

Navigating School Illness

Attendance Strategies, Health Practices & Policies



Today's Speakers



NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.



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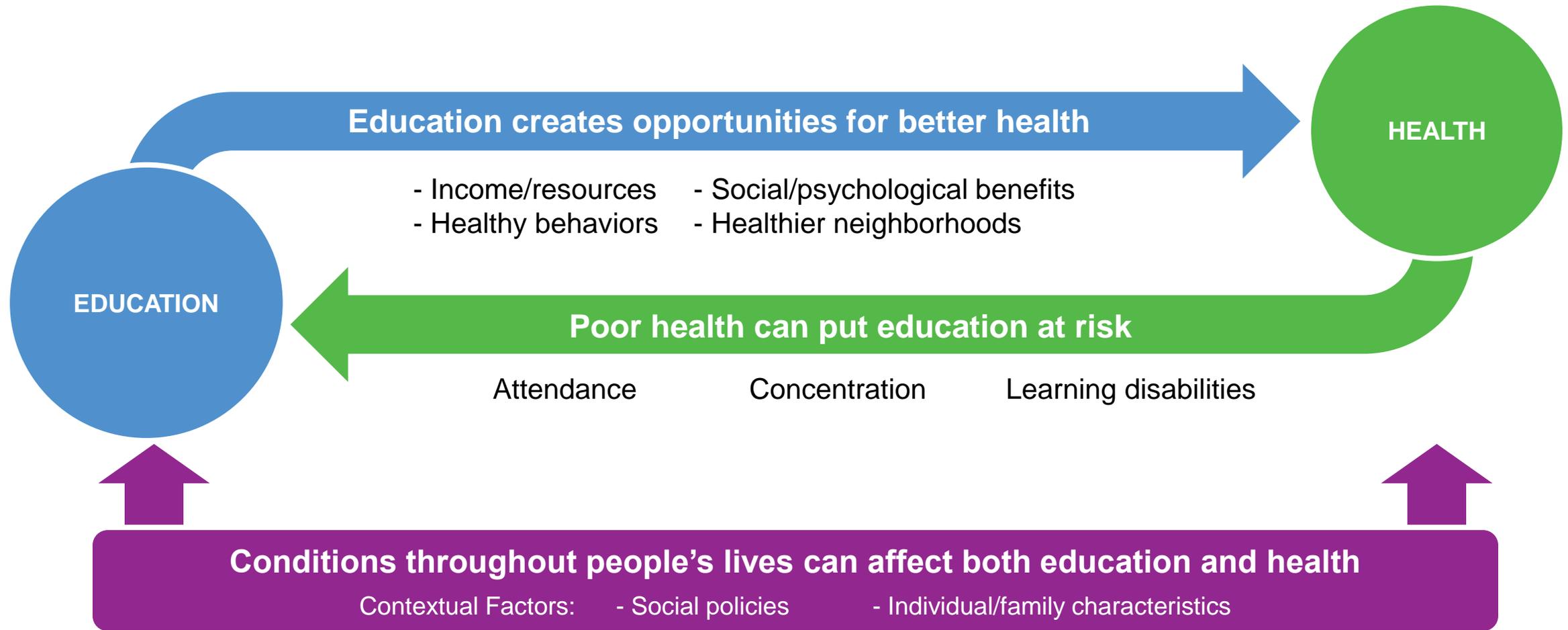
Sara Bode, MD
Nationwide Children's Hospital
Primary Care Medical Director,
School Health Services
Immediate Past President,
AAP Council on School
Health

Overview

1. Explain the connection between health and education
2. Review the scope of the problem
3. Address attendance barriers and solutions
 - Acute Illness
 - Chronic Illness
 - Mental Health
4. Discuss policy recommendations
5. Consider guidance for local healthcare providers
6. Explore the role of a medical director in school districts



