✓												
2 months	✓	✓	✓	✓	✓	✓							
4 months	✓ ¹	✓	✓	✓	✓	✓							
6 months	✓ (6–18 mos)	✓	✓ ¹	✓ (6–18 mos)	✓	✓ ¹							✓ (6 mos and older)
12 months		✓ ² (15–18 mos)	✓ (12–15 mos)	✓ (6–18 mos)	✓ (12–15 mos)		✓ (12–15 mos)	✓ (12–15 mos)	✓✓ (2 doses given 6 mos apart at age 12–23 mos)				One dose each fall or winter to all people age 6 mos and older. Some children younger than age 9 years need 2 doses; ask your child's health- care provider if your child needs more than 1 dose.
15 months													
18 months													
19–23 months													
4–6 years		✓		✓			✓	✓					Influenza vaccine is recom- mended every year for every- one age 6 months and older.
7–10 years													
11–12 years		✓ (Tdap)								✓✓ ³	✓ <small>1 dose</small>		
13–15 years													
16–18 years											✓	✓✓ ^{4,5}	

FOOTNOTES

- 1 Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
- 2 This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
- 3 Children with certain medical conditions will need a third dose.
- 4 This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
- 5 Your teen may need an additional dose depending on your healthcare provider's recommendation.



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES

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DEPARTMENT OF HEALTH

Immunization Program
Community Health Services

Roy L. Schneider Hospital
#48 Sugar Estate
St. Thomas, Virgin Islands 00802
Telephone: 340-774-7477 Ext 2120

PROCEDURE FOR IMMUNIZATION EXEMPTIONS

Medical and Religious Exemptions will be granted annually for the school year and summer program beginning in August and ending in August of the following year. Clients will not be exempted for selective vaccines, except for medical reasons.

PROCEDURE:

1. The parent or guardian shall bring to the Immunization Office the following Documents:
 - a. An original letter signed and dated, within the last three months, from his/her group / church / or religious organization stating that vaccines are contrary to his/her religious beliefs. **(RELIGIOUS)**
 - b. An original letter signed and dated, within the last three months, from his/her licensed physician, indicating a medical need for exemption. The letter must indicate that vaccines are contraindicated or the client has experienced adverse effects previously. **(MEDICAL)**
 - c. The birth certificate and /or Social Security card of the child needing the exemption
 - d. Copy of the child's immunization record
2. The parent or guardian will complete an application form for each child requesting an exemption.
3. An authorized person from the Department of Health Immunization Clinic will review the above information and, if it is complete, the Medical or Religious exemption will be issued as approved by the Commissioner of Health.
4. Only a signed, embossed original exemption document on letterhead of the commissioner of Health will be accepted as valid.