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Santa Rosa County School District Health Introduction

Purpose: This manual is the product of a joint effort by the Santa Rosa County Health Department, Santa Rosa County School District, and Pediatric Services of America, Inc., a Georgia corporation, d/b/a PSA Healthcare, hereinafter referred to as PSA. Through this partnership, we strive to ensure the students of the Santa Rosa County School District are receiving the highest level of health care in order to meet their educational objectives. This manual is a resource book that contains basic information, guidelines, and protocols utilized by the Santa Rosa County School District, PSA Health Care Staff, and the staff of the Santa Rosa County Health Department.

This manual is intended to:
- Serve as a resource for appropriate practices that relate to school health
- Serve as a tool for orienting new school personnel

Goals:
- To render the highest quality of medical care through efficient, cost-effective operations
- To provide comprehensive and quality health care in the school environment
- To respect the rights of students/families in a non-judgmental manner
- To provide education to students/families regarding aspects of care
- To advise the student/families of community support and services as appropriate
Procedure for Confidentiality and HIPAA Compliance

Purpose: This procedure establishes guidelines to educate on the HIPAA laws and the subsequent responsibilities of staff to ensure full compliance of those laws.

Definitions: HIPAA - Health Insurance Portability and Accountability Act

Confidentiality - the medical ethics principle that the information a student reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party

Procedure:

I. All records that are generated by School Health Staff concerning student care or services will be treated confidentially and will comply with HIPAA policies.

II. Staff will discuss information with appropriate personnel only. Accessibility to student records are to be limited to authorized staff.

III. Notify school administration or designee whenever a request to provide records has been received.

IV. Reasonable measures will be taken to ensure the security of records against loss, defacement, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water.

V. Additionally, it is each employee’s responsibility to ensure that he/she does not breach student confidentiality as per HIPAA policies. Examples include, but are not limited to:

   A. Take extreme care to ensure that no one can overhear discussion of student information other than the authorized person(s) to whom you are relaying this information (both in face-to-face and telephone conversations).

   B. In School Health Clinics where the public may come in, take precautions to ensure that charts and other written information are not seen by visitors.

   C. When copying forms that contain multiple names, always blacken out the names that are not pertinent.

*School Health Staff will not give out their computer passwords unless needed for continuity of care or further School Health Clinic services.*
Procedure for Management of School Health Records

Purpose: This procedure establishes guidelines for how health information and School Health Records are managed in the school setting. These guidelines are in accordance with Florida Statute 1002.22, Florida Statute 381.026, Florida Administrative Code 64F-6.005, Federal Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Definitions: Confidential Information - personal, sensitive information obtained most often by a health professional/paraprofessional concerning the physical, developmental or mental health of a student

Cumulative Health Record - (DH3041) a school district document containing an individual student’s health information, as required by law, including but not limited to: Student Immunization Record, Student Physical Exam, health screening results, referrals and follow-up, health history including chronic conditions, Emergency Health Care Plan, Authorization for Medication Administration Form or special procedures, student medication and procedure records, and documentation of health emergencies occurring at school

Need to Know - health Information that cannot be shared by School Health Staff unless the individual has a legitimate educational interest

Statutorily Protected Health Information - sensitive health information that is protected by specific state statutes: family planning, sexually transmitted diseases, HIV/AIDS, tuberculosis, drug and alcohol prevention, and psychiatric conditions

Confidential Nursing Record - A Confidential Nursing Record of student health information including documentation of nursing assessments/interventions, School Health Clinic care and statutorily protected health information

Secured Area - a room with a reliable locking system and doors that are locked at all times when unoccupied

Information Custodian - the individual designated responsible for securing the information sets for the purposes of protecting confidentiality, data integrity and appropriate access as detailed in the position description

Procedure: School Nurse Office sites will maintain a reliable locking system to the office door when unoccupied. The School Health Nurse will maintain a system for locking confidential student information within the office.

I. Cumulative School Health Record

A. According to Florida Administrative Code 64F-6, personnel authorized by School Board Policy shall maintain Cumulative School Health Records on each student in the school. The Cumulative School Health Records are stored within the student education records with limited access by designated staff. The Cumulative School Health Records will contain the following documentation including but not limited to:
1. Student Physical Exam (DOH 3040)
2. Student Immunization Record (DOH 680)
3. Growth and development documentation forms
4. Student birth certificate
5. Student Emergency Health Care Plan

II. Student Emergency Health Card

An Emergency Health Card will be collected for each student at the beginning of the school year and stored in the health room or front office as designated by the school administration or designee.

A. It is important that the card is checked for up-to-date telephone numbers and physician/dentist contacts, as well as parent/guardian signature. The school staff does not have parental/guardian permission to offer first aid or any other comfort measures without a parent/guardian signature on this card.

B. The Emergency Health Card serves as permission for mandated health screenings for students in specific grades and as a release for communication with other providers for continuity of care.

C. If a health condition is identified, add the condition to the high risk/health concerns list and notify the School Health Nurse. The School Health Nurse will evaluate the need for an Emergency Health Care Plan (EHCP).

III. Student screening records

A. The School Health Nurse will utilize an individual screening record for each student screened, to be filed in the Cumulative School Health Record upon completion of documentation; or the School Health Nurse may document screenings on the Cumulative School Health Record.

B. The student screening record will document results of health screenings, notes on referrals and notes on referral follow-up.

IV. School Health Nurse screening Referral Follow-Up Logs

A. The School Health Nurse will maintain a Referral Follow-Up Log for each school to track school health screening referrals to completion.

B. The Referral Follow-Up Logs will be maintained in a locked area when not in use by the School Health Nurse.
   1. Locked within the School Health Nurse Clinic
   2. Locked within the trunk of the car out of obvious sight when traveling

V. School Health Nurse Emergency Health Care Plan Logs

A. The School Health Nurse will maintain an Emergency Health Care Plan Log for each assigned school to track the health care plans written.

B. The Emergency Health Care Plan Log will be maintained in a locked area when not in use by the School Health Nurse
   1. Locked within the School Health Nurse Clinic
   2. Locked within the trunk of the car out of obvious sight when traveling
VI. Confidentiality

A. Any information placed in a student Cumulative School Health Record is confidential and should not be released without written consent from the parent or guardian. Access to the Cumulative School Health Record should be limited to those with a need to know as per School Board Policy.

B. Confidential or sensitive information (i.e. student discussing suicidal thoughts, pregnancy, STD’s, tuberculosis, etc.) is not to be recorded on the student Cumulative School Health Record. This information should be kept confidential and stored in a secure location. This record will serve as documentation indicating that the situation has been addressed as well as protecting sensitive information.

VII. PSA Records Management

A. During the school year, all records will be maintained in a confidential manner as dictated by HIPAA regulations.
   1. Always keep computer screen turned so parents/guardians/students cannot read information pertaining to other students.
   2. Close all notebooks and logs when leaving the School Health Clinic. The School Health Clinic should be locked at night.

B. At the completion of the school year, each School Health Technician will be responsible for packing and storing their records.
   1. All records must be kept for a minimum of seven (7) years
   2. Check with the school administration or designee as to where they would like the records to be stored
   3. Place all forms, in sections, in a box large enough to hold all of the forms. Use divider tabs to mark the sections: Daily Activity Logs, Medication Sheets, Medication Intake Forms, etc.
   4. Be sure to clearly mark the box with the school year on at least two (2) sides.
Procedure for Appropriate Dress Code

**Purpose:** This procedure establishes guidelines to define dress code expectations for staff. Professional grooming, attire and hygiene are required of all PSA and Health Department staff.

**Procedure:**

I. Identification

A. All RN’s, LPN’s, and School Health Technicians are to wear approved name badges obtained through PSA, Santa Rosa County Health Department, or Santa Rosa County School District.  
1. Name badges should be visible on the front of the scrub top or jacket at all times.

II. Clothing

A. School Health Staff must wear closed toe shoes, with socks, at all times while working in the School Health Clinic. No sandals, flip flops, or heeled shoes are permitted.
B. Scrub tops and pants that are clean and wrinkle free are permitted. Cotton slacks and nice shirts/blouses are permitted if worn under a lab jacket with appropriate name badges.
C. Jeans are only permitted on days that it is approved by the school, such as “Casual Fridays”.
D. No shorts, sleeveless/backless shirts, tank tops, sexually suggestive apparel, or sweats are permitted.
E. School Health Nurses must wear lab jackets/coats while in the schools.

III. Accessories and miscellaneous

A. Perfume and cologne should be used in moderation when working with students; they are not permitted when working with medically fragile children.
B. Avoid jewelry such as long earrings and chains that small children may pull.
C. Fingernails should be neat and clean and not excessively long.
D. Visible tattoos and piercings must be covered or removed. Facial, neck or heavy tattoos are discouraged.
Section II: School Health Guidelines - Management

Procedure for Clinic Communication

Purpose: This procedure establishes guidelines for communication of information in the School Health Clinic.

Procedure: I. Reporting injuries

A. Injury to student - An Incident Report will need to be completed and turned in to the school administration or designee for any student that visits the School Health Clinic due to an injury resulting in loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc. The School Health Clinic Staff is only required to complete the sections of the report that are pertinent to the care that they provided, to include phone calls and follow-up made by the School Health Technician/School Health Clinic Staff. The school staff that was in charge of the student at the time of the injury is responsible for initiating the incident report and ensuring its completion and submission to the principal or designee.

B. Injury to PSA Staff - Any event that causes injury to PSA Staff while on duty must be communicated to the PSA School Health Supervisor. PSA will generate a PSA Injury/Incident Report that must be sent to the corporate office within 24 hours of the injury.

   1. Examples of reportable employee injuries/near injuries include, but are not limited to:
      a. Musculoskeletal injuries from overexertion
      b. Accidental trauma from a slip, trip, or fall
      c. Exposure to blood borne pathogens or other potentially infectious material
      d. Inhalation of harmful smoke or fumes

C. Sharps Injuries - In keeping with the requirements related to record keeping, a Sharps Injury Log will be maintained at the PSA main office for all PSA Staff injuries and at the Santa Rosa County Health Department for all Health Department Staff injuries.

   1. If you have a sharps injury, you must report the following information to be included on the Employee Report of Injury or Near Injury.
      a. The type and brand of device involved in the incident
      b. The environment of care where the exposure incident occurred
      c. The event during which the exposure occurred
      d. The affected body part
      e. Presence of safety device

II. Communication to the Health Department School Health Registered Nurse

A. Inform the Health Department School Health Registered Nurse of the following:

   1. Students that have documentation or affirmation of any reportable disease. Refer to Communicable Disease School Manual.
2. Students you think may need to have an Emergency Health Care Plan written.
3. Repeated admissions; same child three (3) or more days in a row to the School Health Clinic with symptoms or illnesses you think needs follow-up.

III. Communication and education materials to parent/guardian
   A. Only previously approved form letters can be given out in the School Health Clinic. These are for the sole purpose of education.
   B. No letters of mass communication to parents/guardians will be created by School Health Technicians or School Health Nurses until reviewed and approved by the school administration or designee and/or the Director of Student Services.
   C. School Health Clinic Staff are permitted to draft letters of information if requested; however, the letters must be signed and approved by the appropriate person(s) before dissemination.

*Approved information does include any materials from the Communicable Disease School Health Manual.

IV. Communication to school staff
   A. Communication of any unnecessary information to teachers, aides, secretaries, etc. of students' medical information is a HIPPA violation.
   B. School staff may receive student medical information on a “need to know” basis only and for the continuity of care for that student.
   C. Other than appropriate school staff, unless the individual is a parent/guardian or health care provider (EMS, family physician, etc.), School Health Clinic Staff are not permitted to give out information about a student.
Santa Rosa County School Health Procedure for Hand Washing

**Purpose:** This procedure establishes guidelines for appropriate hand hygiene practices as a method of reducing infections.

**Procedure:**

I. Indications for washing hands

A. Wash hands with soap and water when:
   1. Visibly dirty or contaminated
   2. Visibly soiled with blood or other body fluids
   3. Following use of the restroom
   4. Before eating
   5. Before/after student care
   6. After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
   7. Prior to handling medication

***Although running water and soap are the preferred choice, alcohol-based antiseptic hand cleaning products or pre-moistened hand washing towelettes (antimicrobial-impregnated wipes) may be used for hand washing. If contact with blood or body secretions occurs, hand washing shall be done with soap and running water as soon as possible.***

II. Hand washing is one of the single most important procedures used to assist in prevention of infections. The following procedure shall be utilized when washing hands:

A. Turn on the faucet.
B. Wet hands and wrists under warm, running water, holding fingertips down (avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis).
C. Scrub hands, wrists, and fingers vigorously with soap for at least fifteen seconds, covering all surfaces of the hands and fingers.
D. Pay special attention to the fingernails and between the fingers.
E. Rinse hands and wrists thoroughly under running water holding the fingertips down. Leave the water running.
F. Dry hands with a clean towel or paper towel. Use the towel to turn off the faucet.

***When decontaminating hands with an alcohol based rub, apply product to the palm of one hand and rub hands together covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer’s recommendations regarding the volume of product to use.***
Procedure for Observing Universal Precautions

**Purpose:** The purpose of this procedure is to establish guidelines for observing Universal Precautions as it pertains to the school health environment.