Relationship between Health and Education

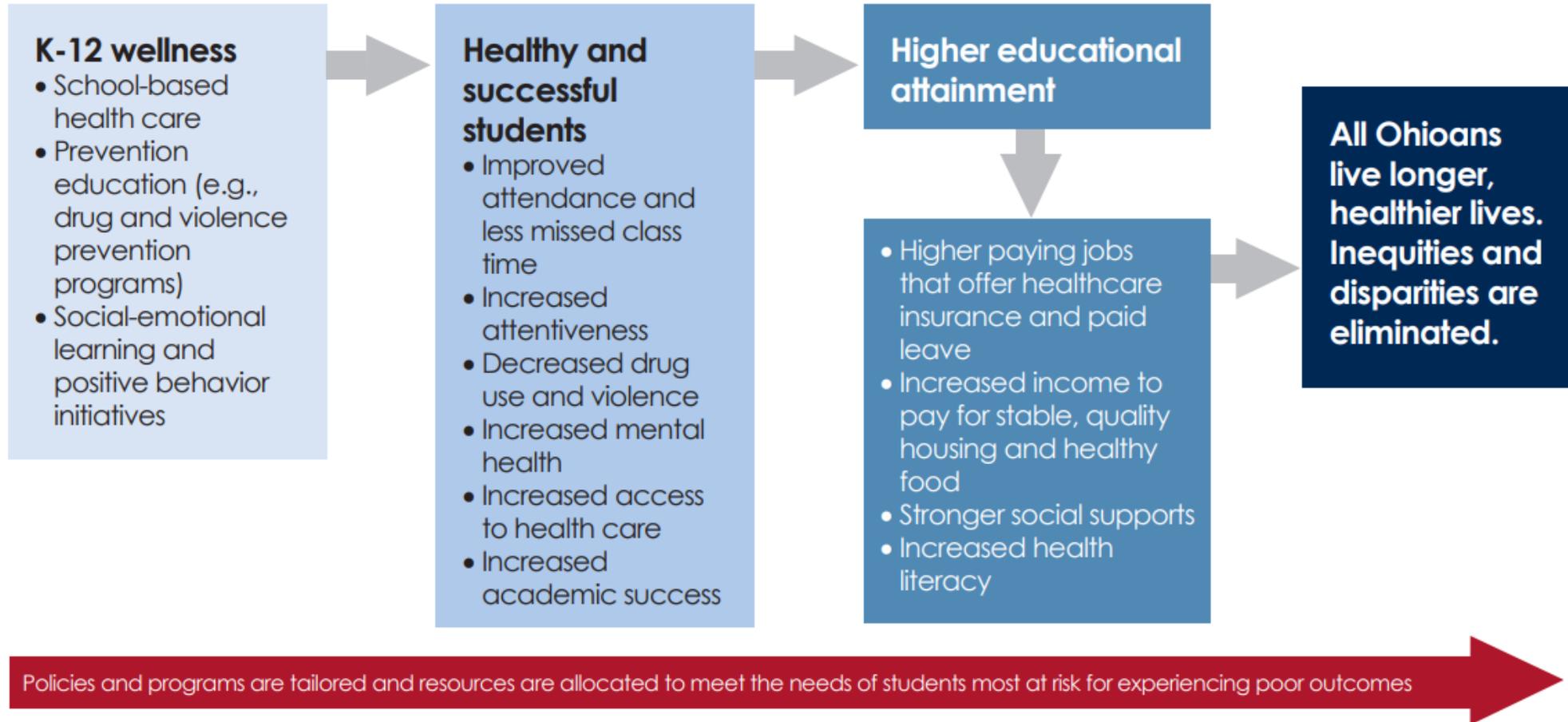


Source: Graphic adapted from Virginia Commonwealth University. (2015, Feb. 13). *Why Education Matters to Health: Exploring the Causes*. Center on Society and Health. <https://bit.ly/3LEuLlo>

Be a Part of the Solution

Partner on education issues

What is the relationship between K-12 student wellness and health?

