



***MARIST BROTHERS
INTERNATIONAL SCHOOL***

HEALTH HANDBOOK

Table of Contents

	Page
<u>School Health Office</u>	..... 2
<u>Conditions for Sending Your Child to School</u>	..... 2
<u>Physician’s Certificate to Resume School</u>	..... 3
<u>Conditions for Sending Students Home (Fever, Vomiting and Diarrhea)</u>	..... 3
<u>Arranging Third Person Contact (3rd person to contact if parents are unreachable)</u>	..... 4
<u>Participation in Extracurricular Activities</u>	..... 4
<u>Infirmary Etiquette</u>	.....4 • 5
<u>Conditions for Exclusion from School</u>	..... 5
<u>Student Health Record forms</u>	..... 5
<u>Physical Examination Form</u>	..... 6
<u>Immunization Requirements</u>	..... 6 • 7
<u>Vaccination Refusal</u>	..... 7
<u>Lost or Damaged Immunization Records</u>	.....7
<u>Catch-up Vaccinations</u>	..... 8
<u>The Tuberculosis Skin Test</u>	..... 8 • 9
<u>The QuantiFERON Blood Test</u>	..... 9
<u>Tuberculosis Screening Questionnaire</u>	..... 9
<u>Mandatory Chest X-Rays (ONLY for 10th-Grade Students)</u>	..... 10
<u>Allergies and Sensitivities</u>	..... 10
<u>Medical Conditions</u>	..... 10
<u>Prescribed and Over-the-Counter Medications</u>	..... 11
<u>Counseling/Guidance for Students</u>	..... 11
<u>Bullying</u>	..... 11
<u>Accident or Injury in School</u>	..... 11 • 12
<u>Emergency</u>	.....12
<u>Automated External Defibrillator (AED)</u>	..... 13
<u>Importance of Hand washing and the Use of Hand Sanitizer</u>	..... 13
<u>Peanuts/Nuts-Aware School</u>	..... 13
<u>Air pollution in Japan: PM2.5</u>	..... 14
<u>Heat Related Illnesses</u>	..... 14
<u>Food, Health and Safety Recommendations</u>	..... 15 • 16
<u>Head Lice and Nits (Pediculosis capitis)</u>	..... 16~19
<u>Infectious disease, Outbreaks and Exclusion Periods</u>	..... 19~20
<u>School Rules Regarding Influenza</u>	..... 21~23
<u>Role of the School Nurse at Marist</u>	..... 24 • 25
<u>Appendices</u>	..... 26 • 27

Marist Brothers International School

School Health Regulations

School Health Office

The school maintains a small infirmary with a full time staff. (see page 24 · 25, Role of the infirmary staff at Marist). A school doctor is on staff; however, the doctor only assists on an on-call basis. Students are referred to the health office with a note from their teachers or accompanied by a faculty member. Initial assessments are recorded and the infirmary staff will provide care accordingly. Students are generally allowed in the health office for one hour. All students will be under direct supervision of the infirmary staff at all times. After an hour, students will either be sent back to class or sent home. If the nurse deems that it is in the best interest of the child to be sent home to rest or to be seen by a doctor, a parent and guardian will be contacted for their child to be sent home or be picked up. All elementary students will NOT be sent home alone — even if they commute to school independently — other than in certain circumstances. For safety reasons, parents and guardians must call the school to notify of their child's safe arrival home.

Conditions for Sending Your Child to School

In general, you are recommended not to send your child to school if he/she has:

- Fever (37.5°C and above in the past 24 hours)
- Vomiting (in the past 24 hours)
- Diarrhea (in the past 24 hours)
- Chills
- Sore throat
- Strep throat (must have been taking an antibiotic for at least 24 hours before returning to school)
- Bad cold, with a very runny nose or bad cough, especially if it has kept the child awake at night
- Communicable diseases
- Head lice – until your child has been treated according to the nurse or doctor's instructions

For emergency management purposes and in order to keep an accurate attendance record for your child, please call the school office at 078-732-6266 or send an email to info@marist.ac.jp between 8:00 a.m. and 8:30 a.m. to report your child's absence.

Physician's Certificate to Resume School

After a student recovers from a communicable disease, that student must bring a Certificate to Resume School (登校許可書, toe-ko-kyo-ka-show) issued by his/her doctor. Communicable diseases that require students to bring back a Certificate to Resume School are as follows (Also see Appendices A and B):

- Pertussis (Whooping cough) 百日咳
- Pharyngoconjunctival fever 咽頭結膜炎 (プール熱)
- Measles 麻疹 (はしか)
- Tuberculosis 結核
- Rubella 風疹 (3日ばしか)
- Enterohemorrhagic E coli (O-157) 腸管出血性大腸菌
- Mumps 流行性耳下腺炎 (おたふく)
- Epidemic keratoconjunctivitis (EKC) 流行性角結膜炎
- Chicken Pox 水痘 (みずぼうそう)
- Acute hemorrhagic conjunctivitis (AHC) 急性出血性結膜炎

The only exception to this policy is if students have recovered from influenza, when parents/guardians must keep their children as directed by the doctor, or, for diseases that do not require a Certificate to Resume School, by following the regulations laid out in Conditions for Sending Your Child to School, page 3. Instead of bringing in the Certificate to Resume School, parents/guardians must call the school main office to inform that the student will be returning and has not had a fever in the last 48 hours. The student will be excused from his/her missed days due to illness, but the missed days will be counted towards absent days with an exception of not affecting the 20 days absences/year policy under Tardiness and Frequent Absences in the Student-Parent Handbook.

Conditions for Sending Students Home **Fever, Vomiting and Diarrhea**

Students running a fever of 37.5~38.0°C, excessively vomiting or suffering from diarrhea will strongly be advised to be sent home. All cases will be assessed carefully and the infirmary staff will make the decision whether a student is fit to stay in class. Even if a student is not showing extreme signs and symptoms of sickness, if the infirmary staff deems it in the best interest of the student, the student may possibly be sent home or asked to be picked up by parent/guardian. If your child is well in the morning but becomes ill at school and the infirmary staff feels the child is too sick to benefit from school or is suspected to be contagious to other children, teachers and/or staff, a parent and guardian will be called to come and take the student home from school. Please be sure that arrangements can be made to transport your child home from school and that childcare is available in case of illness. If your daytime or emergency phone number changes during the year, the main school office — where all official records are kept — must be notified immediately. A child who is sick will not be able to perform well in school and is likely to spread the illness to other children, parents, teachers and staff. It is strongly advised to make a plan for childcare ahead of time so you will not be caught without a comforting place for your child to stay if he/she is ill. (Related topic: See Physician's Certificate to Resume School above and Appendices A and B)

Arranging a Third Contact
(3rd person to contact if parents are unreachable)

As it is becoming more common for both parents to work outside the home, it is important that parents are always reachable and are available to come pick up their child from school when their child is being sent home by the infirmary staff or in an emergency requiring them to be picked up. If parents are aware that they will not always be reachable at the numbers given on the school health forms, please make an effort to arrange someone else that the school can contact to come pick students up from school in the parents' stead. It is strongly encouraged that this person be arranged ahead of time so that children can be home in their parents' care as soon as possible. Because many sick students come visit the infirmary, and children are most susceptible to catching diseases when they are feeling under the weather, the infirmary is not an ideal place for children to rest. Therefore, children should be taken where they can feel the safest and most comfortable so that they can rest and recover.

