**Proposal for Infirmary for Julius E. Sprauve PreK-12 School**

**Impact Statement**

Illness in the school has a far greater impact than on just a single student. An ill and potentially contagious child in the classroom is a disruption on many different levels. For the individual child, it means being in a classroom and unable to learn. For the other students and teachers and staff, it is a child that requires specific attention away from the learning of the classroom. It is a distraction to the other children. It is a source of spread of viral illnesses in the school system, whether it be a common cold, the flu, RSV, Fifth’s disease, Covid, or even the measles. This potential for spread can lead to further infected children, teachers, and staff, and even in temporary school closures. For the parent, it is not only worry and concern, but missed work and income. And from there, it can be a source of spread throughout the community and onto a more vulnerable elderly.

**Solution**

Providing an onsite infirmary for ill children would help mitigate this situation. At the beginning of each school year, each parent would sign a permission slip that would outline the course of action for their child. Should a child get sick at school, the parent would be notified and given an explanation of what the child is experiencing. The parent would be given a choice of either picking up the child or having their child referred to the infirmary. Should a parent not have the ability to provide care at home, because of the need to work, etc, the child would go immediately to the infirmary when dropped off at school. Once in the infirmary, masks would be worn to limit spread of disease along with the average universal precautions of hand washing and sanitizing. Comfort would be provided to the child, whether that is reclining and sleeping, or working more slowly and independently on school work. Over the counter medications would be available as would normally be given at home and as permitted from the parental permission slip. Prescriptions could be given should the parent provide them to the school with documentation from an outside medical facility on the need and administration of the medication. Temperature could be monitored as needed. Food and liquids would be provided to maintain good hydration. Certain parameters would signal an additional call to parents or direct transport to a medical facility, such as the Myra Keating Clinic. These might include instances of excessive (more than one episode) of emesis, markedly elevated fever, seizure activity, etc.

**Projected Results**

Projected results would be many.

1. Shortened illness for the individual child by providing adequate recovery time.
2. Reduced spread of illness in the school, resulting in:
   1. Less additional students ill
   2. Less effect on teachers and staff
   3. Less school absenteeism
3. Less community spread
4. Reduced absenteeism from work for parents and caregivers.
5. A greater sense of community network and caring.

**Requirements**

This project would require a dedicated space for an infirmary with cushioned beds/recliners which would allow a student to either lie completely down and sleep, or be able to raise the head up to sit up in a comfortable position to read or work on a laptop. A minimally trained nurse assistant would be adequate to monitor the child’s health and needs.

An analysis will need to be made to estimate the number of students that the infirmary could hold based on the number of students in the school. A preliminary estimate would be to hold 12 to 20 students. So a room similar to a classroom size.

Presented by Daphne Schalau, MD