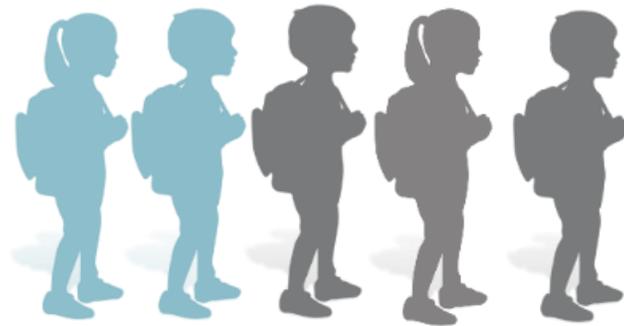


School-Age Health Status in US

Less than half of children (6-11 y.o.) have dental sealants



Children from lower-income households twice as likely to have untreated cavities



2 in 5 US students are living with a chronic condition

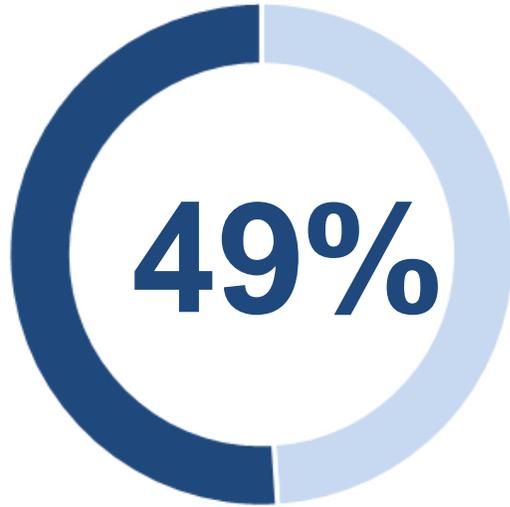


Nearly 24% of US high school students endorse using at least one tobacco product

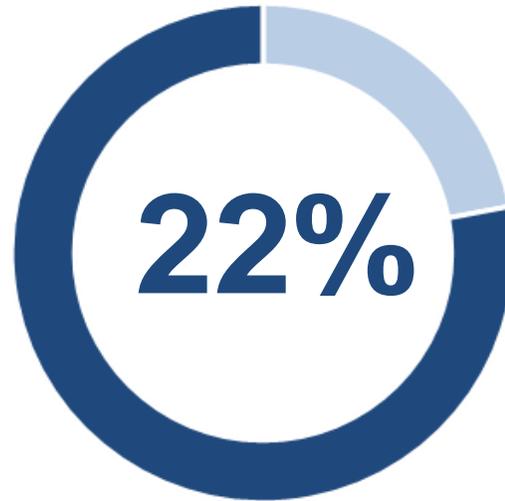


Over 20% of adolescents have obesity

School-Age Health Status in Ohio



Of school-age Ohioans have a medical home



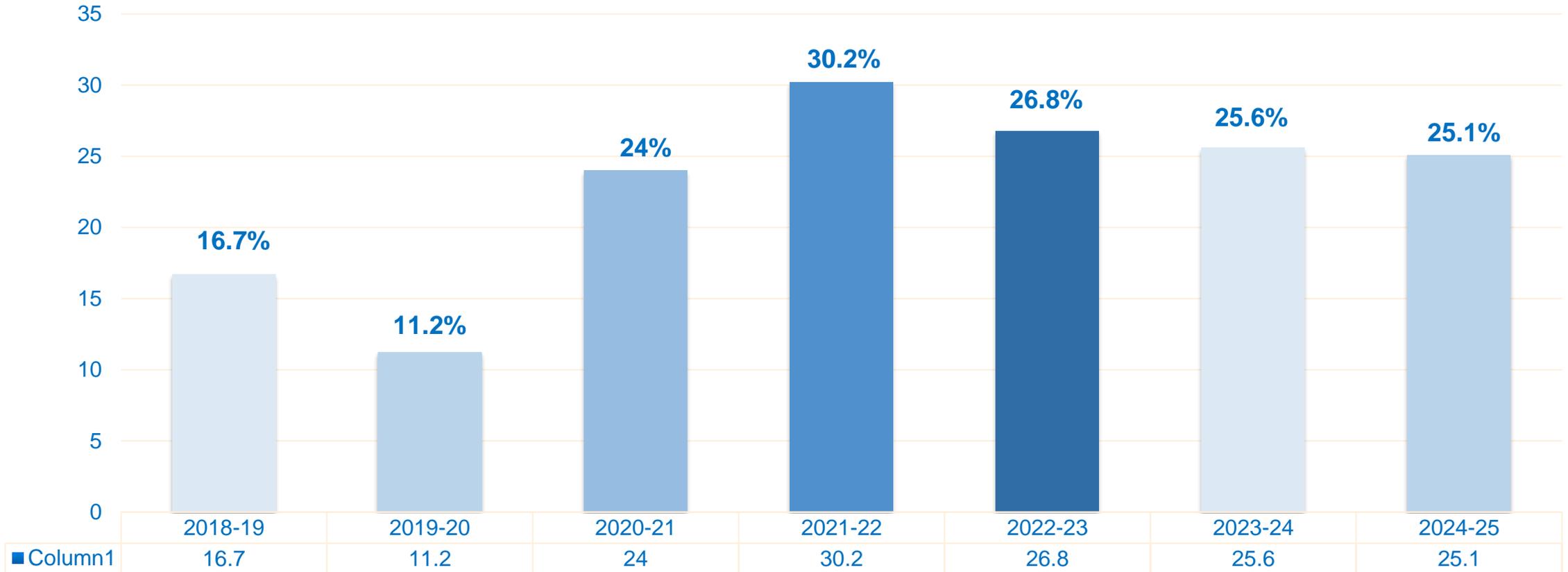
Did not have a place to go or consult when they were sick