**Definition:** Universal Precautions (also, Standard Precautions) - All students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV, or other bloodborne pathogens. It is not possible to identify all students with infectious diseases by taking a medical history or conducting a physical assessment. Therefore blood or other body fluids or materials must be treated as potentially infectious.

Bloodborne pathogens - Substances present in the blood that can cause infection or disease. For example, Hepatitis B and Hepatitis C viruses are bloodborne pathogens since they are spread through blood and can cause liver damage.

Personal protective equipment (PPE) - Devices used to protect the user from injury or contamination by shielding the eyes, face, and/or head, limbs, and/or torso. In the clinic setting these devices may include, but are not limited to: masks, face shields, non-sterile exam gloves, protective eyewear, and gowns.

**Procedure:**

I. In the presence of blood or body fluids, the provider must use appropriate PPE for the conditions.

II. Wash hands thoroughly before and after all procedures.

III. Sterile disposable supplies are to be used whenever possible. Items which touch only the intact skin (e.g., blood pressure cuffs) rarely, if ever, transmit disease. These items should be cleaned between patient uses. Should this equipment become contaminated with blood or body secretions, it should be cleaned with a 1:10 bleach solution or a chemical germicide.

IV. Students will not share personal supplies, even disposables, such as lancets or nebulizer treatment tubing. Used lancets will be disposed of after use - Refer to Biohazard Waste Management. Care should be taken when removing lancets from device to avoid needle stick. Use mechanical control device (i.e., hemostat) as necessary. Nebulizer tubing will be cleaned, allowed to air dry, and then stored in a clear plastic bag labeled with the student’s name.

V. Work surfaces will be decontaminated immediately (or as soon as feasible) after any spill of blood or other infectious materials, and whenever the surfaces are visibly contaminated. Use an approved disinfectant or a 1:10 bleach solution or chemical germicide.

VI. If an occupational exposure occurs, (i.e. needle stick or splash of blood or body fluids to a mucous membrane such as the eyes or mouth) immediately wash or rinse the area with copious amounts of water, and soap if possible. Contact your immediate supervisor and follow your organization’s Exposure Control Plan. For school faculty and staff, provide first aid and then refer to the school administration or designee.
Procedure for Biohazard Waste Management

Purpose: The purpose of this procedure is to establish guidelines for the handling and disposal of biohazard waste in the School Health Clinic setting as it pertains to the school health environment.

Definitions: Biohazard Waste is any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to: discarded sharps, human blood, and body fluids. Also included are used absorbent materials such as bandages, gauze or sponges which are visibly saturated with blood or body fluids.

Examples of items that can be considered Biohazardous Waste:
- blood saturated gauze or cotton balls
- tissue saturated with bloody nasal secretions
- any porous material saturated with body fluids

Examples of items not to be considered Biohazardous Waste:
- Band-Aids, cotton balls for finger-sticks
- blood glucose strips, gloves, catheters
- any non-porous item that cannot be saturated with body fluids

Personal protective equipment (PPE) are devices used to protect the user from injury or contamination by shielding the eyes, face, and/or head, limbs, and/or torso. In the School Health Clinic setting these devices may include, but are not limited to: masks, face shields, non-sterile exam gloves, protective eyewear, and gowns.

Sharps typically include, but may not be limited to: needles for delivering insulin or other medications and lancets used to obtain a blood specimen for testing.

Procedure: I. All non-sharp biohazard waste will be disposed of directly into red bags or a rigid waste container, usually a red waste receptacle, identified with the biohazardous symbol.

II. All used sharps will be placed immediately into a puncture-resistant, leak-proof sharps container. Do not exceed the fill line as established by manufacturer or other authority.

III. All employees who handle biohazardous waste must wear personal protective equipment (PPE) appropriate for conditions. Avoid aerosolizing contaminants in sharps or absorbent materials.
IV. When filled, sharps containers will be labeled with site and date, their covers secured and taped, and then placed in a red bag. Red bags, when filled will be picked up by the school custodial service. The custodial service will place the red bags in the onsite biohazardous waste storage container in their custodial storage room. All biohazard waste is picked up by an independent contract provider monthly or as needed.

V. To request a new sharps container contact the Director of Student Services at the Berryhill Administrative Complex, 850-983-5052.
Procedure for Vital Signs

Purpose: This procedure establishes guidelines for obtaining and appropriately documenting vital signs: blood pressure, temperature, pulse (heart rate), respirations, and oxygen saturation.

Definitions: Vital signs are indicators to how the body is functioning.

TPR - the abbreviation for temperature, pulse, and respirations
BP - the abbreviation for blood pressure
VS - the abbreviation for vital signs, which includes TPR and blood pressure
Oxygen saturation - the amount of oxygen in the blood stream

Procedure: I. Temperature – The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, and time of day.
Fever – A temperature of 100.0 F and over is considered a fever.

A. Take temperature using approved thermometer. A digital thermometer is the preferred choice in the School Health Clinic setting. (Follow manufacturer’s instructions.)
B. Document your reading on the Daily Activity Log under “Actions”.
C. If fever is questionable, have the child lie down and repeat in 5-10 minutes, document temperature rechecks before calling parent/guardian.
D. If child has a fever call parent/guardian for student pick-up.
E. Do not give medication unless previously authorized.
F. Refer to Vital Signs for temperature ranges.

II. Pulse – The pulse rate is a measurement of the heart rate, or the number of times the heart beats per minute. As the heart pushes blood through the arteries, the arteries expand and contract with the flow of the blood.

A. Children and adolescents: the radial or carotid pulse is counted for one (1) full minute.
B. Infants: the apical pulse is counted for one (1) full minute.
C. Take the pulse before taking the student’s temperature, as use of the thermometer may cause the student to cry and increase the heart rate.

III. Respirations – The respiration rate is the number of breaths a person takes per minute. Respiration rates may increase with fever, illness, and with other medical conditions. When checking respirations, it is important to also note whether the student is having difficulty breathing.

A. Obtain respiratory rate by auscultation with a stethoscope or visualizing respiratory expansion of the chest or abdomen for one (1) full minute.
B. In older children, count the respirations for 30 seconds and multiply by two (2).
IV. Blood Pressure – Blood pressure is the force of the blood pushing against the artery walls. Each time the heart beats, it pumps blood through the arteries, resulting in the highest blood pressure as the heart contracts. Two numbers are recorded when measuring blood pressure. The higher number, or systolic pressure, refers to the pressure inside the artery when the heart contracts and pumps blood through the body. The lower number, or diastolic pressure, refers to the pressure inside the artery when the heart is at rest and is filling with blood. Both the systolic and diastolic pressures are recorded as "mm Hg" (millimeters of mercury). This recording represents how high the mercury column is raised by the pressure of the blood.

A. Obtain blood pressure using the appropriate size cuff on the student’s arm.
B. The cuff must cover 2/3 of the length of the upper arm.
C. The blood pressure should be taken when the student is at rest as hyperactivity may increase the reading by as much as 50 mm Hg.

V. Oxygen Saturation

A. This assessment is not a standard assessment. O2 saturations are only to be obtained when dictated in the student’s Emergency Health Care Plan.

VI. Documentation

A. Document the VS (TPR and BP) on the Daily Activity Log or a School Health Nurse Progress Note.

VII. Chart of “Normal” Vital Signs for Children

<table>
<thead>
<tr>
<th></th>
<th>Infant</th>
<th>Toddler</th>
<th>School-Age</th>
<th>Adolescent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Heart Rate</strong></td>
<td>120-160</td>
<td>80-130</td>
<td>70-110</td>
<td>60-100</td>
</tr>
<tr>
<td><strong>Respiratory Rate</strong></td>
<td>25-40</td>
<td>20-35</td>
<td>15-25</td>
<td>10-20</td>
</tr>
<tr>
<td><strong>Systolic Blood Pressure</strong></td>
<td>60-90</td>
<td>70-100</td>
<td>90-110</td>
<td>95-130</td>
</tr>
<tr>
<td><strong>Diastolic Blood Pressure</strong></td>
<td>30-55</td>
<td>45-65</td>
<td>50-70</td>
<td>60-80</td>
</tr>
</tbody>
</table>

http://www.kidsgrowth.com
Procedure for Common Symptom Management/First Aid

Purpose: This procedure establishes guidelines regarding the most common symptoms seen in the School Health Clinic:

<table>
<thead>
<tr>
<th>Bites/Stings</th>
<th>Blisters</th>
<th>Breaks/Strains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burns</td>
<td>Diarrhea/Vomiting</td>
<td>Heat Exhaustion</td>
</tr>
<tr>
<td>Nose Bleeds</td>
<td>Rashes</td>
<td>Stomach Pain</td>
</tr>
<tr>
<td>Tick</td>
<td>Tooth Loss/Injury</td>
<td>Wound Care/First Aid</td>
</tr>
</tbody>
</table>

Additionally, this procedure establishes guidelines to ensure safe and effective delivery of care to students who have or are at risk for impaired skin integrity. A comprehensive approach to wound care will include assessment, prevention, care, treatment, and education.

Procedure: I. Bites and/or Stings

A. Animal bites (bites from the following animals can carry rabies and may need medical attention: dog, bat, opossum, raccoon, fox, coyote, and cat).
   1. Wear disposable gloves when exposed to blood or other body fluids.
   2. Wash bite area with soap and water; hold under running water for 2-3 minutes.
   3. If bite is from a snake, hold the bitten area still and below the level of the heart. Call the nearest Poison Control Center 1-800-222-1222.
   4. If the bite is large and gaping or bleeding uncontrollably and profusely, control bleeding, call EMS.
   5. Notify school administration or designee and parent/guardian.

B. Human bites
   1. Parent/guardian of the student who was bitten and of the student who was biting should be notified that their child may have been exposed to blood from another student. An Incident Report must be completed.
   2. Notify the School Health Nurse and appropriate school personnel.

C. Stings
   1. If available, follow student’s Emergency Health Care Plan.
   2. Assess the student carefully for:
      a. Difficulty breathing
      b. A rapidly expanding area of swelling, especially around the lips, mouth or tongue
      c. A history of allergy to stings
   3. If available, administer physician and parent/guardian approved medications for that student. Remember, if emergency medications (EpiPen/Epipen Jr., Auvi-Q Auto-Injector, Glucagon or Diastat) are administered, you always call EMS!
II. Blister (blisters heal best when kept clean and dry)

A. Gently wash area with soap and water.
B. If blister is broken, apply clean dressing to prevent further rubbing.
C. If blister is not broken, do not break blister.
D. If infection is suspected (drainage, redness, swelling), notify the parent/guardian.
E. Document all assessments and care given.

III. Breaks/Strains

A. Treat all injured body parts as if they could be fractured/broken.
B. Assess the injured body part for:
   1. Pain in one area
   2. Swelling
   3. Feeling “heat” in the injured area
   4. Discoloration
   5. Limited movement
   6. Bent or deformed bone
   7. Numbness or loss of sensation
C. Rest injured part by not allowing student to put weight on it or use the injured part.
D. Gently support and elevate the injured part.
E. Apply ice, covered with a cloth or paper towel, to minimize swelling.
F. After period of rest, recheck injured part:
   1. If pain is gone and the student can move or put weight on injured part without discomfort, and there is no presence of numbness or tingling, then the student can return to class.
   2. If pain, swelling, or numbness continues, notify the parent/guardian.
   3. Document all assessments and care given.

*Always notify parent/guardian when student becomes injured at school.
*Don’t forget to initiate/complete your section of the Incident Report.

**P.R.I.C.E.**

Five things you can do to encourage the healing of a child’s strain/sprain injury in the first three (3) days:

<table>
<thead>
<tr>
<th>P</th>
<th>Protect the injured from further aggravation and stop activities that may make things worse.</th>
</tr>
</thead>
<tbody>
<tr>
<td>R</td>
<td>Rest the injured part but keep it mobile so long as it is comfortable to do so.</td>
</tr>
<tr>
<td>I</td>
<td>Apply ice packs to the affected area as soon as possible. Use crushed ice or bag of frozen peas wrapped in a damp towel. Leave on for 10-15 minutes, repeat every two (2) hours.</td>
</tr>
<tr>
<td>C</td>
<td>Compress the area using a bandage to cover the injured area and eight (8) inches to either side. Make sure bandage is not too tight.</td>
</tr>
<tr>
<td>E</td>
<td>Elevate the injured part above the level of the heart when possible and remove any compression bandages during elevation.</td>
</tr>
</tbody>
</table>
IV. Burns

*Any burn that involves a substantial portion of the face, hand, feet, groin, buttocks or a major joint will require emergency medical attention.*

A. First degree burns are superficial and may cause mild swelling, pain, and usually redness. Causes may include: scalding from hot water/steam, sunburn, etc. Treatment as follows:
1. Remove rings, bracelets, or any constricting jewelry before swelling occurs.
2. Place burned area under cool running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides,
3. Cover burn with a dry, sterile or clean dressing.
4. **Do not** apply any type ointment, cream, salve, etc.
5. Notify parent/guardian.