Participation in Extracurricular Activities

If a student involved in extracurricular activities — such as school sports, MAA, MUN, after school clubs — misses class due to a visit to the infirmary, the infirmary staff will decide if the student should be allowed to participate in the activity. If the nurse deems it necessary for the student to be excluded from the activity, the student will be sent home or reported to the appropriate director and/or coach. The infirmary staff, director and coach will deal with each case accordingly.

Parents/guardians of all student athletes must complete an additional Athletic Contract Form, provided by the Athletic Director, before the first practice of the season. Student athletes do not have to undergo an additional physical examination for participating in school sports; however, student athletes will not be allowed to participate in school sports until the infirmary staff has identified that the athletes are up-to-date with all general student health requirements.

Students will not be refused participation in MBIS sports solely on their medical conditions unless the school determines that its resources are insufficient to accommodate the student's medical needs. However, students will not be allowed to start sports until all health forms are turned in to the infirmary staff.

Infirmary Etiquette

When a student comes to the infirmary, they are often upset and in mild distress. However, when visiting the infirmary, students are expected to show a certain degree of manner in order to receive the care they deserve. Please take the time to talk about this section with your child. Following are some ideal behaviors a student should follow when visiting the infirmary:

1. Knock on the door. Sometimes there are sick students resting or sleeping in the infirmary. Or, the nurse may be attending to a student in a privacy-seeking situation. Please make the effort to enter the infirmary by knocking on the door and being greeted in by the infirmary staff.
2. Visit the infirmary with no more than one other student. The school infirmary is not a very big office. Therefore, it is overwhelming when a crowd of students accompany a single visiting student.

Infirmary Etiquette (cont.)

3. Let the student who is sick/injured do the talking. Often times, students that assist sick/injured students will do the talking. Unless the sick/injured students are unable to speak for some medical reason, let them talk for themselves in order to avoid any misunderstanding of the situation.

4. When seeing the infirmory staff, speak calmly and clearly, informing the following details:

- Name
- Grade
- What happened (who, when, where)
- Why are they seeking the nurse's care

5. Generally, for emergency management purposes, all students must be sent to the infirmory with a teacher's note unless in a situation where students need immediate medical attention.

Conditions for Exclusion from School

There are conditions that a student will be excluded from school if a student fails to adhere to health regulations mentioned within. There are no exceptions to these conditions. Any concerns must be addressed case-by-case in meetings with the Head of School and/or the school doctor and nurse. Each condition of exclusion is stated in detail in the pages to follow.

The student will be excluded if 1 or more of the following policies and regulations are not followed:

- Turn in completed Student Health Record forms no later than first day of school.
- Turn in completed Physician Examination Form no later than first day of school.
- All mandatory routine immunization must be completed or up-to-date with a medical vaccination schedule.
- Turn in completed Tuberculosis Questionnaire no later than first day of school.
- Turn in chest X-ray results (mandatory for 10-graders ONLY)
- Full compliance with the health regulations stated within.

Student Health Record forms

The Student Health Record forms must be completed by a parent and guardian before starting school. Students will NOT be refused admission to MBIS solely on their medical status, unless the school determines that its resources are insufficient to accommodate the student's medical needs. However, students WILL NOT be allowed to start school until all health forms are turned in to the infirmory staff. Parents and guardians will be contacted by the school a minimum of once a year or multiple times, as necessary throughout the school year, in order to retain the most updated medical records of your child. Parents and guardians are strongly encouraged to inform the infirmory staff with students' medical updates at the time of changes.

Physical Examination Form

The students in the following grades must receive a physical examination at a medical facility of the parent and guardian's choice. The grades are as follows:

- Grade 1
- Grade 4
- Grade 7
- Grade 10
- Montessori (1st year student)
- All new admitting students

All students in the grades listed above must undergo a physical examination and have the physical examination form filled out by a physician, signed, and dated before starting school. Students will not be refused admission to MBIS solely on their medical status unless the school determines that its resources are insufficient to accommodate the student's medical needs.

However, students WILL NOT be allowed to start school until all health forms are turned in to the infirmary staff. Also, please note that your child must undergo a physical examination in two consecutive years if your child was admitted in the grade before the physical examination is mandated. The physical examination will be waived if your child's last physical examination was performed 6 months prior to the first day of the next school year; however, we strongly recommend all students in the above-mentioned grades to receive a physical examination.

The physical examination can be performed at most medical clinics. Take the Physical Examination form to the doctor's office at the time of the appointment. For English-speaking families and/or new families residing in Japan, a list of clinics with English-speaking physicians will be made available upon request.

Immunization Requirements

MBIS has adopted the Japanese Immunization Schedule to secure the health and safety of students, teachers and staff. The required vaccinations will change accordingly with the most current Japanese immunization schedule. The Japanese Immunization Schedule is available at the Infectious Disease Surveillance Center (<http://www.nih.go.jp/niid/ja/vaccine-j.html>). The following is a list of mandatory and strongly recommended immunizations for attending Marist.

Routine Vaccinations (Mandatory) All routine immunizations must be completed or up-to-date with medical vaccination schedules before starting school. Students WILL NOT be allowed to start school until all routine immunizations are completed and all health forms are turned in to the infirmary staff.

- Diphtheria Pertussis Tetanus I (DPT) (4 shots by age 7.5)
- DT II (1 shot between age 11~12)
- Polio (4 shots by age 7)
- Measles & Rubella (MR) (2 shots by 1st grade)
- Hepatitis B Mandatory for children born after April 2016. (3 shots received over a 6-month period)
- Japanese Encephalitis (4 shots by age 10)

Immunization Requirements(Cont.)

The JE vaccine was suspended in 2005 due to incidents of Acute Disseminated Encephalomyelitis (ADEM). However, in 2010, a new JE vaccine became available and is considered a routine first term vaccination (a series of 3 shots) for children 6–89 months old and a second term vaccination (1 booster shot) for children 9 and 13 years old. Due to JE vaccines being suspended in 2005, children born between 1995 and 2006 most likely have an incomplete immunization record. Therefore, the government has decided to subsidize the first and second term JE vaccinations for children who 1) were born between June 1, 1995, and April 1, 2007, and 2) have not yet completed the vaccination, until the day they turn 20 years old. Because of the increased demand of JE vaccine and the shortage of the JE vaccine supplies, the Ministry of Health, Labor and Welfare of Japan limits the availability of the JE vaccine to only a specific age group at a specific period of time; however, if your child was born between June 1, 1995, and April 1, 2007, please consult with your doctor to see about administering the JE vaccine.