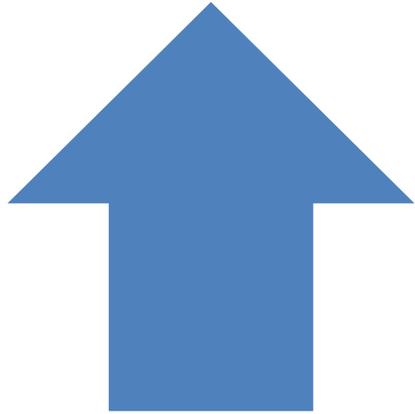
Of high school students reported that they seriously considered suicide

Source: Ohio School-based Health Alliance

Chronic Absenteeism Trend in Ohio

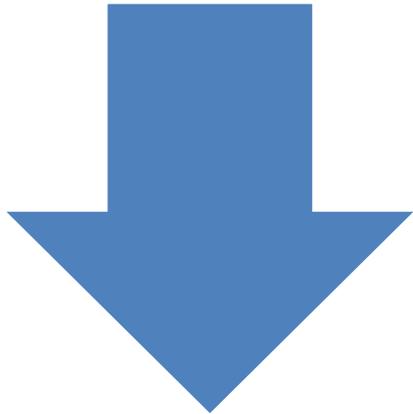


The Impact of Chronic Absenteeism



Immediate Risks:

- School Dropout
- Teen Pregnancy
- Justice Involvement
- Substance Use
- Mortality Risk



Long-Term Consequences:

- Poor Health Outcomes
- Lower Educational Attainment
- Reduced Wage Potential
- Lower Life Satisfaction
- Shorter Life Expectancy

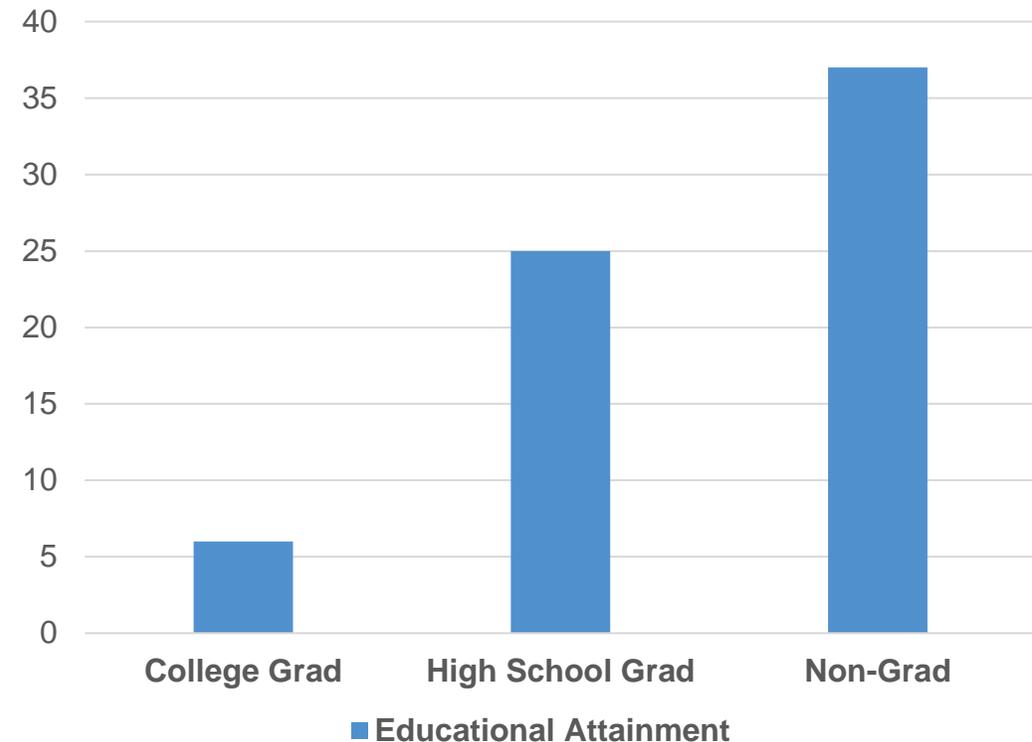
28% of U.S.
Students were
chronically absent
during the 2022-23
school year