B. Second degree burns are deeper than first degree burns, and may split or blister the skin layers. The skin will be red or mottled in appearance; the skin may also appear wet or shiny. They are usually very painful, may cause blisters, and may cause a considerable amount of swelling over a period of time. Causes may include: hot liquids, flash burns from gasoline, sunburn, etc. Treatment as follows:
1. Remove rings, bracelets or any constricting jewelry before swelling occurs.
2. Place burned area under cool running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides; always cover ice packs or compresses before placing them on the skin/burn. **Never** apply ice directly to the skin/burn.
3. Cover burn loosely with a dry, sterile or clean dressing. Avoid fluffy cotton or material that may get lint in the wound.
4. If arms or legs are burned, elevate them above the level of the heart.
5. **Do not** apply any type of ointment, cream, salve, etc.
6. **Do not** attempt to break blisters or remove tissue.
7. Notify parent/guardian and recommend that the student be seen by a physician. Notify school administration or designee.

C. Third degree burns destroy all layers of the skin and extend into deeper tissues. This type of burn is usually painless due to the destruction of nerve endings. These burns appear dry and white or black and charred. Third degree burns are most frequently caused by ignited clothing, immersion in hot water, contact with flames, fire or electricity, etc. Immediate treatment as follows:
1. Remove rings, bracelets, or any constricting jewelry or clothing before swelling occurs.
2. Cover burn with a cool, moist sterile bandage, clean moist cloth, or moist towel.
3. Do not attempt to remove garments that are clinging or sticking to the skin.
4. If arms or legs are burned, elevate them above the level of the heart.
5. **Do not** apply any type of ointment, cream, salve, etc.
6. Call 911 and notify parent/guardian and school administration or designee.
7. Keep student warm, calm, and reassured.
8. If necessary, treat student for shock or administer CPR.
D. Chemical Burns
   1. If possible, immediately remove all contaminated items and clothing.
   2. Read container labels for guidance or call Poison Control at 1-800-222-1222.
   3. Provide treatment as per guidelines for specific chemical reaction.
   4. Cover burn area with dressing depending on degree of burn (see C. 2 above).
   5. Notify parent/guardian and recommend that the student be seen by a physician. Notify school administration or designee.

E. The Eye

*A burn to the eye may appear only slightly injured but later it may become deeply inflamed and develop tissue damage and sight may be lost.*

   1. Flush eye with tap water for at least 15 minutes.
   2. If person is lying down, turn head to side and pour water into eye from inner corner of eye outward; hold eye open, and do no wash chemical into the other eye.
   3. Caution and instruct not to rub eyes.
   4. Immobilize eye by covering it with dry dressing. If possible, cover both eyes.
   5. Notify parent/guardian and advise immediate medical care. Notify school administration or designee. Call 911 if burn is severe or does not improve with flushing.

V. Diarrhea and Vomiting: may be the result of illness, injury, food poisoning, pregnancy, heat exhaustion, or over exertion. Always wear disposable gloves when handling blood or body fluids.

A. Apply a cool, damp cloth to the student’s face or forehead.
B. Have a bucket available.
C. Have student lie down on his/her side.
D. Do not give foods or medications.
E. Call parent/guardian for student pick-up.
F. Inform parent/guardian that child should remain at home for 24 hours after last vomiting or diarrhea episode.

VI. Head injury

A head injury is any trauma that leads to injury of the scalp, skull, or brain. The injury can range from a minor bump on the skull to a serious brain injury. Most head trauma involves injuries that are minor but emergency personnel should immediately treat any serious or potentially serious head injury.

A. Mild head injury: The forehead and scalp have an abundant blood supply. As a result, any injury to these areas often results in bleeding, swelling, or bruising.
   1. Treatment for cuts or lacerations:
   a. Maintain universal precautions.
   b. Clean area with soap and water (do not clean area if large amount of bleeding is present).
c.  Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.
d.  If dressing becomes soaked, add more dressings (do not remove original dressing).
e.  Notify school administration or designee. Notify parent/guardian of injury and need for medical advice. Call 911 immediately for any potentially serious head injury.

2.  Treatment for bleeding under the skin “goose egg”, bruising or swelling:
   a.  Immediately apply ice for 15 - 20 minute intervals for the first 24 hours (do not apply ice directly to the skin).
   c.  Seek medical advice if any other symptoms present.

B.  Two classifications of a head injury:
   1.  Closed head injury: any injury to the brain or structures within the skull that is not caused by a penetrating injury.
   2.  Open head injury: any injury to the brain or structures within the skull that is caused by a penetrating injury.

C.  Types of brain injuries:
   1.  Concussion: This is the most common type of traumatic brain injury. It is any injury that temporarily affects normal brain function.
   2.  Contusion: bruising of the brain tissue.
   3.  Hemorrhage: bleeding inside the skull
   4.  Hematoma: bleeding that causes a blood clot to form inside the skull.

D.  Minor head injury:
   1.  A minor head injury may cause the brain to have trouble working normally for only a short period of time. It is often caused from a blow to the head from falling, bumping heads, or sports injury. Signs and symptoms may include one or more of the following:
      a.  Brief loss of consciousness
      b.  Sense of being “dazed” or seeing “stars”
      c.  Mild to moderate headache
      d.  Blurred vision
      e.  Dizziness
      f.  Temporary loss of balance
      g.  Nausea or vomiting
      h.  Change in mood
      i.  Trouble thinking, or concentration
      j.  Ringing in ears
      k.  Drowsiness or decreased amount of energy
      l.  Irritability
   2.  Treatment:
      b.  Keep the student lying down, still, and quiet until symptoms resolve or until medical help arrives.
      c.  Prevent movement of the neck and spine.
      d.  Maintain universal precautions.
      e.  If the student is vomiting, roll the head, neck, and body as one unit to prevent choking.
f. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.

E. Severe head injury:
1. A severe head injury may involve symptoms lasting from several minutes, days, or longer. The student may suffer from severe and sometimes permanent neurological deficits or may die from a severe head injury. They are often caused by a forceful impact from objects, falls, motor vehicle accidents, or sports injury. Signs and symptoms may include one or more of the following:
   a. Confusion
   b. Slurred speech
   c. Mood and personality changes
   d. Drowsiness, weakness
   e. Inability to move arm or leg
   f. Loss of balance
   g. Loss of consciousness for more than one (1) minute
   h. Severe headache
   i. Sensitivity to light
   j. Vomiting more than once
   k. Severe head or facial bleeding
   l. Clear or bloody fluid draining from nose, mouth, or ears
   m. Changes in or unequal size of pupils
   n. Seizures
   o. Black and blue discoloration below the eyes or behind the ears
   p. Slow breathing rate
2. Treatment:
   a. Call 911 immediately for any potentially serious head injury. Notify school administration or designee, parent/guardian, and follow-up with immediate supervisor after emergency is resolved.
   b. Keep the student lying down, still, and quiet until medical help arrives.
   c. Prevent movement of the neck and spine.
   d. Maintain universal precautions.
   e. If the student is vomiting, roll the head, neck, and body as one unit to prevent choking.
   f. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected do not apply direct pressure to the wound or remove any object or debris from the wound.
   g. Perform CPR if needed.

VII. Heat exhaustion - strenuous activity in the heat may cause heat-related illness.

A. Observe student for the following symptoms:
1. Red, hot, dry skin
2. Weakness and fatigue
3. Cool, clammy hands
4. Vomiting
5. Loss of consciousness
6. Profuse sweating
7. Headache
8. Nausea
9. Confusion
10. Muscle cramping

B. Remove student from heat to a cooler place.
C. If student is not vomiting or confused, and student is awake and fully alert, give clear fluids in small amounts.
D. If student begins to get confused or loses consciousness; place on his/her side to protect airway.
   1. Look, listen, and feel for breathing.
   2. If child is not breathing, start CPR and have someone call EMS.
E. Attempt to cool child by placing wet towels on him/her with room temperature water not ice water.

VIII. Nose Bleeds

A. Put on gloves when handling blood or body fluids.
B. Place student in a forward sitting position (do not lean head backwards) or you may have the student lie down with head raised up on a pillow.
C. Ice can be placed on the back of the neck and/or the bridge of the nose.
D. Do not place foreign objects in the child’s mouth or nose.
E. Apply constant pressure to bridge of nose.
F. Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.

IX. Rashes

A. Rashes can have many causes including: heat, infection, illness, reaction to medications, insect bites, dry skin, or skin irritations
B. Some rashes may be contagious; always wear disposable gloves when in contact with any rash.
C. Document:
   1. Location
   2. Color
   3. Raised or flat appearance
   4. Size of lesion/area (compare to coins, i.e. dime, quarter size, etc.)
   5. Exudate - Is anything draining from the rash? Describe amount, color, and odor of drainage.
   6. Presence of other symptoms (i.e. fever, headache, diarrhea, sore throat, vomiting)
D. Because of the probability of rashes being contagious, a student with a rash of unknown origin should be picked up by the parent/guardian and advised to get a medical assessment.
E. If you suspect that the student has a heat rash, have him/her rest and cool down; if rash disappears, the student may return to class.
F. Students with diagnosed eczema can apply medicated creams (or call home for them) and return to class after application.

X. Stomach Pain

A. Stomach aches may have many causes including: illness, hunger, overeating, diarrhea, food poisoning, menstrual difficulties, psychological issues, constipation, gas pain, and pregnancy.
B. Instruct the student to lie down in a room with privacy.
C. Take the student’s temperature (note that a temperature of 100 degrees Fahrenheit or greater is a fever).
D. If the student has fever or vomiting, contact parent/guardian for pick-up.
E. If no fever or vomiting accompanies the stomach ache, allow student to rest for 15-20 minutes.
   1. If student feels better he/she may return to class.
   2. If stomach ache persists or becomes worse contact the parent/guardian to inform them of the student’s condition.

XI. Tick
A. Please remember that the role of the School Health Technician does not allow for invasive procedures.
B. If a tick can be visualized, call the parent/guardian and explain that the child has an apparent tick that will need to be removed.
C. The parent/guardian has the option of:
   1. Coming to the School Health Clinic to attempt removal of the tick themselves.
   2. Taking the child to his/her physician to ensure complete removal.

XII. Tooth Loss/Injury
A. Loose teeth (non-permanent)
   1. In order to not cause any tissue tearing/damage, do not pull loose teeth.
   2. Provide student with a container to place tooth in once it comes out.
   3. Have student rinse out mouth with cold water.
B. Knocked out or broken permanent teeth
   1. Find tooth: If tooth is dirty, clean it gently by rinsing with water. Do not scrub or brush the tooth.
   2. The tooth must not dry out! The following steps are listed in order of preference (within 15-20 minutes).
      a. Place tooth gently back in socket and have student hold it in place.
      b. Place tooth in glass of skim milk or low fat milk.
      c. Place tooth in normal saline.
      d. Instruct student to spit into a cup and then place tooth in the spit.
      e. Place tooth in a glass of water.
   3. Apply a cold compress to face to minimize swelling.
   4. Contact parent/guardian; student should be seen by a dentist within 60 minutes.

XIII. Wound Care/First Aid
A. Observe any wound for the following:
   1. Location of the wound
   2. Size
   3. Color, odor, texture, and approximate amount of drainage (exudates)
   4. Condition of skin surrounding the wound and the edges of the wound
   5. Current or previously used treatments and their results
6. Amount of time the wound has been known to exist

B. Care and treatment of wounds
   1. Always wear disposable gloves when exposed to blood or body fluids.
   2. Use wet gauze to wash the area with soap and water to remove dirt. Rinse under running water; pat dry, and apply clean gauze dressing and/or bandage.
      a. The only approved cleaning agent for wounds in the School Health Clinic is antiseptic soap and water!
      b. Vaseline ointment is permitted to be used on lips only.
   C. After gentle cleansing, the open wound can be covered with a bandage to prevent contamination of the wound.
   D. If the wound is large and unable to be adequately covered, the parent/guardian may need to seek medical care for the student.
   E. Documentation
      1. Clearly document your assessments and care given.

*Always notify parent/guardian of any incident/injury and the care given!*
**Section III: Head Lice**

**Procedure for Head Lice ("Pediculus Humanus Capitis")**

**Purpose:** This procedure establishes guidelines for School Health/Clinic staff, and school personnel to meet the health needs of a student or staff member experiencing signs/symptoms or complaints of head lice and/or nits in the school environment.

**Definition:** Head lice are wingless insects spending their entire life on human scalp and feeding exclusively on human blood. Nits are the eggs laid by female head lice.

**School Board Policies 4.5036 and 5.5033, for head lice infestation:**

*A student who has been sent home with head lice and/or nits should return to school, free of head lice and/or nits, within 2 (two) calendar days; absences from school during the 2 (two) calendar days will be excused. For each occurrence of head lice and/or nits, absences beyond 2 (two) calendar days will be unexcused.*

A. Teacher or school personnel may identify students’ showing signs/symptoms or complaints of head lice and/or nits (continuous itching, presence of lice or nits). No student should be identified for head lice screening based upon rumor, gossip, or hear-say.

B. School personnel will refer only students identified by showing signs/symptoms of head lice or by students that voice complaints of head lice to the School Health Technician/Clinic.

C. School Health Technician/Clinic will examine the student to determine if head lice and/or nits are present.

D. If head lice and/or nits are present the student will be removed from class. Parent/guardian will be notified and are responsible to pick the student up from school and begin treatment for removal of head lice and/or nits.