Strongly Recommended Vaccinations (Optional) Strongly recommended vaccinations are not required by the school; however, [students without known history of immunity to Mumps and Chickenpox may be asked to stay home in cases of an outbreak of these diseases at MBIS](#). These recommended vaccinations also will decrease the risk of being infected with the associating viruses. Parents/guardian can make their own decisions about if they want to have their child immunized after knowing the risks and benefits of each immunization.

- Mumps (2 shots after age 1)
- Chickenpox (2 shots after age 1)
- Haemophilus influenzae type b (Hib) (4 shots if given during infancy--routine immunization)
- Hepatitis A (3 shots)
- [Hepatitis B for children born before April 2016. Strongly recommended for children older than 10 years old. Required for high schools and colleges in the USA. \(3 shots over a 6 months period\)](#)
- Pneumococcal — Prevenar (4 shots if given during infancy for pneumonia--routine immunization)
- Tuberculosis (BCG) (live attenuated vaccine, usually given at 3 months old)
- Cervical cancer — Cervarix® or Gardasil® (3 shots received over a 6-month period)

As of April 1, 2013, the human papillomavirus vaccine has been included in the Japanese routine immunizations. However, as of June 14, 2013, the Japanese Health Ministry has withdrawn its recommendation for the vaccine after receiving numerous reports of adverse reactions, including long-term pain and numbness.

The local health officials have been ordered to withhold the promotion of the vaccination while studies are being conducted and until more details become available. However, with informed consent, the vaccines remain available and free of charge in Kobe. Please consider these facts when deciding whether your daughter should be vaccinated with the human papillomavirus vaccine.

Vaccination Refusal

Students with parents/guardians who choose not to vaccinate their children with mandatory vaccinations WILL NOT be allowed to attend school. Parents/guardians are asked to discuss their concerns and reasons of refusal with the infirmary staff and the head of school before your child is officially excluded from school. The only exception to this regulation is if your child is allergic to any of the mandatory vaccines. A written letter must be presented from a physician in order for a student to be waived from meeting the school requirements.

Lost or Damaged Immunization Records

Japanese routine vaccinations are mandatory at Marist in order to protect the health of our students, teachers, and staff in the event of a communicable disease outbreak. Therefore, students WILL NOT be allowed to start school until they are up-to-date with the Japanese routine immunizations schedule. A copy of the immunization records must be submitted along with the health forms to prove that the student does not have any outstanding vaccination at the time of admission.

In case of damaged or lost immunization records, and if the parents or guardians cannot provide the child's most current immunization status, parents or guardians must first attempt to track down and find their children's immunization records from places such as previous schools, doctor's offices, or local city or ward health departments. If the child's immunization record cannot be recovered or retrieved, a student can either get re-vaccinated with the routine vaccines or show serological evidence of immunity.

Catch-up Vaccinations

Contact the Kobe Health Office at 078-232-7586 for immunization consultations (Japanese only). Explain your child's immunization status in detail and they will assist you in setting up a suitable catch-up immunization schedule for your child. In this case, since it will take some time to complete the immunizations, the school will grant leeway before the student will be excluded from school.

Upon request, students could receive their catch-up immunizations from the school doctor. If parents/guardians are considering receiving a catch-up dose for their child from the school doctor, please contact the infirmary staff for more details.

The Tuberculosis Skin Test

A Tuberculosis Skin Test (TST hereafter) is a test to determine if a person has been infected with tuberculosis bacteria and may also detect early stage of tuberculosis before the tuberculosis infection has progressed to the tuberculosis disease.

Every year, Marist has many students from all over the world, including students from countries where tuberculosis is highly prevalent. In order to prevent a tuberculosis outbreak at Marist, **we require all newly admitted students to be screened for contagious tuberculosis by performing a TST**, regardless of their residency and nationality. The TST must be done before the student's first day of school and your child will not be allowed to start school until the TST result has been submitted.

The TST can only be waived if your child's last TST was performed 6 months prior to your child's first day of school and if a legitimate copy of the TST result is submitted along with the health forms. Especially younger children may be afraid of receiving shots; however, this factor cannot be used to waive the TST and immunization health requirement, which are both necessary to attend Marist.

The TST is not offered at all doctor's office in Japan. Therefore, please call and check with your doctor to see if they offer the TST at their clinic. Your child must be taken back to the doctor's office 48 hours after the shot has

The Tuberculosis Skin Test (Cont.)

been given. In order to avoid a re-test, please schedule your appointment accordingly so that your doctor's office is open when the 48 hours is up. (For example, if you schedule an appointment on Tuesday for a TST, then the 48 hours will be up on a Thursday, when most doctors are closed in Japan. In this case, your child will have to get another TST.) We have one pediatrician near Marist that offers the TST. If you would like to know more, please contact the infirmiry staff.

IGRA Test (Quantiferon blood test/T-spot test)

Besides the TST, IGRA test can also determine if your child is infected with the tuberculosis bacteria. If your child has a strong positive reaction to the TST in the past, IGRA test can determine whether your child tested positive to TST due to a previous BCG vaccine or due to an actual case of tuberculosis infection.

If your child has had a strong positive TST reaction in the past, your child will likely have a similar or worse reaction to the TST if taken again. Therefore, if your child has a history of a strong positive TST results, please share this information with the infirmiry staff. Please refer to the Tuberculosis Screening Questionnaire page of the school health form for more specific information. Please consult the infirmiry staff for any questions regarding IGRA test.

Tuberculosis Screening Questionnaire

When a person is infected with tuberculosis, he/she may feel listless, tire easily and have a low-grade fever or cough. With early detection, the disease can be prevented from becoming serious and can be treated. However, since the symptoms are similar to a cold, people tend to delay being examined by a doctor and the disease may become serious. For this reason, because there is a threat that the disease may spread in schools, it is important to prevent/treat tuberculosis by discovering it at an early stage.

In 2003, the national law (School Health Law Implementation Standards) was revised and the tuberculosis skin test and BCG immunization at schools were eliminated and replaced by diagnosis through a questionnaire, a chest X-ray at the start of the 10th-grade year and a physical examination.

All students must answer the tuberculosis questionnaire before starting school. Students will not be refused admission to MBIS solely on their medical status, unless the school doctor determines that the student may be at risk of being infected with tuberculosis and may need to refer the student to further examinations. However, students WILL NOT be allowed to start school until the Tuberculosis Questionnaire as well as all health forms are turned in to the infirmiry staff.