Relationship between Health and Education

Non-graduates have increased risk of the following:

- Heart Disease
- Obesity
- Smoking
- Alcoholism
- Diabetes
- Lung Disease

Lacking Health Insurance



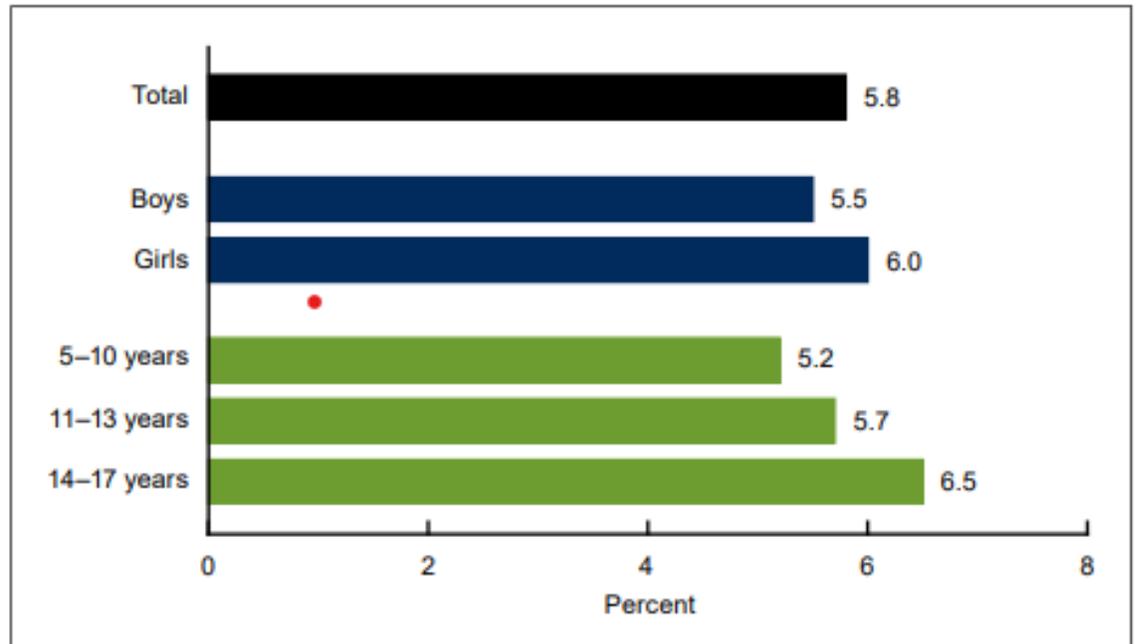
CDC Data

Scope of the Problem:

How much does illness contribute to absence?

During the past 12 months, about how many days of school did (your child) miss because they had an illness, injury, or disability?

Figure 1. Percentage of children ages 5–17 years who experienced chronic school absenteeism for health-related reasons in the past 12 months, by sex and age group: United States, 2022



A Closer Look and Invitation to Pivot....



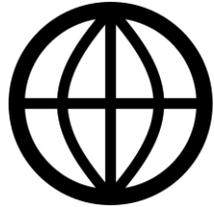
Ohio Attendance Taskforce

Recommendations Report



Partnerships for Better Attendance

Collaboration across disciplines drives better attendance and healthier outcomes for students



THE CHALLENGE

- Chronic absenteeism impacts student success
- Requires community level solutions
- Community does not fully appreciate the issue



STATEWIDE ACTION

- Utilize Chronic Absenteeism Task Force
- Align initiatives across school districts



LOCAL PARTNERSHIPS

- Schools + Providers = Better policies
- Real-Time care and resources



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Types of Barriers That Impact Attendance

- **Acute Illness**
 - Short-term conditions such as colds, flu, or infections that temporarily keep students out of school.
- **Chronic Illness**
 - Long-term conditions requiring ongoing care, such as asthma or diabetes.
- **Mental Health**
 - Emotional or behavioral challenges (e.g., anxiety, depression) that may lead to school avoidance.



Acute Illness and Attendance

What are the barriers?