E. If head lice and/or nits are not present the student may return to class.

F. Following a positive check, the student may not return to school until they have been cleared by the on-site School Health Technician/Clinic.

G. During the screening process for the student to return to school, the School Health Technician/Clinic will strive to remove nits if there are fewer than 6-10 nits remaining in the hair. This does not apply to a student identified with live lice present, nor does it apply to the removal of a larger volume of nits.

H. Students found positive for head lice and/or nits are not permitted to ride the school bus until cleared by the School Health Technician/Clinic.

I. Reasonable measures will be taken to maintain student confidentiality (HIPAA/FERPA).

*Do not send out forms or documentation regarding head lice and/or nits that are not found available in the “School Health Policy & Procedure Manual” unless you have documented approval from your immediate supervisor! For information/handout material, please refer to the “School Health Policy & Procedure Manual” for below available forms:

- Santa Rosa County School Board Head Lice (Pediculosis) Dismissal Notice
- Head Lice Dismissal and Clearance/Return Report
- Head lice Fact Sheet located in the “Communicable Disease Manual”*
Your child has been assessed as having head lice and/or nits (Pediculosis) and is being temporarily dismissed from school.

Your child may not return to school or ride the school bus until they have been cleared by the on-site School Health Technician/Clinic.

**School Board Policy 4.5036 and 5.5033: Head Lice Infestation**

A student who has been sent home with head lice and/or nits should return to school, free of head lice and/or nits, within two (2) calendar days; absences from school during the two (2) calendar days will be excused. For each occurrence of head lice and/or nits, absences beyond two (2) calendar days will be unexcused.

Principal: ________________________________

(Signature)

**Recommended Treatment for Head Lice and/or Nits:**

*Head lice are spread by direct head to head contact with an infested person and/or by indirect contact with their personal belongings. Personal hygiene and cleanliness in the school or home environment has no impact on the transmission of head lice.*

1. **Treat active infestation of head lice/nits**

   ● Head lice are tan to grayish-white in color, size ranges from the size of a pinpoint to a sesame seed, they hold on tightly to the hair shaft and/or scalp with hook-like claws located at the end of six legs. Finding live head lice can be very difficult because they avoid light and crawl very quickly

   ● Because head lice can cause intense itching, encourage children not to scratch in attempts to prevent a secondary skin infection

   ● Treatment medicine/shampoo can be purchased at most stores without a prescription, natural products are available and prescription medication may be ordered by a Physician

   ● **Carefully** follow the container box, label and/or package insert before using any product. Some products contain insecticides and can be dangerous if misused or overused

Continued on back

Rev 2/2017
● In order for head lice treatment products to work effectively it is often recommended to avoid using a combination shampoo and conditioner or a conditioner before applying head lice shampoo/medicine, avoid re-washing the hair for 24-48 hours after the use of shampoo/medication, and avoid using a blow dryer on treated hair for 24 hours

● If crawling lice are seen after a full course treatment, it may be necessary to contact your health care provider

● All household members and bedmates should also be checked for the presence of head lice and/or nits

2. Nit removal

● Mature female head lice lay eggs, also called nits. Nits are usually located close to the scalp (usually within 6 mm) since they require body heat for insulation to live and mature. Nits are firmly attached to the base of the hair shaft with a glue-like substance. They are oval in shape, have smooth edges, and are grayish-white in color

● To help loosen the glue-like substance securing the nits to the hair shaft it is helpful to apply a vinegar solution to the hair for easier removal of nits (1/4 cup vinegar and 3/4 cups of water)

● Brush wet hair into divided sections, and comb each section thoroughly using a metal comb designed for nit removal and/or use thumb and forefinger, to pick or pull every nit from each individual hair shaft affected. Always use a bright light or full natural sunlight for better viewing. Discard of nits in a sealed zip-lock bag or wrapped firmly in several layers of paper

3. Follow Up

● Female lice can lay up to ten eggs/nits per day and typically hatch in eight to nine days. Once the nit hatches, it reaches adult stage within seven-twelve days. If an infestation is not treated, the head lice/nit cycle is most likely to repeat itself in three-four weeks

● It is essential to continue to check the hair for head lice and nits every two-three days for the first few weeks, then weekly for the next three-four weeks to ensure all lice and nits are gone and a re-infestation has not occurred

4. Supplemental measures: Even though head lice survive less than one-two days if they fall off a person and cannot feed, there are still steps that may help avoid re-infestation from head lice/nits that have recently fallen off

● Wash all articles that have come in contact with the hair using hot water and use a hot air cycle for articles that can be placed in the clothes dryer (bedding, clothing, towels, stuffed animals, jackets, hats, headgear, scarves, hair brushes, combs, etc.)

● Items that cannot be washed may be dry-cleaned or sealed in a plastic bag for twelve days

● Vacuum all areas where the child had contact (furniture, pillows, floor, car-seats, etc.)

Revised 2/2017
## HEAD LICE TRACKING LOG

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
<th>GRADE/TEACHER:</th>
<th>SENT HOME DATE:</th>
<th>CLEARANCE DATE:</th>
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</thead>
<tbody>
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<td>STUDENT NAME:</td>
<td>GRADE/TEACHER:</td>
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</tbody>
</table>
**Head Lice (Pediculosis) Dismissal or Clearance/Return Report**

Student: ______________________________________________________________

Dismissal Date: _______________  Clearance/Return Date: _______________

*The student may not return to school until they have been cleared by the School Health Technician/Clinic*

Homeroom Teacher: _________________________________  Grade: __________

School Health Technician/Clinic: ___________________________________________  
Signature

**School Board Policy 4.5036 and 5.5033: Head Lice Infestation**

A student who has been sent home with head lice and/or nits should return to school, free of head lice and/or nits, within two (2) calendar days; absences from school during the two (2) calendar days will be excused. For each occurrence of head lice and/or nits, absences beyond two (2) calendar days will be unexcused.

**Copies To:**  □ Guidance  □ Teacher  □ Other: _____________________________

**Head Lice (Pediculosis) Dismissal or Clearance/Return Report**

Student: ______________________________________________________________

Dismissal Date: _______________  Clearance/Return Date: _______________

*The student may not return to school until they have been cleared by the School Health Technician/Clinic*

Homeroom Teacher: _________________________________  Grade: __________

School Health Technician/Clinic: ___________________________________________  
Signature

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**Copies To:**  □ Guidance  □ Teacher  □ Other: _____________________________
Section IV: Teen Pregnancy

Procedure for Teen Pregnancy

Purpose: This procedure establishes guidelines for the School Health Nurses and school personnel to appropriately counsel and/or refer services for pregnant teens, teens suspecting pregnancy, or teenage parents.

Definitions:
- **Pregnant teen** - a teen with a positive pregnancy test or pregnancy diagnosis by a physician or licensed medical personnel.
- **Suspected teen pregnancy** - a teen reporting sexual activity with late or missed period or experiencing signs/symptoms of pregnancy.
- **Teen parent** – a school age student who is a mother or father who meets the compulsory school attendance age range.
- **WIC** - WIC is the special supplemental nutrition program for women, infants and children. WIC provides supplemental, nutritious foods for females that are pregnant, breastfeeding and postpartum women, infants, and/or children up to the age of five (5) who are at nutritional risk.
- **Healthy Start** - Healthy Start provides risk screening for all pregnant women and newborns in order to identify individuals at risk for poor health outcomes and to reduce those risks by providing specialized services.
- **Pregnancy Resource Center** - The Pregnancy Resource Center is a non-profit, non-sectarian, all volunteer organization that offers free pregnancy testing, confidential counseling, parenting classes, nutrition classes, maternity clothes, etc.

Procedure:
1. Identify students with suspected or confirmed pregnancy. Referrals may be made by:
   A. The School Health Technician will refer students meeting pregnancy criteria to the School Health Nurse.
   B. Consult with guidance department regarding possible referrals.
   C. Other school personnel
   D. Student - self referral or other
   E. Parent/Guardian
   F. Department of Health employee
2. The School Health Nurse will interview and assess student to determine needs.
   A. For suspected teen pregnancy
      1. Has teen been sexually active?
      2. Determine last menstrual period (LMP).
      3. Assess for pregnancy signs or symptoms (missed period, breast tenderness, nausea/vomiting, weight gain, feeling tired).
      4. If pregnancy has not been confirmed by medical personnel, assist in making appointment for evaluation.
5. Encourage communication with parent/guardian regarding pregnancy concerns.

B. For pregnant teen:
   1. If pregnancy has not been confirmed by medical personnel, assist in making appointment for evaluation.
   2. Encourage communication with parent/guardian regarding pregnancy concerns.
   3. Provide information on healthy behaviors including balanced diet, exercise, and rest.
   4. Discuss pregnancy warning signs/symptoms.
   5. Discourage smoking, alcohol and drug use including over-the-counter (OTC) medications.

C. For teen parents:
   1. Assess support system outside of the school environment.
   2. Assess what resources are already being utilized.

III. Documentation

A. Document encounter on School Health Nurse Progress Notes.
B. With student consent, health alert should be distributed to appropriate school staff. Refer to Pregnancy Health Alert.
STUDENT HEALTH ALERT
PREGNANCY

Student Name: ___________________________ Date: ____________

Teacher/Advisor: _______________________ Grade: ____________

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Actions</th>
</tr>
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<tbody>
<tr>
<td>If student complains of or you observe any of the following:</td>
<td>Bring student to the School Health Clinic as soon as</td>
</tr>
<tr>
<td>• Nausea/Vomiting</td>
<td>possible.</td>
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<tr>
<td>• Muscle cramps</td>
<td></td>
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<td>• Edema (swelling, mostly in feet/legs)</td>
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<tr>
<td>• Headache</td>
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<tr>
<td>• Toothache</td>
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<tr>
<td>• Difficulty breathing (Dyspnea)</td>
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<td>• Blurred vision</td>
<td></td>
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<tr>
<td>• Spotting or leaking of fluid</td>
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<tr>
<td>Other common problems: Itching, heartburn, fatigue, constipation,</td>
<td>If these become troublesome, refer student to the</td>
</tr>
<tr>
<td>hemorrhoids, varicose veins, and back pain.</td>
<td>School Health Clinic.</td>
</tr>
<tr>
<td>If student complains of severe cramping or pain, bleeding, difficulty</td>
<td>Immediately notify 911, principal or designee,</td>
</tr>
<tr>
<td>breathing, has seizure or becomes unconscious</td>
<td>parent/guardian and School Health Nurse.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Possible Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________</td>
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<td>___________</td>
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</tbody>
</table>

*Student should not take non-prescribed medication, smoke, drink alcohol or use drugs during pregnancy as they could affect the developing fetus.*

By my signature on this form, I acknowledge receipt of the Notice of Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for myself and/or child and to exchange medical information as necessary to support the continuity of care for myself and/or my child.

Signature: ___________________________ Date: ____________

DO NOT FILE IN STUDENT CUMMULATIVE SCHOOL HEALTH RECORD

Copies to: Guidance _____ Clinic _____ Administration _____ Teachers: ___________ ___________

Other: ______________
Section V: Asthma

Procedure for Recognizing and Responding to Asthmatic Events

Purpose: This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel to meet the health needs of a student or staff member experiencing asthma related events in the school environment.

Definitions: Asthma - Asthma is a chronic inflammatory disorder of the airways which causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and early morning. It is characterized by excessive sensitivity of the lungs to various stimuli and with physical exertion causing airflow obstruction.

Florida Statute 1002.20(3)(h) - allows students with proper authorization to carry on their person prescribed inhalant

Nebulizer - delivers medications, in mist form, directly into the lungs via air compressor (i.e., air pump)

Peak Flow Meter - a tool for objectively measuring the severity of airflow obstruction

Peak Flow Reading - is the fastest speed at which air is forced from the lungs after taking in a deep breath; this measurement is useful in detecting changes in the airways that signal a worsening of symptoms and/or improvement in breathing function and monitor response to treatment

Triggers - are stimuli that cause asthma episodes such as: respiratory infections, pollen, mold, animal dander, feathers, dust, food, vigorous exercise, sudden temperature changes, air pollution, fumes, strong odors, cigarette smoke, excitement, and/or stress

Procedure: I. Responsibilities in Asthma Management
   A. School Health Technician/paraprofessional
      1. Complete appropriate level of asthma education.
      2. Perform delegated asthma management/refer to Emergency Health Care Plan.
      3. Communicate with parent/guardian about acute asthma episodes.
      5. Assist with student use of inhaler, nebulizer treatments with masks, mouthpieces, or nasal cannula and cleaning after each use.
   B. School staff
      1. Administration
         a. Designate two staff members to receive training and provide child specific care as needed.
      2. Physical education faculty
         a. Collaborate with parent/guardian to identify appropriate activity level.
         b. Encourage exercise and participation in sports for students with asthma but, recognize and respect their limits/refer to Emergency Health Care Plan as appropriate.
      3. All school staff
a. Alert School Health Nurse of any asthma management or school attendance concerns.

b. Understand that special health arrangements may be necessary even during standardized testing period.

c. Follow student’s *Emergency Health Care Plan*.