Mandatory Chest X-Rays

(ONLY for 10th Grade Students)

All students promoting to 10th grade shall also receive chest X-rays during their physical examinations. The result must be scribed by the physician on the Physical Examination Form. This X-ray is done to detect tuberculosis. In 2003, the national law (School Health Law Implementation Standards) was revised and the tuberculosis reaction test and BCG immunization at schools were eliminated and replaced by diagnosis through a questionnaire, a chest X-ray at grade 10 and a health check-up. For more detail, please read the letter from the school doctor attached to the Tuberculosis Questionnaire. Students promoting to 10th grade WILL NOT be allowed to start school until they have undergone chest X-rays.

Allergies & Sensitivities

Parents/Guardians must inform the school of any allergies or sensitivities known that the child suffers (especially allergies to specific food and medications, bee stings etc.) in the Student Health Record form. A list of students with allergies will be notified to their homeroom teachers. This procedure is necessary in order to prevent medical emergencies such as anaphylactic shock. It is important for the teachers to be aware of their students' allergies in scenarios such as class parties and field trips. All information will be kept confidential and will be accessed only by personnel involved with your child.

Parents/Guardians with students taking antihistamines or who are prescribed an EPI-PEN must also indicate all medications taken by the child on the Student Health Record form.

Medical Conditions

Parents/Guardians must inform the school of any acute or chronic medical conditions that may interfere with the child's regular school activities. To list a few, these conditions include:

- Asthma
- Depression
- Diabetes
- Eating disorders
- Epilepsy
- Attention Deficit Hyperactivity Disorder
- Heart disease
- Autism/Asperger's syndrome

The school should be aware of any medical treatment the child is receiving in order to accommodate with the student's well being during school. Please indicate these medical conditions in the Student Health Record form.

Prescribed and Over-the-Counter Medications

Effective January 2019, Marist Infirmary no longer provides or administers medication to students (with the exception of medications required to treat life-threatening conditions, such as use of an EIPEN for anaphylaxis). Please adopt appropriate strategies if your child needs to be medicated. For example, if your child has prescription medicine that needs to be taken three times a day, we ask that the medication be taken before school, after school, and before bed. If your child has known symptoms, such as menstrual pain, nasal congestion, or a headache, and needs to take some medicine during school hours, please let the students bring appropriate medication with them.

Counseling/Guidance for Students

The Marist guidance counselor is available to assist students in all aspects of personal and academic growth. Students are invited to visit with the guidance counselor and confidentially share their concerns, questions or problems. If the guidance counselor determines a student's concerns are best addressed outside of school, he/she will make the appropriate recommendation to the student, parent and/or agency as required. If parents would like help in locating external counseling or other services, please make an appointment and the counselor will do his/her best to help find and select the appropriate services in the area.

Overall student health is a concern of the infirmary staff, whether physical or mental. Students often feel comfortable sharing their concerns with the infirmary staff. The infirmary staff will keep all private conversations with students confidential unless she/he feels the students' problems require the attention of the administration, the guidance counselor, parents or parties outside of school.

Bullying

Marist Brothers International School has zero tolerance for bullying. The infirmary staff may assist students with personal problems and concerns regarding bullying. The nurse, the student, the school guidance/counselor, the school doctor and the administration may work together as a team to resolve problems (see Role of the infirmary staff at Marist (page 23), and Student-Parent Handbook, under Teasing and Bullying, for more details).

Accident or Injury in School

Serious accidents and injuries are generally reported to the infirmary staff. A faculty or staff member who witnessed the scene or who is responsible for the student should fill out an accident form. This form is to help faculty and staff keep an accurate and detailed record of the accident, and their discretion will be used in determining if an accident is worth noting. The infirmary staff may also fill out accident forms when necessary. The infirmary staff could activate an emergency 119 call if parents/guardians have granted permission to the school in the Student Health Record form to pursue medical care. All students are covered under school insurance coverage. Students will be covered in most accidental circumstances and for any injuries leading to medical attention acquired during school hours, school events, and their regular journey to and from school every day. Please note that any injuries from malicious intent or a fight amongst students will not be covered. If your child is injured in an accident and you wish to apply for and receive indemnity, please contact the business manager for more details.

Accident or Injury in School(Cont.)

Emergency In the event where emergency medical treatment is needed, but either the parents/guardians are not able to be contacted or there is no time to contact parents/guardians prior to treatment, the school will seek emergency medical aid by activating an emergency 119 call for your child if parents/guardians have granted permission to do so beforehand on the Student Health Record form. Please provide the most readily available emergency contact number on the Student Health Record form and update it as needed. It is also strongly recommended that a third person be available for the infirmary staff to contact in the event both mother and father are unreachable. (Related topic: See Arranging a Third Contact on page 5.)

The following is a list of general guidelines on when a infirmary staff may call an ambulance for a student.

General guidelines on when it is necessary to call an ambulance

- Anaphylactic shock
- Broken bone that can't be safely transported (e.g., broken femur)
- Choking
- Difficulty or labored breathing (including an asthma attack)
- First-time seizure
- Loss of consciousness
- Poisoning (food, insect, chemical)
- Prolonged seizure activity lasting more than 5-10 minutes
- Severe abdominal pain
- Severe headache
- Severe or persistent chest pain or pressure
- Suspected injury to the head, neck, or back
- Any of the following signs and symptoms following a head injury
 - Body fluid from orifices
 - Severe or persistent vomiting
 - Inability to follow directions
 - Change in mental status
 - Confusion, disorientation, or difficulty concentrating
 - Severe headache
 - Slurred or jumbled speech
 - Uncontrollable bladder
 - Any other unusual behavior
- Uncontrollable bleeding
- Vomiting blood

Automated External Defibrillator (AED)

An Automated External Defibrillator or AED is a portable electronic device that automatically diagnoses the potentially life-threatening cardiac arrhythmias of ventricular fibrillation and ventricular tachycardia in a victim. The AED is able to treat them by an application of electrical therapy that stops the arrhythmia, allowing the heart to re-establish an effective rhythm. AEDs are designed to be simple to use for any young adult or adult.

MBIS is equipped with Philips' HEARTSTART FRx defibrillator (M861304) with a pair of single-use adhesive defibrillation pads with an infant/child defibrillation setting, located at the north entrance of the new school building. There is a red AED sign on the glass door for easy identification. This AED will only instruct directions in English. The AED wall-mounting case will sound an alarm when the door is opened. Our AED is also stocked with an extra pair of defibrillation pads. Our AED is being maintained, such as the battery and expiration of electro pads, on a regular basis by Fukuda Denshi Company and the infirmary staff.