Variability and confusion around when to stay in school and when to stay home

COVID and URI symptoms

Old policies / practices

Lack of awareness – education/outreach

Community culture (staff and/or parent perspective)

Common trends: requiring a doctor's note, lice policy



Delayed access to care

Not enough school nursing coverage (or none)

Students without a medical home

Accessible providers (both availability of appointments and ability to transport)

Inconsistent care (i.e., hop between urgent cares and emergency department)

Solutions related to Acute Illness



Education: When to stay in school and when to stay home



More flexible policies



Infection control strategies

Education materials
Infection controls kits for each classroom



Develop real time access to care

SBHC
School-linked providers
Leverage Medicaid in Schools Program to increase SN coverage



NATIONWIDE CHILDREN'S
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If your child is sick, it's important to determine when they are too sick to attend school, as consistent attendance is crucial for academic success. Use these guidelines to help decide:

NCH Resource

- Disseminate simple guidance to school staff, local providers, & families
- Guidance can be tailored to each district and specific policies and procedures

Send your child to school if they...

 Have mild, improving symptoms and feel well enough to participate in normal school activities.

Have head lice but have started treatment and are otherwise able to attend school. 

Contact your healthcare provider or school-based health clinic if your child...

 Experiences a fever of 100.4° or higher for more than 2 days.

Has thrown up for more than 2 days. 

 Has persistent symptoms that last longer than a week without improvement

Keep your child home from school if they...

 Have a fever over 100.4°F (38°C) or have not been fever-free for 24 hrs. without fever-reducing medicine.

Appear weak, very tired, or unable to participate in normal activities (common with flu). 

 Have vomiting (more than twice in 24 hours) or diarrhea (bloody stools or two or more above normal).

Have respiratory symptoms that limit activity, including cough, wheezing, or shortness of breath. 

 Have moderate pain (earache, headache, sore throat, or injury) that limits activity.

ODH Resource

- Emergency Guidelines in absence of school nurse

Be prepared. Read this section before emergency occurs.

A communicable disease is a disease that can be spread from one person to another. Germs (bacteria, virus, fungus, parasite) cause communicable diseases.

Good hand washing is the most important thing you can do to prevent catching or spreading a communicable disease. Wash hands with clean, running water and soap. Scrub hands for 20 seconds, rinse, and dry with a clean paper towel or hand dryer."

Source: <https://www.cdc.gov/clean-hands/about/index.html>.

Most diseases are spread through touching your eyes, nose or mouth after coming into contact with a communicable disease.

Encourage students, parents, and staff to take everyday preventive actions to stop the spread of germs. through up-to-date immunizations, effective hygiene, taking steps for cleaner air, treatment of illnesses, and staying home to prevent spread.

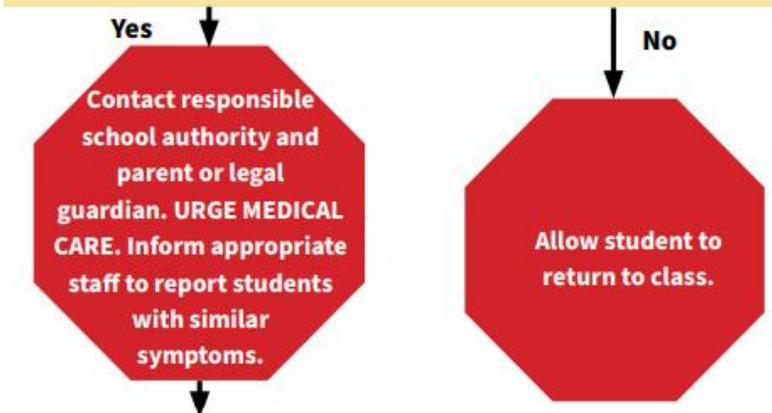
Start Here!

Wash hands and wear appropriate personal protective equipment (PPE) which might include gloves, gown, or mask.

Are one or more of the following signs of communicable disease present?

- Redness/Swelling of eye with discharge.
- Fever or fever with new rash.
- Vomiting more than twice in last 24 hours.
- Diarrhea may include: Diarrhea that causes 'accidents', is bloody, or results in greater than two bowel movements above what the child normally experiences in a 24-hour period.
- Skin sores draining fluid and can't be covered.
- Worsening respiratory symptoms – See also COMMUNICABLE DISEASES – RESPIRATORY VIRUSES.
- Other symptoms identified by your school, local or state health department, or CDC guidelines for communicable diseases.

Refer to the exclusion policies for your school and your local or state health department.