C. School Health Registered Nurse (RN)

1. Provide appropriate level of individualized asthma education as appropriate and/or upon request.

2. Develop and maintain student Emergency Health Care Plan as needed.

3. Delegate and document child specific asthma management to trained and competent designees.

4. Obtain peak flow readings and implement action plan if indicated.

5. Communicate with parent/guardian about any difficulties in controlling asthma at school.

6. Act as a liaison between student’s health care provider, parent/guardian, and school staff.

7. Provide student health education about asthma to promote responsible self-care.

D. American Lung Association

1. Facilitate the acquisition of peak flow meters and disposable mouthpieces for each school.

2. Facilitate “Counting on You” and “Open Airways” programs for Pre-K and elementary students with asthma.
# Asthma Action Plan:

Peak Flow Best: ____________  Usual Peak Flow: ________________  (Range)

<table>
<thead>
<tr>
<th>NORMAL</th>
<th>CAUTION</th>
<th>EMERGENCY</th>
</tr>
</thead>
</table>
| Green Zone  
Greater than ____________  
1. Document reading on Student Medication Record  
2. Return to class | Yellow Zone  
Less than ____________  
1. Document reading on Student Medication Record  
2. Administer one (1) dose of authorized medication:  
   ____________  
3. Repeat peak flow reading in 20 minutes. | Red Zone  
Less than ____________  
1. Document reading on Student Medication Record  
2. Administer one (1) dose of authorized medication:  
   ____________  
3. Call 911  
   Contact parent/guardian and notify physician immediately  
4. Continue to monitor peak flow readings every five 5 minutes |
| If green zone:  
Return to class  
No exercise today  
Notify parent/guardian | If yellow zone:  
Call parent/guardian to take student home | If red zone:  
Call 911  
Contact parent/guardian and notify physician immediately |
Procedure for Responding to Seizures in the School Setting

**Purpose:** This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel to meet the health needs of a student with seizures in the school environment.

**Definitions:**
- **Epilepsy** - a brain disorder involving repeated seizures of any type; some types of epilepsy run in families.
- **Seizure** - a sudden change in behavior due to abnormal electrical activity in the brain; some of the most common causes include epilepsy, fever, infection, brain injury, or low blood sugar.

  **Common types of seizures include:**
  - **Petit Mal/Absence** - characterized by brief staring episodes
  - **Grand Mal/Tonic-Clonic/Generalized** - convulsions; body stiffening and loss of consciousness followed by shaking of the arms and legs (muscle rigidity and muscle contractions)
  - **Partial** - characterized by twitching or jerking in one part/side of the body, repetitive movements, turning of the eyes; partial seizures may spread to the whole brain and become Tonic-Clonic

- **Diastat** - Diazepam rectal gel is an emergency intervention drug used to control prolonged seizures and clusters of seizure activity.

- **Vagal Nerve Stimulation** - This therapy is designed to help prevent seizures by sending regular small pulses of electrical energy to the brain via the vagus nerve. This therapy consists of a device implanted in the chest wall with electrodes attached to the vagus nerve in the neck. The device is programmed to emit impulses regularly. However, additional impulses can also be generated by passing a magnet over the implant site in the chest. The student may utilize the magnet if he/she feels seizure activity coming on. The magnet may also be used by trained staff to stop seizure activity if the student is unable.

**Procedure:**

1. **Seizure Management**
   
   A. Develop a student Emergency Health Care Plan as needed for students identified as having a seizure disorder to be completed by the School Health Registered Nurse (RN).
      1. Distribute plan/notify appropriate personnel of a student's health care needs.
   
   B. Assure that at least two (2) staff members are trained to provide first aid for seizures.
      1. For convulsive seizures:
         a. Keep calm and reassure other students/staff.
         b. Prevent injury by moving near-by objects; don't hold or attempt to restrain movements; don't place any objects between the teeth; place student on his side to keep airway clear.
c. Time all seizure activity.
d. Call 911 if: convolution lasts longer than five (5) minutes or as directed by physician; student has repeated seizures; student is pregnant, diabetic, injured, or has no known seizure history; student has trouble breathing during/after the seizure; or if Diastat is used.
e. Notify parent/guardian and school administration or designee.

2. For non-convulsive seizures:
   a. Reassure/comfort the student as needed.
   b. Help to reorient the student.
   c. Note time and behaviors exhibited and then notify parent/guardian.
C. Document seizure on Daily Activity Log and Seizure Activity Log, if appropriate.

II. Administration of Diazepam Rectal Gel (Diastat) in the school setting.

The use of this drug should be limited to life-threatening convulsive seizure activity: convulsive seizures lasting greater than five (5) minutes or as directed by a physician or status epilepticus, which consists of repeated convulsive seizures without a return to consciousness between seizures.

A. Develop a student Emergency Health Care Plan for students prescribed Diastat for school use to be completed by the School Health Registered Nurse (RN).
   1. Distribute Emergency Health Care Plan to appropriate school personnel.
B. Assure that at least two (2) staff members are trained to administer Diastat.
C. Call 911 when Diastat is administered, notify school administration or designee.
D. Notify parent/guardian of seizure activity and of administration of Diastat.
E. Document seizure activity and drug administration on the student record.
F. Continue to monitor student until EMS arrives.
G. Give the Diastat container with the time of administration to EMS.

III. Use of Vagal Nerve Stimulation

A. Develop a student Emergency Health Care Plan for students with an implanted vagal nerve stimulator, VNS (completed by the RN).
   1. Distribute Emergency Health Care Plan to appropriate school personnel.
B. Assure that at least two (2) staff members are trained to apply the magnet over the VNS.
C. Maintain the magnet in a safe location, away from other magnetic sources. (i.e. televisions, computers, microwave ovens, etc.).
   1. Ensure that trained staff is aware of magnet location.
C. Maintain the magnet in a safe location, away from other magnetic sources. (i.e. televisions, computers, microwave ovens, etc.).
   1. Ensure that trained staff is aware of magnet location.
D. Document magnet use and any seizure activity on the student Cumulative School Health Record.
E. Call 911 if:
   1. Convulsive seizure lasts longer than five (5) minutes.
   2. Student has repeated seizures.
   3. Student has trouble breathing during/after a seizure.
SEIZURE FACT SHEET

Seizures can be **Generalized** (affecting the whole brain) or **Partial** (affecting part of the brain)

### Generalized

<table>
<thead>
<tr>
<th>1. Tonic-Clonic (grand mal)</th>
<th>convulsions, shaking, jerking and stiffness; loses consciousness</th>
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</thead>
<tbody>
<tr>
<td>2. Absence (petit mal)</td>
<td>has a blank stare, appears dazed or in a daydream; may blink or chew repeatedly</td>
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<tr>
<td>3. Atonic (drop attack)</td>
<td>falls or collapses suddenly, but may stand and walk again within a minute</td>
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<tr>
<td>4. Myoclonic</td>
<td>has sudden powerful movements of the arms, hands or torso</td>
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</table>

### Partial

<table>
<thead>
<tr>
<th>1. Simple partial</th>
<th>muscle twitching or jerking in one part of the body such as an arm, hand, or leg; you may see, hear, or smell things that aren’t there</th>
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<tbody>
<tr>
<td>2. Complex partial</td>
<td>may be confused, dazed, or not able to talk. Walks, but may appear clumsy, may pick at clothing or objects</td>
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</tbody>
</table>

### Basic seizure first aid:

- Stay calm and track time
- Keep child safe
- Do not restrain
- Do not put anything in the mouth
- Stay with child until fully conscious
- Record seizure in log/on record

### For Tonic-Clonic (grand mal) seizure:

- Protect head
- Keep airway open/watch breathing
- Turn child on side

### A seizure is generally considered an emergency when:

- A convulsive (Tonic-Clonic) seizure lasts longer than 5 minutes
- Student has repeated seizures without regaining consciousness
- Student has a first time seizure
- Student is injured or has diabetes
- Student has breathing difficulties
- Student has a seizure in water
## DIASTAT and DIASTAT ACUDIAL SKILLS CHECKLIST

<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
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<tbody>
<tr>
<td>1. Observe student for signs/symptoms of seizure activity (Note time of onset)</td>
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<tr>
<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.</td>
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<tr>
<td>3. Check medication expiration date, physician’s order, and student’s Emergency Health Care Plan</td>
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<td>4. Place student on left side</td>
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<tr>
<td>5. Provide privacy</td>
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<tr>
<td>6. Prepare Diastat for administration (If using Diastat AcuDial confirm dosage is visible and correct in display window and the green (ready) band is visible) - Remove cap - Lubricate tip with gel if not self-lubricating - Separate buttock - Insert tip into rectum - Inject Diastat slowly – count 1-2-3 - Hold applicator still – slowly count 1-2-3 - Remove applicator slowly - Hold buttocks together – slowly count 1-2-3</td>
<td></td>
</tr>
<tr>
<td>7. Stay with student until help arrives - Monitor respiratory status - Monitor seizure activity - Clear immediate area to prevent harm</td>
<td></td>
</tr>
<tr>
<td>8. Report the following to EMS - Appearance of seizure activity - Time seizure began and ended</td>
<td></td>
</tr>
<tr>
<td>9. Give the Diastat container with the time of administration to EMS</td>
<td></td>
</tr>
<tr>
<td>10. Document on appropriate form: time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived/transport</td>
<td></td>
</tr>
</tbody>
</table>

Instructor’s Name: ___________________________  (Please Print)  
Instructor’s Signature: ___________________________
Section VII: Diabetes

Procedure and Guidelines for Managing Diabetes in the School Setting

Purpose: The Santa Rosa County School District, the Santa Rosa County Health Department, Pediatric Services of America (PSA), the American Diabetes Association, and Nemours Pediatric Endocrinology Clinic, in conjunction with the Sacred Heart Hospital Diabetes Education Program, have approved this procedure that establishes guidelines for competently meeting the medical needs of a student with diabetes in the school environment.

Definitions: Refer to Glossary

*The following procedure pertains to guidelines for managing diabetes via an insulin pen or syringe. For students with an insulin pump, Refer to Guidelines for Managing Diabetes: Insulin Pump.

Procedure: I. School personnel and School Health personnel responsibilities:
   A. Staff education – School personnel must have an understanding of diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the School District and the School Health Nurse to implement annual training for each school that has a student with diabetes. Training should include a brief overview for all school based staff, in-depth training for all school based staff that has direct contact with the student; and individualized training to meet specific student needs.
   B. Obtain and follow Authorization for Diabetes Management Form and physician orders to include the physician’s and parent/guardian signatures.
      1. Only a School Health Registered Nurse (RN) or School Licensed Practical Nurse (LPN) may obtain verbal physician orders to facilitate management of the student with diabetes or to document a need for change in the student’s plan of care.
      2. Original signature is preferred for all physicians’ orders, but a faxed order may be accepted.
   C. A student specific Emergency Health Care Plan (EHCP) should be developed by a School Health Registered Nurse (RN).
      1. The School Health Registered Nurse (RN) should delegate a trained, competent school-based person(s) to follow the Emergency Health Care Plan and the Authorization for Diabetes Management Form and/or physician orders.
   D. Provide a safe, private, and accessible space for the finger-stick procedure and for the insulin administration.
      1. The School Health Clinic is the preferred site for these procedures.
      2. Alternative sites for diabetes management may be identified on the Emergency Health Care Plan with consideration of student safety, proximity of the classroom to the clinic, availability of appropriately trained staff, and the documented level of student competency responsibility.
E. Provide a trained, competent or licensed person to perform, assist with, or observe the blood glucose monitoring procedure and the insulin administration based on the student’s Self-Care Assessment. Refer to Authorization for Diabetes Management Form.

F. Unless physician or nursing documentation allows for the student to perform calculations and insulin administration independently, provide verification of insulin calculation and dosage with the School Health Nurse, the designated school personnel, or the parent/guardian prior to insulin administration.

G. Designated school personnel should be trained and knowledgeable of:
   1. Treatment of hypoglycemic emergencies
   2. Administration of emergency glucose source

H. Notify appropriate personnel of student health care needs. Notify parent/guardian as indicated on the action plan of the Authorization for Diabetes Management Form and/or the Emergency Health Care Plan.

I. Document glucose levels, presence of ketones, and amount of insulin administered on the Diabetic Monitoring Log; record student visit on the Daily Activity Log.

J. Provide carbohydrate counts of foods as documented through the School District’s Food Service Department.

K. Provide sharps containers for School Health Clinics.

L. Call for emergency help as needed.

*Medication Note – For the safety of all students, medications (pills, insulin, glucagon, etc.) shall be received in the original container, counted, and then stored under lock/key. The student specific Emergency Health Care Plan will note if a student will carry insulin/supplies or if the insulin/supplies will be kept in an alternate site other than the School Health Clinic.

II. Health care provider responsibilities
   A. Provide consultation in the development of and maintenance of the student health care needs and management.
   B. Complete Authorization for Diabetes Management Form upon diagnosis, on a yearly basis, and as needed for changes in diabetes management.
      1. Documentation includes the initial Self-Care Assessment of the student’s knowledge, skill level, and ability to self-manage care; whether the student needs assistance with care, or if the student is dependent for care.
   C. If applicable, complete additional insulin orders/Flexible Insulin Therapy (FIT) upon diagnosis, on a yearly basis, or as needed for changes in diabetes management.
   D. Provide phone order to the School Health Registered Nurse (RN) or School Licensed Practical Nurse (LPN) in order to facilitate management of student needs with diabetes and/or to initiate a change in the student’s plan of care/physician orders.
   E. Provide consultation in training and education of designated school-based providers.

