

## **Health Screenings and Awareness**

Culpeper County Public Schools will assign qualified professionals who will assume the responsibility for conducting screenings in assigned schools, including recruitment and training of appropriate volunteers and other staff to ensure that the screenings are conducted within the required timelines, for children enrolled in Culpeper County Public Schools, including transfers. A student's preschool physical examination required under the Code of Virginia will be accepted for the screening if the area(s) of screening to be conducted were included and documented on the physical examination form.

Those conducting each area of screening will document results on a screening form and ensure that it is filed in a confidential manner in the student's scholastic record. After the screening is conducted, the assigned professional will inform parents of the results of the screening and will follow-up on failed screenings by scheduling re-screenings or making referrals for special education evaluations as appropriate.

### **Vision and Hearing Screenings**

Hearing and Vision screenings will be conducted within 60 administrative days of the opening of the school year for all children in grades K, 3, 7 and 10.

### **Speech, Voice, Language , and Fine and Gross Motor Skills Screenings**

Speech, voice, language, and fine and gross motor skills will be screened within 60 administrative days of the opening of school for all new enrollees, including those in kindergarten and those who transfer into the School Division for the first time.

Culpeper County Public Schools will provide written notice to parents of the scheduled screening(s) within a reasonable period of time not to exceed 30 days. The notice shall include the purpose of the screening, when it will occur, and if the child fails the screening, the results of the screening.

### **Scoliosis Awareness**

#### ***Detection***

Scoliosis is a sideways curvature of the spine. It occurs in otherwise healthy children and can be a serious health problem if it becomes severe. It generally occurs during the growing years, especially during the growth spurt from 10 to 17 years of age. Scoliosis is more frequently noted in females and when there are other affected family members. It is not caused by anything a child or his or her parents did or failed to do, although a minority of cases are associated with other medical conditions. Early detection is essential to help avoid complications that include back pain, fatigue, reduced exercise tolerance, deformity, and in severe cases, problems in heart and lung function.

#### ***Treatment***

Treatment may involve bracing. Severe curves may require spinal surgery. The need for treatment is best determined by a trained medical professional. If you suspect your child may be affected, contact your physician or contact your school nurse.

#### ***Methods for Early Detection of Scoliosis***

Direct your child to stand up straight, barefoot, with arms hanging freely at the sides.

Boys should stand with shirts off, girls may wear halter tops.

Is one shoulder higher than the other?

Is one shoulder blade more prominent?

Does the spine seem to curve sideways?

Is one hip higher than the other?

Direct your child to bend forward at the waist with arms extended toward the floor.

Is there a hump in the rib region?

If the answer to any of these questions is yes, you should make sure that your child is screened by a doctor. The school nurse will provide screenings for individual referrals from parents, teachers, or other school staff members.

### **Eating Disorder Awareness**

Eating disorders are serious health problems that usually start in childhood or adolescence and affect both girls and boys. They are not a fad, phase or lifestyle choice. They are potentially life-threatening conditions affecting every aspect of the person's functioning, including school performance, brain development, emotional, social, and physical well-being. Eating disorders can be diagnosed based on weight changes, but also based on behaviors, attitudes and mindset. Be alert for any of these signs in your child:

#### **Key things to look for around food:**

- Eating a lot of food that seems out of control (large amounts of food may disappear, you find a lot of empty wrappers and containers hidden)
- Develops food rules—may eat only a particular food or food group, cuts food into very small pieces, or spreads food out on the plate
- Talks a lot about, or focuses often, on weight, food, calories, fat grams, and dieting
- Often says that they are not hungry
- Skips meals or takes small portions of food at regular meals
- Cooks meals or treats for others but won't eat them
- Avoids mealtimes or situations involving food
- Goes to the bathroom after meals often
- Uses a lot of mouthwash, mints, and/or gum ~ Starts cutting out foods that he or she used to enjoy

#### **Key things to look for around activity:**

- Exercises all the time, more than what is healthy or recommended – despite weather, fatigue, illness, or injury
- Stops doing their regular activities, spends more time alone (can be spending more time exercising)

#### **Physical Risk Factors:**

- Feels cold all the time or complains of being tired all the time. Likely to become more irritable and/or nervous.
- Any vomiting after eating (or see signs in the bathroom of vomiting – smell, clogged shower drain)
- Any use of laxatives or diuretics (or you find empty packages)

#### **Other Risk Factors:**

- Believes that they are too big or too fat (regardless of reality) ~ Asks often to be reassured about how they look
- Stops hanging out with their friends ~ Not able to talk about how they are feeling ~ Reports others are newly judgmental or “not connecting”

For more information contact your child's physician, school nurse, or visit the Culpeper County Public Schools website for links on eating disorders.

### **Mental and Emotional Health Awareness**

Children can experience a variety of mental and emotional health issues that adversely affect their learning, self-esteem, and their relationships with peers, teachers, and family. If your child exhibits self-harming behaviors such as cutting or substance abuse, talks of suicide, demonstrates uncontrollable anger or aggression, displays extreme moodiness, irritability, anxiety, withdrawal, or lasting sadness these may be signs of a mental or emotional disorder. Culpeper County Public Schools employs school counselors, social workers, and psychologists to assist children and their families in recognizing a potential mental or emotional health problem in children and make referrals to qualified mental health professionals for

diagnosis and appropriate treatment. If you suspect your child has a mental or emotional health issue, please contact the school principal or counselors for information on how we can assist.

### **Concussion Information**

**What is a concussion?** A concussion is an injury to the brain. It occurs when the brain is violently rocked back and forth or twisted inside the skull as a result of a blow to the head or body. The resulting injury to the brain changes how the brain functions in a normal manner. The signs and symptoms of a concussion can show up immediately after the injury or may not appear for hours or days after the injury.

Concussions can have serious long-term health effects, and even a seemingly mild injury can be serious. A major concern with any concussion is returning to play too soon. Having a second concussion before healing can take place from the initial or previous concussion can lead to serious and potentially fatal health conditions.

**What are the symptoms of a concussion?** Signs and symptoms of a concussion are typically noticed right after the injury, but some might not be recognized until days after the injury.

Symptoms of a concussion may or may not include, but are not limited to: **Dazed look, vacant stare, slowed/incoherent body movements and/or reaction time, difficulty concentrating/remembering, fatigue/low energy, lethargy, unusual behavior/mood changes (depression, overly emotional, aggressive, sad, restless, irritable, etc), confusion, amnesia, headache, pressure in head, feeling slowed down/in a fog, “don’t feel right,” nausea, ringing in ears, dizziness, poor/blurry vision, sensitivity to sounds and/or light, balance/coordination problems, lack of sustained attention or concentration, sleep disturbances.** The individual may or may not have lost consciousness. Seek medical attention right away.

### **The Effect of a Concussion on Learning**

Parents and school personnel shall be alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including (i) difficulty with concentration, organization, and long-term and short-term memory; (ii) sensitivity to bright lights and sounds; and (iii) short-term problems with speech and language, reasoning, planning, and problem solving.

School personnel shall accommodate the gradual return to full participation in school and academic activities by a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student’s licensed health care provider. Parents need to inform school nurses of any concussion or head injury experienced by a student so a plan to accommodate the student’s gradual return to normal school and academic activities will be developed.