Solutions related to Acute Illness



Education: When to stay in school and when to stay home



More flexible policies



Infection control strategies

Education materials
Infection controls kits for each classroom



Develop real time access to care

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Chronic Disease and Attendance

What are the barriers?

Common trends:

- Requiring a doctor's note for every absence
- Medication administration: who can administer?
- Stock medications

When to stay in school and when to stay home

- Seizures
- Diabetes
- Asthma

Other barriers

- Old policies / practices
- Lack of awareness – education/outreach
- Communication with health provider
- Community culture (staff and/or parent perspective)

Solutions related to Chronic Illness

- More flexible policies
 - In lieu of requiring a doctor's note for every absence, accept letter in the beginning of the year describing chronic condition and reasonable, associated absences
- Training: virtual, all staff
 - Disease specific details & suggestions to support
 - Administration of medication
- Stock rescue meds
- Develop 504/IEP/IHP: shortened days, etc.
 - Implement interventions to ease symptoms thereby allowing student to stay at school longer (see CCHMC chart)



Chronic Medical Conditions: Accommodation Recommendations

Common Side Effects, Educational Implications, and Recommendations for Support

Side Effect	Educational Implications	Recommended Interventions
Fatigue	<ul style="list-style-type: none"> Inability to maintain regular school schedule (no attendance, intermittent or sporadic attendance, half-days, shortened weeks); limited classroom participation 	<ul style="list-style-type: none"> Flexible scheduling (partial day attendance supported by homebound instruction or virtual programming) Encourage social visits for child's socio-emotional benefit Provide designated area for breaks and rest (consider a location other than the nurse's office to reduce infection exposure) Allow child to put head down on desk when fatigued Conduct frequent check-ins to monitor comprehension of material Utilize a variety of instructional strategies to maintain interest (e.g. balance lectures with hands-on experiments and partner work) Embed real life examples within content as much as possible
	<ul style="list-style-type: none"> Difficulty maintaining traditional academic workload 	<ul style="list-style-type: none"> Modify workload <ul style="list-style-type: none"> Shorten assignments when appropriate Prioritize assignments for child (teacher as expert) Be thoughtful and intentional about modifications Emphasize quality over quantity with respect to assignments Emphasize core content and acquisition of grade-level skills/content Adjust grades to pass/fail, if necessary
	<ul style="list-style-type: none"> Challenges related to physical activity 	<ul style="list-style-type: none"> Modify PE class and/or identify creative alternatives for PE credits (e.g. offering credit for physical therapy) Provide accommodations for times of transition (e.g. all extra time between classes)



Side Effect	Educational Implications	Recommended Interventions
Weakened Immune System	<ul style="list-style-type: none"> Increased need for infection control procedures in school setting (and other setting for those receiving home instruction) 	<ul style="list-style-type: none"> Notify family of illness in school (high rates of infection or illness in school' any cases of chicken pox, measles, whooping cough, pink eye, strep throat, etc.) Consider seat placement in edge aisle rather than the center of the room Avoid pairing patient with students in the class who are ill <ul style="list-style-type: none"> Consider moving the child who is ill rather than the patient in instances of classroom illness Disinfect doorknobs, desks, pencil sharpeners, and other high-touch areas For children receiving home instruction, seek advice from the child's family and medical team regarding specific recommendations (e.g. consider rescheduling if exposed to illness, changing clothing when coming directly from school, appropriate procedures upon entering home, including handwashing) In extreme situations, use technology to avoid exposure (e.g. online courses, submitting videotaped experiments/projects, podcast, and Skype)
	<ul style="list-style-type: none"> Potential for fever to escalate quickly/increase in severity in brief period in school setting 	<ul style="list-style-type: none"> Notify parent if patient has a fever at school (which allows parent to determine whether or not it is appropriate to pick the child up) Have a written health plan in place for protocol for fevers and other related health concerns