III. Parent/guardian responsibilities
   A. Provide school with completed Authorization for Diabetes Management Form, to include physician signature and date. The form must also include the parent/guardian signature and date for parent/guardian permission.
1. The form will be provided upon diagnosis, updated at the beginning of each school year, and as needed to initiate change.

B. When applicable, provide the school with additional insulin orders/Flexible Insulin Therapy (FIT) upon diagnosis, at the beginning of each school year, and as needed to initiate change.

C. Notify the school of changes in diabetes orders that may affect medical management during the school day.

D. Participate in the development of the student’s Emergency Health Care Plan.

E. Meet with appropriate personnel to establish and maintain services.

F. Authorize physician to release medical information to appropriate school personnel as per Authorization for Diabetes Management Form.

G. Provide equipment and supplies needed for procedures, treatment and management of diabetic needs, to include hypoglycemic supplies, snacks, and medications.

H. Maintain the calibration of the blood glucose monitor used at school.

I. Provide the school with names and telephone numbers of people to be notified in case of uncertainty in management or in the event of an emergency.

J. Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative.

K. Accept financial responsibility for 911 calls and transportation to the hospital if needed.

IV. Student responsibilities

A. The student’s health care provider will determine the level of responsibility of diabetic care as indicated on the Authorization for Diabetes Management Form under the student’s Self-Care Assessment.

B. The parent/guardian, School Health Nurse, or school administration or designee may request re-evaluation of student’s competency whenever indicated.

C. Only the physician or the School Health Registered Nurse (RN) may update the student’s Self-Care Assessment.

D. Levels of care/responsibility

1. Self-Care – demonstrates competency, knowledge, skill, and ability to perform blood glucose monitoring and insulin administration independently. The student should be able to:
   a. Describe signs and symptoms of hypoglycemia.
   b. Verbalize plan for blood glucose level consistently.
   c. Utilize plan for blood glucose level.
   d. Perform blood glucose monitoring independently, including calibration of monitor to test strip when applicable.
   e. Check for ketones with blood glucose level of 300 or higher.
   f. Determine insulin dosage and administer insulin independently.
   g. Dispose of sharps and store equipment safely and correctly.
   h. Document test results and insulin dosage accurately, when applicable.

2. Assisted Care – exhibits competency at one or more tasks, but is not yet functioning independently. Student will need assistance from a trained, competent person; parent/guardian; or School Health Nurse. The student should be able to:
   a. Cooperate in all diabetes tasks at school.
b. Describe some signs and symptoms of hypoglycemia.
c. Follow plan for blood glucose levels, with assistance as needed.
d. Perform blood glucose monitoring, with assistance as needed.
e. Check for ketones with blood glucose level of 300 or higher.
f. Calculate, or attempt to learn calculations for insulin dosage; verify calculation of insulin dosage with parent/guardian or school-based person(s) unless physician or nursing documentation allows for student’s independence.
g. Self-administer insulin after verification of dosage on pen or syringe with designated personnel.
h. Dispose of sharps and store equipment safely and correctly.
i. Document test results and insulin dosage accurately, when applicable.

3. Dependent Care – student is unable to independently exhibit competency with tasks of performing blood glucose monitoring and insulin administration. The student will require a School Health Nurse to perform and manage care. The student should be able to:
   a. Cooperate in all diabetes tasks at school.
   b. Report to School Health Clinic for diabetes management needs.
   c. Cooperate in the delegation of nursing care to provide finger-stick monitoring, treatment of glucose levels, and the calculation/administration of insulin.

*Note: According to the American Diabetes Association children and youth should be allowed to provide their own diabetes care at school to the extent that is appropriate, based on the student’s development and his or her experience with diabetes.

Toddlers and preschool-aged children: Unable to perform diabetes tasks independently and will need an adult to provide all aspects of diabetes care.
Elementary school-aged children: Depending on the length of diagnosis and level of maturity, may be able to perform their own blood glucose checks, but usually will require supervision.
Middle school and high school-aged children: Usually able to provide self-care depending on the length of diagnosis and level of maturity but will always need help when experiencing severe hypoglycemia.
## ACTION PLAN FOR GLUCOSE LEVELS

<table>
<thead>
<tr>
<th>Glucose Level</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>60 mg/dl or Below</strong></td>
<td>Immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give Glucagon STAT. Call 911 and then call parent/guardian. Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating, or weakness). Do not leave the student alone! Recheck blood glucose in 15 minutes. *If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. *If no symptoms are present after 15 minutes, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.</td>
</tr>
<tr>
<td><strong>61 – 80 mg/dl</strong></td>
<td>Observe the student for symptoms (altered mental status, shakiness, sweating, or weakness). *If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. *If no symptoms are present, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.</td>
</tr>
<tr>
<td><strong>81 – 300 mg/dl</strong></td>
<td>The student should follow his normal routine.</td>
</tr>
<tr>
<td><strong>Above 300 mg/dl With Neg – Sm Ketones</strong></td>
<td>If the student has an insulin dose correction order, then give insulin if it has been 3 hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.</td>
</tr>
<tr>
<td><strong>Above 300 mg/dl With Mod – Lg Ketones</strong></td>
<td>Notify parent/guardian. Refer to Authorization for Administration of Medication Form for short acting insulin orders for moderate or large ketones. The student should return to class. Restrict physical activity. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Recheck blood glucose and ketones prior to student leaving school. Notify parent/guardian if ketones are still present.</td>
</tr>
</tbody>
</table>
SANTA ROSA COUNTY SCHOOL DISTRICT AUTHORIZATION FOR DIABETES MANAGEMENT FORM

**Student's Name:** (Last, First, M)  
**Birth Date:**  
**Medicaid #:**  
**Grade/Teacher:**  
**Parent/Guardian Emergency Phone #:**

### Part I. Student’s Self-Care Assessment (Provider to complete initially, School Health Nurse will update as needed).

<table>
<thead>
<tr>
<th>Students’ Competency:</th>
<th>Self-Care</th>
<th>Assisted Care</th>
<th>Dependent Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs Glucose Monitoring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determines Insulin Dosage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administers Insulin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II. Treatment Plan (To be Completed By Physician)

**Diagnosis:** Diabetes Mellitus,  
**Type 1**  
**Type 2**  
**Procedure:** Blood glucose monitoring by finger-stick. Check blood glucose before meals and as needed.

**ACTION PLAN FOR GLUCOSE LEVELS:**

- **60 mg/dl or below**  
  Immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give Glucagon STAT, call 911 and then call parent/guardian. Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes. If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. If no symptoms are present after 15 minutes, escort the student to the front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.

- **61 – 80 mg/dl**  
  Observe the student for symptoms (altered mental status, shakiness, sweating or weakness). If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes.

- **81 – 300 mg/dl**  
  The student should follow his normal routine.

- **Above 300 mg/dl**  
  If the student has an insulin dose correction order, then give insulin if it has been three (3) hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.

- **Above 300 w/ Neg – Sm Ketones**  
  Notify parent/guardian. Refer to Authorization for Administration of Medication Form for short acting insulin orders for moderate or large ketones. The student should return to class. Restrict physical activity. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Recheck blood glucose and ketones prior to student leaving school. Notify parent/guardian if ketones are still present.

### Part III. Authorization for Administration of Medications for Diabetes Mellitus

1. **Short Acting Insulin:** Humalog / Novolog / Regular (circle one)  
   **Dosage:**  
   **Administration Time:** At meals, special occasion snacks and as needed for Correction/Action Plan.  
   Note any untoward side effects: Hypoglycemia (Low blood glucose)

2. **Insulin Adjustment:** Insulin to Carbohydrate Ration: From 1 unit of Humalog/Novolog insulin for every ________ grams of carbohydrate to 1 unit for every ________ grams of carbohydrate eaten.  
   **Correction Factor:** From 1 unit of Humalog/Novolog insulin for every ________ mg/dl up to 1 unit for every ________ mg/dl above or below blood glucose target of 120 mg/dl.

3. **Glucagon:** Dosage: ________ mg subcutaneous.  
   **Time:** STAT as needed for severe hypoglycemia. Call 911 then parent/guardian.  
   Note any untoward side effects (nausea, vomiting, and elevated blood sugar).

### Part IV: PARENTAL PERMISSION (To be completed by Parent/Guardian) Form void if this section is incomplete.

I hereby request Santa Rosa County School District personnel, or its agents, to assist in Diabetes Management and administration of medications as listed above for my child as prescribed by the doctor. I understand that there is no liability on the part of the school district, its personnel, or agents, including school district and county health department personnel, for civil damages as a result of assisting with these procedures when the person acts as an ordinarily prudent person would have acted under the same or similar circumstances. I hereby authorize the exchange of medical information regarding my child’s treatment plan between the physician and school health personnel of this school district and county health department. If my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for these services. I consent for the school district to release and exchange my child’s confidential student information to agencies of the State of Florida and to bill Medicaid for these services each time a billable service is provided. This will allow the county public school to receive Medicaid Funding for services it provides my child.

**Parent/Guardian Signature:**  
**Date:**

Rev 06/05/2009
Procedure and Guideline for Managing Diabetes (Insulin Pump) in the School Setting

Procedure: I. School personnel and School Health personnel responsibilities
   A. Staff education – School personnel must have an understanding of diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the School District and the School Health Nurse to implement annual training for each school that has a student with diabetes. Training should include a brief overview for all school based staff, in-depth training for all school based staff that has direct contact with the student; and individualized training to meet specific student needs.
   B. Obtain and follow Diabetes Authorization for Insulin Pump Form/physician orders to include the physician’s and parent/guardian signatures.
      1. Only a School Health Registered Nurse (RN) or Licensed Practical Nurse (LPN) may obtain verbal physician orders to facilitate management of the student with diabetes or to document a need for change in the student’s plan of care.
      2. Original signature is preferred for all physicians’ orders, but a faxed order may be accepted.
      3. A student specific Emergency Health Care Plan (EHCP) should be developed by a School Health Registered Nurse (RN).
      4. The School Health Registered Nurse (RN) should delegate a trained, competent school-based person(s) to follow the Emergency Health Care Plan and the Diabetes Authorization for Insulin Pump Form/physician orders.
   C. Provide a safe, private and accessible space for the finger-stick procedure and for the insulin administration.
      1. The School Health Clinic is the preferred site for these procedures.
      2. Alternative sites for diabetes management may be identified on the Emergency Health Care Plan with consideration of student safety, proximity of the classroom to the School Health Clinic, availability of appropriately trained staff, and the documented level of student competency/responsibility.
   D. Provide a trained, competent or licensed person to perform, assist with, or observe the blood glucose monitoring procedure and the insulin administration based on the student’s Self-Care Assessment. Refer to Diabetes Authorization for Insulin Pump.
   E. Unless the physician or nursing documentation allows for the student to perform calculations and insulin administration independently, provide verification of insulin calculation and dosage with the School Health Nurse, the designated school personnel, or the parent/guardian prior to insulin administration.
   F. Designated school personnel should be trained and knowledgeable of:
      1. Treatment of hypoglycemic emergencies
      2. Administration of emergency glucose source
      3. Disconnection of the insulin pump
   G. Notify appropriate personnel of student health care needs. Notify parent/guardian as indicated on the action plan of the Diabetes Authorization for Insulin Pump Form and/or the Emergency Health Care Plan.
H. Document glucose levels, presence of ketones, and amount of insulin administered on the Diabetic Monitoring Log; record student visit on the Daily Activity Log.
I. Provide carbohydrate counts of foods as documented through the School District’s Food Service Department.
J. Provide sharps containers for School Health Clinics.
K. Call for emergency help as needed.

*Medication Note – For the safety of all students, medications (pills, insulin, glucagon, etc.) shall be received in the original container, counted, and then stored under lock/key. The student specific EHCP will note if a student will carry insulin/supplies or if the insulin/supplies will be kept in an alternate site other than the School Health Clinic.*

II. Health care provider responsibilities
A. Provide consultation in the development of and maintenance of the student health care needs and management.
B. Complete Diabetes Authorization for Insulin Pump Form upon diagnosis, on a yearly basis, and as needed for changes in diabetes management.
   1. Documentation includes the initial Self-Care Assessment of the student’s knowledge, skill level, and ability to self-manage care; whether the student needs assistance with care, or if the student is dependent for care.
C. If applicable, complete additional insulin orders/Flexible Insulin Therapy (FIT) upon diagnosis, on a yearly basis, or as needed for changes in diabetes management.
D. Provide phone order to the School Health Registered Nurse (RN) or Licensed Practical Nurse (LPN) in order to facilitate management of student needs with diabetes and/or to initiate a change in the student’s plan of care/physicians orders.
E. Provide consultation in training and education of designated school-based providers.