Importance of Hand washing and the Use of Hand Sanitizers

Hand washing with water and soap is the best preventative measure for staying healthy; however, we cannot constantly be running to the bathroom to wash our hands. Especially for students, it will be disruptive to the class if a student has to be excused every time he/she coughs or sneezes. Therefore, each classroom and cafeteria is stocked with a bottle of hand sanitizer, called "Ethaplus for Disinfection." The hand sanitizer contains ethanol, isopropanol and glycerin and is commonly used in a hospital setting. The Ethaplus laboratory assured us the safe use of this hand sanitizer in a school setting as well. It may cause skin irritation in a few people; in this case, rinsing the hands should cease the problem. Marist has been using this hand sanitizer since winter 2007 and so far no students have had a reaction from using the hand sanitizers.

Peanuts and Nuts-Aware School

There are number of students at MBIS with severe peanuts and nuts allergies. The increase in peanut and nuts allergy prevalence has led MBIS to a heightened awareness and demand for a rational plan for prevention.

A peanuts and nuts-aware environment is strongly encouraged at school as a prevention plan and to decrease the risk of anaphylactic reactions in students with serious allergies to peanuts and nuts. Parents and guardians should try and exclude peanuts and nuts from their lunches, snacks, and any food prepared for school functions including class parties and other MBIS events (such as annual Food Fair, and Marist Café).

The school will continue promoting this plan to keep MBIS a peanuts and nuts-aware environment and a safe place for students with allergies that could result in a life or death situation.

Air pollution in Japan: PM2.5

The Health office has been monitoring the level of fine particle pollution, PM2.5, that is said to be blowing in from China. As PM2.5 levels are likely to continue being an issue in Kobe and throughout Japan, the level is checked regularly throughout the day from the Environment Bureau of Hyogo Prefectural Government website:

<http://www.kankyo.pref.hyogo.lg.jp/JPN/apr/pm25/pm25.php?id=01>

The Japanese government has released their measurement criteria for dealing with PM2.5. Japan considers PM2.5 readings of 35 micrograms per cubic meter per hour to be safe. Government officials are to send out a warning if the PM2.5 level is expected to rise above 70 micrograms per cubic meter per hour. Although the school has not adopted any protocol, the school will take necessary actions according to the government guidelines.

Until the school receives further recommendations and guidelines from the government, parents are advised to be vigilant by asking their children to wear masks, limiting time outside, and using filtered air conditioners instead of opened windows when pollution levels are high. Parents of children with asthma, respiratory problems, etc., may request that the school keep their child inside during PE and recess.

Heat related illnesses

The Ministry of Education, Culture, Sports, Science and Technology, Japan Sport Agency, and Japan Sport Council state that although it is declining, heat stroke related injury and death continue to be a risk in a school and sports setting. The Wet Bulb Globe Temperature (WBGT) is a type of apparent temperature used to estimate the effect of temperature, humidity, wind speed, and visible and infrared radiation (usually sunlight) on humans. Japanese Ministry of the Environment provides a heat stress index using WBGT. Its broken down by the local area and the specific time of the day. Japan Sports Agency asks that schools respond flexibly and vigilantly according to the index with postponement/cancellation of sports event and providing sufficient rest breaks/shaded rest areas with active hydration and electrolyte replenishment.

The Health office monitors the WBGT daily to monitor environmental conditions during exercise to prevent heat-related injuries, such as heat stroke. The temperature is checked regularly throughout the day from the WBGT website specifically created by the Ministry of Environment:

http://www.wbgt.env.go.jp/graph_ref_td.php?region=07&prefecture=63&point=63518

With this index, Marist will follow below activity guidelines.

- PE/Outside recess activities be cancelled, and school sports be stopped while WBGT is in **Danger** level (WBGT ≥ 31 °C.)
- Outside recess activities be limited to 15 minutes during **Severe Warning** level (WBGT 28 – 30 °C.)
- 5 minutes rest breaks/hydration with every 15 minutes of activity, and avoid intense/endurance exercises during PE/sports during **Severe Warning** level (WBGT 28 – 30 °C.)
- 5 minutes rest breaks/hydration with every 30 minutes of heavy activity during **Warning** level (WBGT 25-27 °C)

Food, Health, and Safety Recommendations

MBIS hosts multiple bake sales for fundraising throughout the year. Safe-handling recommendations for food and bake sales are included within this handbook so people involved will learn to handle and serve goods that are safe to sell and eat.

- Only **non-potentially hazardous** foods may be included in a bake sale. Some examples of non-potentially hazardous foods are: Cookies, brownies, muffins, doughnuts, fudge, cake, bread, candy.
- Some examples of **potentially hazardous** foods that may not be included in a bake sale are: Cream filled desserts, lemon meringue pie, home canned foods, whipped cream, cream cheese, pumpkin pie, cheesecakes, custard desserts.
- Foods sold to the public must be protected from exposure to bacteria, viruses and other sources of contamination. To ensure this, food items after baking should be transferred with utensils (tongs, spatulas, bakery papers) or handlers should use disposable plastic gloves to eliminate hand-to-food contact.
- Acceptable packaging includes: food-grade plastic wraps and bags, foil or paper plates. Cloth napkins and paper towels **are not** acceptable packaging. When possible, foods should be prewrapped in the quantities in which they will be sold. No self service is allowed as well.
- Do not display your food open and unprotected where it is subject to dust, flies, sneezes, etc. Keep it covered at all times to protect from contamination. Use sneeze guards, plastic wrap, dome covers or foil.
- All individuals must use effective hair restraints during bake sale. They must have clean nails, hands and outer clothing. They must be in good health. Smoking or other use of tobacco is not permitted in the sales area or on school grounds.
- Tables must be kept clean. The uses of plastic covers are recommended.
- All potentially hazardous foods used to make the baked goods should be maintained at a proper temperature. (Milk, butter, and eggs etc.)
- Keep a record of the names and addresses of all individuals that prepared baked goods in case of any necessary follow-up.
- Designate someone to handle the cash box. Persons handling the cash should not be selling food.
- Marist is a Peanuts/Nuts-Aware school. Any baked goods containing peanuts/nuts are not allowed to be sold or brought onto school grounds (see Peanuts/Nuts-Aware School).

Food, Health, and Safety Recommendations (cont.)

There are three refrigerators available in the school for parents to use. These refrigerators are used in such occasions as Food Fair, class parties, and Marist Café. The following information includes the safety usage of the shared refrigerators, and it is very important that these guidelines are followed in order to avoid any food-related hazards.

Expiration dates: Please ensure that foods are stored for not more than 7 days in a refrigerator maintained at a temperature of 5 degrees Celsius or lower. Please check that food stored in the freezer does not go beyond the expiration date.

Marking of dates: Ready-to-eat foods should be clearly dated with either the preparation date, a use-by date, or the date the commercial package was opened. This information will be helpful in determining if something is past its prime.

General storage: It is important to practice good storing methods. Liquids and strong-smelling foods, such as curry, kimchi, or fish, should be kept in Ziploc bags or airtight Tupperware. This will prevent the entire unit from smelling. It should also be noted that proper usage of cling wrap and aluminum foil should be practiced at all times.