Side Effect	Educational Implications	Recommended Interventions
<p>Low platelet count/Low “factor” levels</p>	<ul style="list-style-type: none"> Increased susceptibility to bruising and internal bleeding, thus requiring modifications with respect to physical activity in school 	<ul style="list-style-type: none"> Avoid potentially chaotic hallways by allowing child to leave classroom early/arrive late Accommodate physical education by: <ul style="list-style-type: none"> Providing adaptive PE when appropriate Altering PE curriculum <ul style="list-style-type: none"> When possible, change curriculum for entire class to avoid singling child out (e.g. replacing contact sport for bowling) When curriculum changes are not possible, allow student to participate as a scorekeeper, referee, and in some instances, consider paper/pencil alternatives for learning (studying rules of games and fitness) Modify recess conditions to maximize safety and minimize feelings of isolation <ul style="list-style-type: none"> Consider allowing indoor recess with a chosen friend each day, and allow for board games and other sedentary activities
	<ul style="list-style-type: none"> Potential for prolonged bleeding due to inability to clot that may result in medical care needed at school 	<ul style="list-style-type: none"> Notify family of any trauma that occurs at school (see recommendations below related to “health plan” for additional guidance)
<p>Nausea, vomiting, and mouth sores</p>	<ul style="list-style-type: none"> Stomach upset/nausea during class 	<ul style="list-style-type: none"> Allow small snacks like cracking and water/soda to relieve nausea Allow students with extreme smell sensitivity to eat lunch in an alternative location with a friend or small group
	<ul style="list-style-type: none"> Abrupt nausea/vomiting 	<ul style="list-style-type: none"> Create a signal for child to use for instances of abrupt upset stomach
	<ul style="list-style-type: none"> Discomfort during day due to mouth sores 	<ul style="list-style-type: none"> Remain mindful of discomfort and pain associated with mouth sores; may result in distractibility due to pain/discomfort. Avoid asking student to read aloud or respond orally

Solutions related to Chronic Illness



- Develop relationship with provider to:
 - Facilitate communication and to collaborate on care plan
 - Assist in procedure updates (e.g., steps to allow student to remain in school post seizure)
 - Determine how schools can be supportive post discharge
- Be aware of social acceptance and develop a plan to guide peers in safe inclusion
- 2026 Medicaid in Schools Expansion

Mental Health and Attendance: What are the barriers?

School avoidance as a coping mechanism

Lack of safety planning

Confusion post-discharge resulting in delays for school re-entry

Lack of support or cohesion of school staff

Stigma surrounding mental health: similar needs to chronic disease including staff training



Solutions related to Mental Health

- All staff trainings:
 - Signs of Suicide, MTSS, Trauma Informed Care
- Safety Planning
 - Develop a template & process with local providers
 - Help local providers understand school-related challenges & encourage providers to help families understand how and why to include schools in safety planning
 - Include school nurses, counselors, psychologists, etc.
- Primary Care connection is key!
 - SBHC can support diagnosis, medication management, obtaining ROI, integrating treatment plans involving school mental health professionals and staff
- Mental health therapists embedded in schools

Role of the Provider

Help them see where they fit in!

- **Medical Advisor for Schools**
 - Partner with School Nursing
 - Support SN in developing reasonable treatment plans with specialists
 - Assist in understanding evolving health-related recommendations
 - Review/guide School Health Policies
 - Health Education Professional Development
 - Support stock medication prescriptions
- **School Board**
 - Invite local providers to become Board members or to serve on a Board appointed committee



Role of the Provider

Help them see where they fit in!

- **Integrated Clinical Care**
 - Co-located services
 - School-linked
 - Referral patterns
 - Joint treatment plans
- **Education in Clinical Practice**



Education in Clinical Practice

Help them see where they fit in!

Attendance

- Part of the routine medical record
- Identify real barrier to attending school
- Limit out of school excuses
- Offer after school appointments for school-age children
- Ask parents to bring their child's report card to the visit
- Review school health treatment plans for patients with chronic conditions

IEP/504 plan recommendations/review

- Know the evaluation process!
- Personalize request of services
- Communicate with school directly

Bridging the Gap

Providers and Schools Working Together



Access to Care

- Uncontrolled asthma
- Lacking recent well child care
- Vaccine exclusion
- Overuse of ED
- Chronic Absenteeism
- ADHD without treatment plan
- Noncompliance with treatment plans

Recommendations



- Explore policy revisions
 - Chronic disease: annual letter
 - Acute: after 5 absences, require doctor's note or meeting with provider
- Develop a working relationship to local providers
 - Assist in establishing medical home for students (i.e., real-time access to care)
 - Reduce appts during school day and providers writing avoidable school excuses
 - Leverage support to navigate complicated treatment plans

Recommendations



- Implement interventions to administer rescue medications and to address side effects to increase likelihood students can remain in school
- Educate families – when to keep your child at home vs when to send to school
- Train staff – safety planning, med administration, trauma informed practices
- Use existing resources and mimic successful districts

Questions?

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