IV. Parent/guardian responsibilities
A. Provide school with completed Diabetes Authorization for Insulin Pump Form, to include physician signature and date. The form must also include the parent/guardian signature and date of permission.
   1. Form to be provided upon diagnosis, updated at the beginning of each school year and as needed to initiate change.
B. When applicable, provide the school with additional insulin orders/Flexible Insulin Therapy (FIT) upon diagnosis, at the beginning of each school year, and as needed to initiate change.
C. Notify the school of changes in diabetes orders that may affect medical management during the school day.
D. Participate in the development of the student’s Emergency Health Care Plan.
E. Meet with appropriate personnel to establish and maintain services.
F. Authorize the physician to release medical information to appropriate school personnel as per Authorization for Diabetes Management Form.
G. Provide equipment and supplies needed for procedures, treatment and management of diabetic needs, to include hypoglycemic supplies, snacks, and medications.
H. Maintain the calibration of the blood glucose monitor used at school.
I. Provide the school with names and telephone numbers of people to be notified in case of uncertainty in management or in the event of an emergency.

J. Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative.

K. Accept financial responsibility for 911 calls and transportation to the hospital if needed.

V. Student responsibilities

A. The student’s health care provider will determine the level of responsibility of diabetic care as indicated on the Diabetes Authorization for Insulin Pump Form under the student’s Self-Care Assessment.

B. The parent/guardian, School Health Nurse, or school administration or designee may request re-evaluation of student’s competency whenever indicated.

C. Only the physician or the School Health Nurse may update the student’s Self-Care Assessment.

D. Levels of care/responsibility

1. Self-Care – demonstrates competency, knowledge, skill and ability to perform blood glucose monitoring and insulin administration independently. The student should be able to:
   a. Describe signs and symptoms of hypoglycemia.
   b. Verbalize plan for blood glucose level consistently.
   c. Utilize plan for blood glucose level.
   d. Perform blood glucose monitoring independently, including calibration of monitor to test strip.
   e. Check for ketones with blood glucose level of 300 or higher.
   f. Determine insulin dosage and administer insulin independently.
   g. Troubleshoot insulin pump problems.
   h. Dispose of sharps and store equipment safely and correctly.
   i. Document test results and insulin dosage accurately, when applicable.

2. Assisted Care – exhibits competency at one or more tasks, but is not yet functioning independently. Student will need assistance from a trained, competent person; parent/guardian; or School Health Nurse. The student should be able to:
   a. Cooperate in all diabetes tasks at school.
   b. Describe some signs and symptoms of hypoglycemia.
   c. Follow plan for blood glucose levels, with assistance as needed.
   d. Perform blood glucose monitoring, with assistance as needed.
   e. Check for ketones with blood glucose level of 300 or higher.
   f. Calculate, or attempt to learn calculations for insulin dosage; verify calculation of insulin dosage with parent/guardian or school-based person(s) unless physician or nursing documentation allows for student’s independence.
   g. Self-administer insulin after verification of dosage on pen or syringe with designated personnel.
   h. Troubleshoot insulin pump problems, with assistance as needed.
   i. Dispose of sharps and store equipment safely and correctly.
   j. Document test results and insulin dosage accurately, when applicable.
3. Dependent Care – student is unable to independently exhibit competency with tasks of performing blood glucose monitoring and insulin administration. The student will require a skilled School Health Nurse to perform and manage care. The student should be able to:
   a. Cooperate in all diabetes tasks at school.
   b. Report to School Health Clinic for diabetes management needs.
   c. Cooperate in the delegation of nursing care to provide finger-stick monitoring, treatment of glucose levels, and the calculation/administration of insulin, troubleshoot insulin pump problems.

*Note: According to the American Diabetes Association children and youth should be allowed to provide their own diabetes care at school to the extent that is appropriate, based on the student’s development and his or her experience with diabetes.

**Toddlers and preschool-aged children**: Unable to perform diabetes tasks independently and will need an adult to provide all aspects of diabetes care.

**Elementary school-aged children**: Depending on the length of diagnosis and level of maturity, may be able to perform their own blood glucose checks, but usually will require supervision.

**Middle school and high school-aged children**: Usually able to provide self-care depending on the length of diagnosis and level of maturity but will always need help when experiencing severe hypoglycemia.
## ACTION PLAN FOR GLUCOSE LEVELS – INSULIN PUMP

<table>
<thead>
<tr>
<th>Glucose Level</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 mg/dl or Below</td>
<td>Immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give Glucagon STAT. If you have given glucagon, disconnect insulin pump, call 911 and parent/guardian. Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes. *If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. *If no symptoms are present after 15 minutes, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.</td>
</tr>
<tr>
<td>61-80 mg/dl</td>
<td>Observe the student for symptoms (altered mental status, shakiness, sweating, or weakness). *If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. *If no symptoms are present, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.</td>
</tr>
<tr>
<td>81-300 mg/dl</td>
<td>The student should follow his normal routine.</td>
</tr>
<tr>
<td>Above 300</td>
<td>If the student has an insulin dose correction order, then give insulin if it has been three (3) hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.</td>
</tr>
<tr>
<td>With Neg-Sm Ketones</td>
<td>Notify parent/guardian. Refer to Authorization for Administration of Medication Form for short acting insulin orders for moderate or large ketones. Student to take Insulin Correction by Insulin pen. Student should return to class. Restrict physical activity. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Student to take meal bolus by Insulin pen. Recheck blood glucose and ketones prior to student leaving school. Notify parent/guardian if ketones are still present. Self-care students should change infusion site.</td>
</tr>
<tr>
<td>Above 300 With Mod-Lg Ketones</td>
<td>Notify parent/guardian. Self-care students with supplies may reinsert infusion site. Recheck blood glucose in three (3) hours or next scheduled time, whichever occurs first. Student may take correction by insulin pen every three (3) hours if pump is malfunctioning or student is unable to reinsert infusion site.</td>
</tr>
<tr>
<td>Loss of infusion site/pump malfunction</td>
<td></td>
</tr>
</tbody>
</table>
SANTA ROSA COUNTY SCHOOL DISTRICT AUTHORIZATION FOR INSULIN PUMP

Student’s Name: (Last, First, M)  |  Birth Date:  |  Medicaid #:  |  Grade/Teacher:  |  Parent/Guardian Emergency Phone #: 

Part I. Student’s Self-Care Assessment (Provider to complete initially, School Health Nurse will update as needed).

<table>
<thead>
<tr>
<th>Students’ Competency:</th>
<th>Self-Care</th>
<th>Assisted Care</th>
<th>Dependent Care</th>
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<tr>
<td>Performs Glucose Monitoring</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Determines Insulin Dosage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administers Insulin</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part II. Treatment Plan (To Be Completed By Physician)

Diagnosis: Diabetes Mellitus  Type 1

Procedure: Blood glucose monitoring by finger-stick. Check blood glucose before meals and as needed.

**ACTION PLAN FOR GLUCOSE LEVELS:**

- **60 mg/dl or below**: Immediately give an emergency snack with simple sugars (e.g., 4 glucose tablets, 1 tube of glucose gel or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give Glucagon STAT. If you have given Glucagon, disconnect insulin pump, call 911 and parent/guardian. Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes. If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. If symptoms are present after 15 minutes, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.

- **61-80 mg/dl**: Observe the student for symptoms (altered mental status, shakiness, sweating or weakness). *If symptoms are present, immediately give an emergency snack with simple sugars (e.g., 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. If no symptoms are present, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.

- **81-300 mg/dl**
  - **Above 300 w/Neg-Sm Ketones**: If the student has an insulin dose correction order, then give insulin as it has been three (3) hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.

  - **Above 300 w/Mod-Lg Ketones**: Notify parent/guardian. Refer to Authorization for Administration of Medication for short acting insulin orders for moderate or large ketones. Student to take Insulin Correction by Insulin pen. Student should return to class. Restrict physical activity. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Student to take meal bolus by Insulin pen. Recheck blood glucose and ketones prior to student leaving school. Notify parent/guardian if ketones are still present. Self-care students should change infusion site.

- **Loss of infusion site/pump malfunction**: Notify parent/guardian. Self-care students with supplies may reinsert infusion site. Recheck blood glucose in three (3) hours or next scheduled time, whichever occurs first. Student may take correction by insulin pen every three (3) hours if pump is malfunctioning or student is unable to reinsert infusion site.

Part III. Authorization for Administration of Medications for Diabetes Mellitus

1. **Short Acting Insulin**: Humalog / Novolog / Regular (circle one) Dosage: ________
   Administration Time: At meals, special occasion snacks and as needed for Correction/Action Plan.
   Note any untoward side effects: Hypoglycemia (Low blood glucose)
   For Moderate or large ketones: Give correction factor + ________ units if it has been more than three (3) hours since last correction.

2. **Insulin Adjustment**: Insulin to Carbohydrate Ratio: From 1 unit of Humalog/Novolog insulin for every ________ grams of Carbohydrate to 1 unit for every ________ grams of carbohydrate eaten.
   Correction Factor: From 1 unit of Humalog/Novolog insulin for every ________ Mg/dl up to 1 unit for every ________ mg/dl above or below blood glucose target of 120 mg/dl.

3. **Glucagon**: Dosage: ________ mg subcutaneous. Time: STAT as needed for severe hypoglycemia. Call 911 then parent/guardian.
   Note any untoward side effects (nausea, vomiting, and elevated blood sugar).

Part IV. PARENTAL PERMISSION (To be completed by Parent/Guardian) Form void if this section is incomplete.

I hereby request Santa Rosa County School District personnel, or its agents, to assist in Diabetes Management and administration of medications as listed above for my child as prescribed by the doctor. I understand that there is no liability on the part of the school district, its personnel, or agents, including school district and county health department personnel, for civil damages as a result of assisting with these procedures when the person acts as an ordinarily reasonable prudent person would have acted under the same or similar circumstances. I hereby authorize the exchange of medical information regarding my child’s treatment plan between the physician and school health personnel of this school district and county health department. If my child is covered by Medicaid and receives health services under an IEP, I consent for the school district to bill Medicaid for these services. I consent for the school district to release and exchange my child’s confidential student information to agencies of the State of Florida and to bill Medicaid for these services each time a billable service is provided. This will allow the county school district to receive Medicaid Funding for services it provides my child.

Parent/Guardian Signature: ___________________________ Date: ____________

Print Physician/Provider Name & Address: ___________________________
Phone: ___________________________
Physician/Provider Signature: ___________________________ Date: _____________

12
Procedure and Guidelines for Using Glucagon as Emergency Response to Hypoglycemia

Purpose: This procedure establishes guidelines for the use of glucagon treatment as an emergency response for hypoglycemia in a student with diabetes in the school environment.

Procedure: I. Glucagon – a hormone produced by the body that stimulates the liver to raise the blood glucose level
   A. Available in an injectable form for use in diabetics
   B. Must have a health care provider medication order on file to administer

II. Indication for use of glucagon in the diabetic student
   A. Unconsciousness
   B. Seizure activity
   C. When student has low blood sugar and is unable to take liquid or food by mouth due to severe sleepiness, unresponsiveness, etc.

III. Instructions for use of glucagon
   A. Delegate someone to call 911 and parent/guardian; notify school site administration staff.
   B. Position the student lying down on his/her side in a safe area.
   C. Prepare the glucagon.
      1. Remove the flip off seal from the bottle of glucagon.
      2. Remove the needle protector from the syringe.
      3. Inject entire contents of the syringe into the bottle of glucagon.
      4. Shake the bottle gently until the glucagon dissolves and the solution becomes clear.
         a. Glucagon should not be used unless the solution is clear and of water-like consistency.
         b. Glucagon should be injected immediately after mixing.
      5. Draw up the appropriate dose (1 mg or 0.5mg, per physician’s order) of the solution into the syringe.
   D. Cleanse the injection site on buttock, arm, or thigh with alcohol.
   E. Insert the needle into the loose tissue under the cleansed skin area and then inject the glucagon solution.
   F. Withdraw the needle and apply light pressure at the injection site.
   G. Keep the student in a side-lying position in case of vomiting.
   H. The blood sugar should rise at least 50-75 mg/dl within 15 - 20 minutes.
   I. Feed the student as soon as he/she awakes and is able to swallow.
Ketoacidosis

Definition: Hyperglycemic episodes may result in a serious condition called diabetic Ketoacidosis. This condition happens when insulin levels are far less than the body’s need. This may occur because of illness or taking too little insulin. The body starts using stored fat for energy. Ketosis is the build-up of ketone bodies in the blood and urine. If uncorrected, in just a few hours, acid levels can rise in the blood causing Ketoacidosis. Fluids and insulin must be given quickly since Ketoacidosis can lead to coma and even death.

Onset: can be rapid and lead to severe illness or even death

Symptoms: may include dehydration, vomiting, dizziness, abdominal pain, drowsiness, headache, fruity breath, and/or labored breathing

Treatment: Follow guidelines/physician order on Authorization for Administration of Medication Form

I. Check for Ketones if the blood glucose level is 300 or higher.

II. Above 300 w/Negative to Small Ketones: If the student has an insulin dose correction order, then give insulin if it has been three (3) hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.

III. Above 300 w/Moderate to Large Ketones: Notify parent/guardian. Refer to Authorization for Administration of Medication Form for short acting insulin orders for moderate or large ketones. The student should return to class. Restrict physical activity (increased physical activity can cause blood glucose to become more elevated and result in further ketone development). Recheck blood glucose and ketones at the next scheduled time or in three (3) hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Recheck blood glucose and ketones prior to student leaving school. Notify parent/guardian if ketones are still present.
Carbohydrate Counting

Because carbohydrates affect blood glucose levels more than any other nutrient, they are the major focus of most meal planning approaches. Research has shown no benefit to blood glucose control from avoiding sweets or foods with sugar as long as the carbohydrates are counted. Many sugar-free products such as cookies, candies, and ice cream contain similar amounts of carbohydrates as their regular counterparts. Use of regular products in appropriate portions is preferable.

