

GREAT NECK PUBLIC SCHOOLS
Health Services
Guidelines for Protective/Assistive/Immobilization Devices
Due to Injury

GUIDELINES FOR PROTECTIVE/ASSISTIVE/IMMOBILIZATION DEVICES,
(Crutches, Wheel Chairs, Cane, Walker, Casts, Boots, Ace Wraps, Splints, Sling, Stitches, etc.)

1. Specific orders are needed from your health care provider regarding the use of crutches or wheel chair (i.e. stairs, ramps, toileting)
2. Children using assistive devices should arrive at class five minutes early. They may find it helpful to have a friend act as an assistant to carry books and lunchboxes. At no time is the friend to physically assist the child, only an adult may push a wheel chair. Children should leave class five minutes early to ensure their safety and facilitate their passage in the halls.
3. In buildings with elevators, elementary children may not use the elevator without an adult present.
4. In the event of a fire drill, the child should be at the end of the line and another adult will assist the teacher when necessary.
5. Children using protective/immobilization devices (slings, casts, boots, splints etc.) may not participate in gym or recess; an alternative supervised site will be provided.
6. When your child is released from Doctors care and no longer needs the assistive device, we require a doctor's release to reinstate your child in gym and recess. Your child will continue to be restricted until such a note is sent to the health office.
7. Children who need such devices on hands, arms, finger or backs will also follow rule 6.
8. Special transportation arrangements must be made through the Transportation Office (441-4060).
9. Children, who have stitches {stitches, butterfly stitches, steri strips, staples, medical glue, etc...} due to an injury or surgical problem, are restricted from gym and recess. When the stitches have been removed, a doctor's note is required stating the stitches have been removed, and that the child may resume full activity. Your child will continue to be restricted until such a note is sent to the health office.

School Nurse

Phone: _____

Fax: _____