Storage of pans or dishes: To prevent messes and other mishaps, it is important to note the placement of dishes in the refrigerator. Plates and pans should not be stacked on top of each other or set too close together, as this will prevent air circulation within the unit.

Placement of foods: Common sense should be the rule, but it would be safest if raw foods were stored on the lower shelves. Also, it is safer to keep unwashed and/or raw foods away from ready-to-eat and ready-to-serve foods.

Cleaning: People using the refrigerator must make sure to clean both inside and around the unit. Food traces cannot be left unattended because, without proper attention, the food will attract ants, cockroaches and other pests. It cannot be assumed that the maintenance staff will clean the refrigerators.

Head Lice and Nits (Pediculosis capitis)

About Lice & Nits:

Head lice are not a health hazard or a sign of “uncleanliness” and are not responsible for the spread of any disease. The most common symptom of having lice/nits is itching. Individuals with a head lice infestation may scratch the scalp to alleviate itching and there rarely is a secondary, bacterial skin infection. Lice cannot hop or fly; they crawl. Transmission in most cases occurs by direct contact with the head of another infested individual. Indirect spread through contact with personal belongings of an infested individual (combs, brushes, hats) is much less likely but cannot be excluded. Lice found on combs are likely to be injured or dead and a healthy louse is not likely to leave a healthy host’s head. In general, nits found more than 1 cm from the scalp are unlikely to be viable, but some researchers in warmer climates have found viable nits farther from the scalp. Head lice are the

cause of much embarrassment and misunderstanding, many unnecessary days lost from school and expenses spent on remedies.

Head Lice and Nits(Cont.)

How to Manage Lice & Nits:

Because a student with an active head lice infestation has likely had the infestation for a month or more by the time it is discovered, poses little risk to others and does not have a resulting health problem, he or she should remain in class but be discouraged from direct head-to-head contact with others. If a student is assessed as having head lice, confidentiality must be maintained so the student is not embarrassed. The student's parents or guardians will be notified that day via telephone or by a note sent home with the student at the end of school stating that prompt, proper treatment of this condition is in the best interest of the child and his or her classmates. Common sense should prevail when deciding how "contagious" your child may be (a student with hundreds of lice versus a student with 2 live lice). It may be prudent to check other children who were most likely to have had direct head-to-head contact with the child (ex. siblings).

Marist will notify parents and guardians of an infested child's classmates and will strongly encourage that all children be checked at home frequently and treated if head lice are found and diagnosed by a licensed physician before returning to school the next day. It is strongly recommended that you take your child to a dermatologist or any other doctor if you suspect your child of being infested with head lice.

Criteria for Returning to School:

A student will be allowed to return to school after proper treatment has been implemented. Some schools have had "no nit" policies under which a child was not allowed to return to school until all lice/nits were removed. The American Academy of Pediatrics and the National Association of infirmaries discourages such policies and so will Marist. The infirmary staff will recheck a child's head if requested to do so by a parent. In addition, the infirmary staff will offer extra help to families of children who are repeatedly or chronically infested. No child should be allowed to miss valuable school time because of head lice.

Reassurance of Parents, Classmates and Teachers:

There are still many misunderstandings about head lice and many parents/guardians could get upset and offended when an infestation of head lice has occurred. Therefore, the school would like to assure you that we will do our best to protect you and your child's personal information and confidentiality. Also, the school will assist parents/guardians by making accurate information on diagnosis, treatment and prevention of head lice available in an understandable form. Information sheets will be available by the infirmary staff upon request. The infirmary staff is always available via consultations regarding any concerns you may have. Please do not hesitate to contact the infirmary staff at any time.

Frankowski, Barbara L.; Bocchini, Joseph A., Jr.; and Council on School Health and Committee on Infectious Diseases. 2010, August. Head Lice. Pediatrics, Vol. 126 No. 2, 392-403. Retrieved from <http://pediatrics.aappublications.org/>

Manual Removal of Lice and Nits:

Manually removing lice and nits can be effective at quickly resolving a head lice infestation. Medicinal treatments are not effective at killing nits; therefore, removing viable nits could prevent the need for a second treatment. Whether using a treatment or manually removing nits, the more lice and nits that are combed from the hair, the faster the infestation will be resolved.

Head Lice and Nits (cont.)

To Manually Remove Lice After Treatment:

1. Work in an area with good visibility and light, such as under a lamp or natural sunlight through a window.
2. Make sure a standard comb moves through the hair without difficulty before attempting to use a fine toothed lice comb. Combing may be easier if the person's hair is slightly wet.
3. Part the hair into sections and hold sections in place with rubber bands or hair clips.
4. Sit behind the person and use a bright light (and magnification if available) to inspect and comb through the hair one small section at a time. Remove nits using the comb, fingernails, or by cutting the strands of hair.
5. Clean the comb frequently to remove any caught lice or nits using soapy water or a paper towel. This may require several hours each night for several nights to successfully remove all nits and lice. An entertaining video may help keep children occupied during this process.
6. Combing may be repeated daily until no lice are seen. Continue monitoring for another two to three weeks.

Purchasing Fine-Toothed Combs:

Many types of fine-toothed combs may be included within head-lice treatment packages or they may be purchased from most drug stores or Internet retailers. The effectiveness depends on the composition (metal or plastic) and construction (length and spacing) of the comb teeth, the texture of the hair to be combed, the combing technique, and the time and care expended in the effort.

http://www.michigan.gov/documents/Final_Michigan_Head_Lice_Manual_103750_7.pdf

“Sumitherin” Over-the-Counter Treatment Shampoo:

The only over-the-counter treatment sold in Japan is called Sumithrin (phenothrin) by KINCHO and is available in either powder or shampoo form. Sumitherin shampoo or powder can be purchased at local drug stores for approx. ¥3,500/80 ml. Phenothrin, the active ingredient, is an effective and safe product that even babies and pregnant or nursing mothers may use.

As you can see from the diagram below, it is very important to follow the shampoo schedule indicated on the directions, as the pediculicide is only effective if followed correctly.



Sumitherin shampoo should be used once a day, every 3 days, and repeated 3 to 4 times. Therefore, it will take approximately 10 days to complete a full course of shampoo treatment. It is important to follow this treatment schedule when using Sumitherin shampoo because the treatment will only kill live lice and will not kill viable nits. The viable nits will hatch in approximately 7 days, so the second and third shampooing is intended to kill the lice that survived and hatched after the first shampooing.

<http://www.kincho.co.jp/gaichu/sirami.html>

Infectious diseases, Outbreaks and Exclusion Periods

Parent/Guardian Responsibilities:

- Parents/guardians are required to inform the Head of School or the infirmary staff as soon as possible if you have any reasonable grounds for believing that your child has an infectious disease or has been diagnosed with any infectious disease. (Related topic: See Physician's Certificate to Resume School on pg.3 and Appendices A and B)
- If the parent/guardian of a child has reasonable grounds for believing that a child has an infectious disease, has been in contact with an infected person or has been diagnosed with an infectious disease, the parent/guardian must follow the procedures set out for that specific disease by your physician and inform the Head of School or the infirmary staff as soon as possible.
- Parents/guardians must comply with any directions issued by your physician, the school and/or the Kobe Health Office in the event of an outbreak of an infectious disease.

Infectious diseases, Outbreaks and Exclusion Periods(Cont.)

School Responsibilities:

- The infirmary staff will consult with the Kobe Health Office and the Suma Ward Office, if deemed necessary, to receive advice on how to take appropriate and safe measures for an out-of-control outbreak.
- If the Head of School believes, on reasonable grounds, that a student enrolled at Marist has an infectious disease, he/she will notify and consult with the Kobe Health Office and the Suma Ward Office and provide details regarding the outbreak. In notifying about an infectious disease, Marist must provide any information necessary as requested by the Kobe Health Office to allow appropriate public health action to control the spread of the disease.
- If the Head of School, the school doctor and nurse have any reasonable grounds for believing a student has or has been in contact with a person who has an infectious disease, they will follow procedures set out for that specific disease by the school doctor and/or the Kobe Health Office and the Suma Ward Office.
- If approximately a third of students in a class or a third of the entire school are absent due to an infectious disease, the Head of School may choose to close a class or the school if he/she deems that it is in the best interest of students' health.
- Should the Kobe Health Office or the Suma Ward Office recommend the school to close, the Head of School will notify parents/guardians of an outbreak at Marist and of their responsibilities by circulating a formal letter.

Periods of exclusion from school for children with infectious diseases:

Personal hygiene measures such as hand washing, covering the mouth and nose when coughing or sneezing, covering open wounds, not sharing food or drinks and not attending school when ill or suffering from vomiting and diarrhea are important means of limiting the transmission of a number of common infectious diseases.

Marist strongly requires students diagnosed with an infectious disease or students who have been in contact with any individual with the infectious disease to be excluded from school for the periods specified by a physician and/or the Kobe Health Office/the Suma Ward Office. (See Physician's Certificate to Resume School on pg.3 and Appendices A and B)

School Rules Regarding Influenza

Recovering Period and Returning to School:

In regard to how many days a child should stay home when diagnosed with influenza (type A and B), the doctor's ordered recovery period may differ from clinic to clinic. However, please be informed that Marist (the school hereafter) will strictly follow and comply with the recovery period regulations mandated by the Ministry of Health, Labor and Welfare of Japan.

A student may return to school as follows: (Please review the chart to help you understand the school rules.)

- G1 to G12: Students should stay home for a minimum of 5 days after symptoms appear and should not return to school until they are fever-free (below 37.5°C or 99.5°F) for at least 48 hours without the use of fever-reducing medication.
- Preschool (Montessori): Students should stay home for a minimum of 5 days after symptoms appear and should not return to school until they are fever-free (below 37.5°C or 99.5°F) for at least 72 hours without the use of fever-reducing medication.

Certificate to Resume School:

A Certificate to Resume School is not required for students with influenza and who have stayed home for the period of time recommended by the Ministry. However, if your doctor orders less than the days mandated by the Ministry, they must provide a Certificate to Resume School (登校許可証・To-ko-kyo-kasho) for your child.

Reporting to school:

When calling the school office to inform about your child's absence, it is important for the infirmary staff to obtain detailed information regarding your child's current health condition. This will help in finding the trend among students and also help to monitor the school's overall health situation. Also, having the most updated and thorough student health status will help to decide if class dismissals, school closures, or postponing school activities are necessary in order to prevent further spreading of viruses. It would be most helpful if the following information is provided upon calling the school office to report your child's absence.

- Reason for absence
- Is your child running a fever? (Please share any other symptoms your child has.)
- Have you taken your child to see the doctor?
- If no, are you planning to take your child to see the doctor?
- If yes, did the doctor suspect your child of having the flu and begin treatment as a result?
- If yes, did your child test positive for Influenza type A or B?

As with the usual attendance taking procedures, whether due to influenza or not, all absences should be reported to the school office by 9:00 a.m. so that an accurate attendance can be kept. Messages may be left on the answering machine for any calls made before 8:00 a.m. and after 4:30 p.m. Also, please inform the school office about your child's absence even if you have already contacted your child's homeroom teacher.

School Rules Regarding Influenza(Cont.)

Siblings:

Siblings of students with confirmed or suspected influenza may not come to school if he/she is running a body temperature of more than 37.5C° / 99.5F° or showing any of the flu-like symptoms listed below:

- Sore throat - Body aches - Vomiting (in some cases) - Coughing - Headaches - Heavy diarrhea (in some cases)
- Runny or stuffy nose - Fatigue (feeling very tired)

As the incubation period for the influenza virus is usually 1-4 days, it is important to monitor siblings' health thoroughly for any of the above symptoms.

Class/School Closure:

Class or school closures will be decided upon by the number of students with confirmed or suspected influenza cases, as well as taking many different aspects of the outbreak into consideration. Also, the school will use the Ministry's recommendations as a guideline when considering class or school closure.

In the case of class or school closures, the date to return to school will be announced when decided by the Head of School. Depending on how many students come down with the flu while the class is closed, the Head of School may need to extend the closure period.

School work during class/school closure:

Your child's school work will be accommodated and teachers will reschedule quizzes and tests. If your child is feeling well during the closure, they may continue their studies from home through homework assigned by teachers. Phone calls may be made to teachers during school hours; however, email is strongly preferred.

Student Athletes:

Students involved in school sports are to also follow the same school rules and contact the school main office, coaches, and the athletic director as necessary. Students cannot participate in any school sports events until they have fully recovered from the flu. These rules are not only meant to protect the health of the students but also the health of any schools the students may travel to.

Masks:

Send your child with a properly fitted mask if your child has recovered from influenza or a cold but still has a lingering cough. Parents should instruct children to correctly wear their mask over their mouth and nose, not their chin.

Also, encourage children to keep their masks on throughout the day, except during eating, and to continue practicing good hand washing. Students are welcome to wear masks for preventative measures, as masks are a good barrier to keep infected hands from coming into contact with the nose or mouth. Glasses may also be a recommended substitute for contact lenses in order to keep infected hands away from the eyes. However, please do not send your child to school with unprescribed glasses, such as sunglasses or fashion glasses.

Recovery Period for Students

Recovery period for **Montessori students**

Example	Onset	5 days (not counting day 0)					After 5 days		
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
No fever from day 1		No fever 24hrs 48hrs 72hrs →							
No fever from day 2			No fever 24hrs 48hrs 72hrs →						
No fever from day 3				No fever 24hrs 48hrs 72hrs →					
No fever from day 4					No fever 24hrs 48hrs 72hrs →				

Recovery Period for **G1 to G12 Students**

Example	Onset	5 days (not counting day 0)					After 5 days		
	Day 0	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
No fever from day 1		No fever 24hrs 48hrs →							
No fever from day 2			No fever 24hrs 48hrs →						
No fever from day 3				No fever 24hrs 48hrs →					
No fever from day 4					No fever 24hrs 48hrs →				
No fever from day 5						No fever 24hrs 48hrs →			

Role of the infirmary staff at Marist

Following the seven roles below, the infirmary staff at MBIS supports student success by providing health care assessment, intervention and follow ups for all children within the school setting.

1. The infirmary staff provides direct health care to students and staff. The infirmary staff provides care to students and staff who have been injured or who have acute illnesses. Care may involve providing basic first aid, communication with parents for treatment and referral to other providers. The infirmary staff assesses, plans, implements and evaluates care for students with chronic health conditions. The infirmary staff also assists faculty and staff in monitoring chronic health conditions.
2. The infirmary staff provides leadership for the provision of health services. In addition to providing health services directly, the infirmary staff must take into account the nature of the school environment, including available resources. As the health care expert within the school, the infirmary staff assesses the overall system of care and develops a plan for assuring that health needs are met. This leadership role includes developing a plan for responding to emergencies and disasters and training staff to respond appropriately. It also involves the appropriate delegation of care within applicable laws. Delegation to others involves initial assessment, training, competency validation, supervision and evaluation by the infirmary staff.
3. The infirmary staff provides screening and referral for health conditions. In order to address potential health problems that are barriers to learning or symptoms of underlying medical conditions, the infirmary staff often engages in screening activities. Screening activities may include vision, hearing, postural, body mass index or other screening. Determination of which screenings should be performed is based on several factors, including legal obligations, the validity of the screening test, the cost-effectiveness of the screening program and the availability of resources to assure referral and follow-up.
4. The infirmary staff promotes a healthy school environment. The infirmary staff provides for the physical and emotional safety of the school community. The infirmary staff monitors immunizations, assures appropriate exclusion from and re-entry into school and reports communicable diseases as required by law. The infirmary staff provides leadership to the school in implementing precautions for bloodborne pathogens and other infectious diseases. The infirmary staff also assesses the physical environment of the school and takes actions to improve health and safety. Such activities may include an assessment of the playground, indoor air quality evaluation or a review of patterns of illness or injury to determine a source of concern. Additionally, the infirmary staff addresses the emotional environment of the school to decrease conditions that may lead to bullying, violence and/or an environment not conducive to optimal mental health and learning.
5. The infirmary staff promotes health. The infirmary staff provides health education by providing health information directly to individual students, groups of students or classes, or by providing guidance about the health education curriculum, encouraging comprehensive, sequential and age-appropriate information. They may also provide programs to staff, families and the community on health topics. Other health promotion activities may include health fairs for students, families or staff; consultations with other school staff such as food service personnel or physical education teachers regarding healthy lifestyles; and staff wellness programs. The infirmary staff is a member of the coordinated school health team that promotes the health and well-being of school members through collaborative efforts.

Role of the infirmiry staff at Marist (Cont.)

6. The infirmiry staff takes a leadership role in the development and evaluation of school health policies. The infirmiry staff participates in and provides leadership to coordinated school health programs, crises/disaster management teams and school health advisory councils. Additionally, the infirmiry staff participates in measuring outcomes or research, as appropriate, to advance the profession and advocates for programs and policies that positively affect the health of students.

7. The infirmiry staff serves as a liaison between school personnel, family, community and health care providers. As case manager, the staff communicates with the family through telephone calls, assures them with written communication and home visits as needed and serves as a representative of the school community. The infirmiry staff also communicates with health providers and health care agencies while ensuring appropriate confidentiality, developing partnerships and serving on coalitions to promote the health of the community. The infirmiry staff may take on additional roles to meet the needs of the school community.”

CONCLUSION Healthy children are successful learners. The infirmiry staff has a multi-faceted role within the school setting, one that supports the physical, mental, emotional and social health of students and their success in the learning process. However, as prevention is the best health method to avoid the situations aforementioned, it often rests with students, faculty and staff members and families to keep a school safe. In following the policies and regulations in this handbook, we can strive to keep Marist a healthy, studentsafe environment.

Appendix A

Name of disease 病名	Infection course 感染経路	Incubation period 潜伏期間	Doctor's Certificate 登校許可証の有無	When to send the child back to school 学校復帰
Acute hemorrhagic conjunctivitis 急性出血性結膜炎	Contact infection	24-72 hours	YES	
Varicella Zoster/Chicken pox 水痘/水疱瘡	Droplet infection	10-21 days	YES	When all blisters become dry and crusted
Epidemic gastroenteritis 流行性胃腸炎	Oral / droplet / aerosol infection	1-10 days	NO	
Epidemic Keratoconjunctivitis 流行性角結膜炎	Contact infection	2-14 days	YES	
Erythema infectiosum/apple fever 伝染性紅斑/リンゴ病	Droplet infection	4-14 days	NO	When a child is feeling well and skin rashes have been cleared and covered. Avoid exposure to pregnant women.
Exanthem subitum/Roseola 突発性発疹	Droplet infection	9-10 days	NO	
Hand foot and mouth disease 手足口病	Droplet infection	3-6 days	NO	When a child is feeling well.
Head lice 髪しらみ	Contact infection	N/A	NO	When head lice treatment/shampoo has been initiated and a child's head has been checked by the school nurse before returning to class.
Impetigo とびひ	Contact infection	2-10 days	NO	As long as blisters/sores have been cleaned, dried and covered.
Influenza インフルエンザ	Droplet infection	1-7 days	NO	After following the home rest protocol for influenza
Measles 麻疹/はしか	Droplet infection	8-12 days	YES	72 hours without a fever over 37.5°C (without fever-reducing medication)
Mumps 流行性耳下腺炎/おたふく	Droplet infection	16-18 days	YES	
Mycoplasma Pneumoniae マイコプラズマ肺炎	Droplet infection	1-4 weeks	NO	
Pharyngoconjunctival fever 咽頭結膜熱	Droplet infection	2-14 days	YES	2 days without any symptoms
Rubella/German measles 風疹	Droplet infection	16-18 days	YES	When all rashes disappear
Strep throat 溶連菌	Droplet infection	16-18 days	NO	
Tuberculosis 結核	Aerosol infection	2-12 weeks	YES	
Water warts 水いぼ	Contact infection	2 weeks	NO	As long as a child is feeling well and warts have been covered
Pertussis/Whooping cough 百日咳	Droplet infection	7-10 days	YES	
0-157 腸管出血性大腸菌感染症	Oral infection	1-8 days	YES	