- Counting carbohydrates by grams involves using food labels and tables to find the amount of carbohydrates in foods.
- A “carbohydrate choice” is the amount of food that contains 15 grams of carbohydrates.

Carbohydrate to Insulin Ratio:

This can be thought of as a variable carbohydrate counting approach. It is the amount of rapid or short acting insulin that is given just before eating, and is calculated based on the amount of carbohydrates by a pre-determined formula. While this approach requires a bit more effort, it affords the student the most flexibility in eating amounts and times, and can lower the risk of low blood glucose.

When carbohydrates are eaten at meals or snacks, the amount of insulin needed can be determined by using the insulin to carbohydrate ratio. This is a pre-determined estimate of how much carbohydrate intake (in grams) one unit of insulin will cover. Often this is expressed as one (1) unit of insulin for every $X$ grams of carbohydrates. An example would be one (1) unit for every five (5) grams of carbohydrates eaten. This ratio will vary from student to student and sometimes from meal to meal.

Typically the dose is given before the meal or planned intake. In some cases it may be better to wait until the food is eaten to calculate insulin dosage based on an actual amount.

To determine the bolus needed, one would determine the total carbohydrates in the food to be eaten and divide it by the number of grams one (1) unit is expected to cover. The answer would be the number of units of rapid or short acting insulin (Humalog, Novolog, or Regular) needed to cover the food the student will be eating.

**Sample Calculation:**

The student’s insulin to carbohydrate ratio is **1:15**

The student is going to eat **57** grams of carbohydrates

$\frac{57}{15} = 3.8 \text{ units}$ is the dose for carbohydrate coverage
Correction Dose:

An extra insulin dose or bolus is used to correct high blood glucose levels back into target range. A common target is 80 to 150. The target could also be stated as a single number, e.g. 120. The target range (or number) will vary depending on the student and the diabetes health care team.

Often the correction dose is calculated using a formula that has been provided specifically for that student. This correction formula may also be referred to as a “sensitivity” or “supplemental insulin” formula.

The first step is to subtract the number indicated from the actual blood sugar value. This is done to correct the blood glucose down to or within the target range, not to zero.

Next the result is divided by the correction/sensitivity factor. This reflects how much one (1) unit of insulin is expected to drop the blood glucose level or how “sensitive” the student is to insulin. This factor is also student specific and may change from time to time.

Sample Calculation:

The student’s blood glucose target is 150 and the correction factor is 50
The high blood glucose correction formula is
Blood Glucose reading \( X - 150 = \frac{X}{50} = X \) units of insulin to be given
The student’s blood glucose is 315
315-150 = 165 ÷ 50 = 3.3 units insulin

**IMPORTANT NOTE:** Correction factor cannot be used more frequently than every three (3) hours unless specifically ordered by physician.

Low Blood Sugar Correction Dose/Formula:

Some students may also use a correction formula to manage a low blood glucose occurring at the time of a meal instead of using glucose tablets or juice. A child with a low blood sugar may also have difficulty calculating a correction and should have assistance and or supervision to use this method.

Sample Calculation:

The student’s blood glucose target is 150 and the correction factor is 50
Low blood glucose formula for the student is
Blood Glucose reading \( X - 150 = \frac{X}{50} = X \) (negative number) units insulin to be taken away (negative number) from the carbohydrate bolus dose
The student’s blood glucose level is 65 just before lunch
65 – 150 = -85 ÷ 50 = -1.7 units (note the negative number)

This amount is taken away (negative number) from the bolus to be given for the meal or snack, resulting in a smaller bolus (because of the negative number).
The low blood glucose correction method can be difficult to use at school if it takes several minutes of walking to get food and begin eating. There also needs to be some carbohydrates in the meal or snack, which should be consumed first. Otherwise, it would be best to treat the low blood glucose level with 15 grams of fast-acting glucose where and when the reading or symptoms occur in order to prevent blood glucose levels from dropping lower.
Special Alert for Insulin Calculation

Procedure:  I.  Rules for rounding insulin dosages

A.  If using Novo Pen Jr.
   a.  0.3 or 0.4 → round up to 0.5 units
   b.  0.7 or higher → round up to 1 unit

B.  If using a regular pen or syringe
   a.  0.5 or higher → round up to 1 unit

II.  If blood glucose reading is “HHH”, instruct student to wash hands and recheck blood sugar. If reading is still “HHH”, use the number 500 for calculating the correction factor.

III.  If student fails to check blood glucose reading prior to eating a meal, do not use correction factor.

   A.  Only administer insulin to cover carbohydrate intake.
   B.  Notify parent/guardian.

IV.  Correction factor cannot be used more frequently than every three (3) hours unless specifically ordered by physician.

   A.  When students eat a special snack or an early meal (i.e. half days), only use carbohydrate ratio for calculating insulin dose.

V.  If blood sugar level is 60 or below at mealtime

   A.  Follow action plan for glucose levels.
   B.  Use the last blood glucose level obtained for calculating insulin dosage if blood sugar is checked more than once.
   C.  Include all carbohydrates consumed after the last blood glucose level was obtained to calculate the insulin dosage.
   D.  If confused or uncertain, call the School Health Supervisor/Nurse.

VI.  Students consuming a carbohydrate free snack or a snack with less than five (5) grams of carbohydrates will not require insulin coverage.
# DIABETES SKILLS CHECKLIST

**Trainee’s Name:**  
**Date:**  

**Trainee’s Signature:**  
**Trainee’s Initials:**

### DOCUMENTATION

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Trainee’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization for Diabetes Management Form</td>
<td></td>
</tr>
<tr>
<td>Emergency Health Care Plan (EHCP)</td>
<td></td>
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<tr>
<td>Blood Glucose Monitoring Log</td>
<td></td>
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<tr>
<td>Insulin/Carbohydrate Worksheet</td>
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<tr>
<td>Dispersion of Medication Form</td>
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</tbody>
</table>

### AUTHORIZATION FOR BLOOD GLUCOSE MONITORING

<table>
<thead>
<tr>
<th>Authorization</th>
<th>Trainee’s Initials</th>
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</thead>
<tbody>
<tr>
<td>Knowledge and understanding of action plan for glucose levels</td>
<td></td>
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<tr>
<td>Physician and parent/guardian signature</td>
<td></td>
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</tbody>
</table>

### HYPOGLYCEMIA/HYPERGLYCEMIA

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Trainee’s Initials</th>
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<tbody>
<tr>
<td>Signs and symptoms of low blood glucose (symptoms vary from person to person but generally remain consistent for an individual): hunger, anxiety, flushing, sweating, palpitations, fast heartbeat, tremors, shaking, impaired or blurred vision, dizziness, weakness/fatigue, headache, irritability, personality change, uncharacteristic behavior, introverted behavior, and/or aggressive behavior. Symptoms can progress to unconsciousness, coma or seizures if left untreated For Treatment: refer to Procedure &amp; Guidelines for Managing Diabetes in the School</td>
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<tr>
<td>Signs and symptoms of high blood glucose: extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, and/or decreased healing Treatment refer to Procedure &amp; Guidelines for Managing Diabetes in the School Setting</td>
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<tr>
<td>Signs and symptoms of untreated ketonuria: nausea, vomiting, abdominal pain, rapid breathing, dehydration, lethargy, and ultimately ketoacidosis Treatment refer to Procedure &amp; Guidelines for Managing Diabetes in the School Setting</td>
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### PROCEDURE FOR BLOOD GLUCOSE MONITORING

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Trainee’s Initials</th>
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<tbody>
<tr>
<td>Wash hands and have the student wash their hands</td>
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<tr>
<td>Gather equipment (lancet, gloves, cotton ball, monitor, strips, and sharps)</td>
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<td>Put on disposable gloves if assisting/performing student care</td>
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<tr>
<td>Turn on monitor; ensure test strip code matches if applicable</td>
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<tr>
<td>Obtain blood specimen by finger-stick; encourage using side of finger near finger pad</td>
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<tr>
<td>Place blood on test strip, then cover finger with cotton ball to stop bleeding</td>
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<tr>
<td>Allow monitor to determine reading and if needed, assist student with treating blood sugar results by following guidelines on the Diabetic Authorization/Emergency Health Care Plan</td>
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<tr>
<td>If student is independent with skill, allow him/her to remove and dispose of lancet in sharps container. If student is assist care or dependent care, cautiously remove lancet and place in sharps container</td>
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<tr>
<td>Document findings and treatment on the Diabetic Monitoring Log and on the Daily Activity Log</td>
<td></td>
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</table>

**Rev 05/15/2013**
**INSULIN**

Recommended storage for insulin pens at room temperature:
- Humalog: Opened – 29 Days, Un Opened – Expiration Date
- Novolog: Opened – 28 Days, Un Opened – Expiration Date

Recommended storage for vials:
- Vials: Opened – 28 Days, Un Opened – Expiration Date
- Refrigerate when possible

Verify insulin dosage prior to self-administration / nurse-administration

**NEEDLES**

Needles to be disposed of in sharps container

**GLUCAGON**

Observe student for signs of unresponsiveness
- Call 911 and parent/guardian; notify school site administration staff
- Place student on his/her side
- Prepare Glucagon Injection according to directions
- Withdraw Glucagon from vial
- Cleanse area of skin with alcohol
- Administer subcutaneous Injection
- Provide snack as soon as student is able to eat safely
- Document on appropriate form

**URINE KETONE TESTING**

*Refer to Authorization for Blood Glucose Monitoring* for guidelines
- Verify expiration date on bottle
- Date bottle when opened
- For open bottles, do not use past the expiration date on the label instructions
- Do not remove desiccant from bottle
- Do not touch test area of test strip
- Replace bottle cap immediately and tightly
- Read results fifteen (15) seconds after urine applied
- Compare test area of strip to color chart on bottle for results

**DISCONNECTING THE INSULIN PUMP**

Wash hands
- Follow guidelines on Diabetic Authorization/Emergency Health Care Plan
- Review insulin pump instructions/booklet for guidelines on student specific pump
- Disconnect pump
- Gather Glucagon for immediate availability in case student becomes unconscious or unable to eat by mouth
- Notify parent/guardian of pump disconnection and review blood glucose readings
- Document findings and treatment on Diabetic Monitoring Log and on Daily Activity Log

Instructor’s Name: ____________________________
(Please Print)

Instructor’s Signature: ____________________________

Rev 05/15/2013
DIABETIC MONITORING LOG

Student Name:  

Correction Factor:  
- 1 unit of insulin for every _____ mg/dl above or below blood glucose target of _______

Insulin to Carbohydrate Ratio:  
- 1 unit of insulin for every _____ grams of carbohydrate eaten.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>FSBS</th>
<th>Ketones</th>
<th>Carb Count</th>
<th>Insulin for FSBS</th>
<th>Insulin for Carb Count</th>
<th>Total InsulinDosage</th>
<th>Snack/Comment</th>
<th>Outcome</th>
<th>Initial</th>
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Initial: / Signature:  

Codes for Outcome:
- PC – Parent/Guardian Called
- SH – Sent Home
- RC – Return to Class
- ER – Emergency Response

Print Front & Back
DIABETIC MONITORING LOG

Student Name: ___________________________________________________________

Correction Factor:
• 1 unit of insulin for every _____ mg/dl above or below blood glucose target of ______

Insulin to Carbohydrate Ratio:
• 1 unit of insulin for every _____ grams of carbohydrate eaten.

<table>
<thead>
<tr>
<th>Date/Time</th>
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Initial: / Signature: ____________________________________________________________

Codes for Outcome:
PC – Parent/Guardian Called
SH – Sent Home
RC – Return to Class
ER – Emergency Response

Print Front & Back
DIABETES: School Supply List

Authorization for Diabetes Management Form, Flexible Insulin Therapy (FIT) and Emergency Health Care Plan (EHCP)

___ Blood Glucose Meter

___ Back-Up Batter for Meter

___ Test Strips

___ Lancets

___ Lancing Device/pen

___ Alcohol Swabs/Antiseptic Wipes

___ Cotton Balls

___ Ketone Test Strips

___ Glucose Tabs

___ Glucose Gel or Cake Icing Gel

___ Snacks

___ Glucagon Emergency Kit

___ Insulin

___ Insulin Pen/Syringes
REQUEST FOR INSULIN ADJUSTMENT

Student Name: ________________________________

*Any request for changing carbohydrate ratio and/or correction factor must stay within the ranges prescribed by the physician on the Authorization for Diabetes Management Form.

**Insulin to Carbohydrate Ratio:**

☐ Breakfast: 1 unit of insulin for every _______ grams of carbohydrate eaten.

☐ Lunch: 1 unit of insulin for every _______ grams of carbohydrate eaten.

**Correction Factor:**

☐ Breakfast: 1 unit of insulin for every _______ mg/dl above or below blood glucose target.

☐ Lunch: 1 unit of insulin for every _______ mg/dl above or below blood glucose target.

_________________________  __________________________
Parent/Guardian Signature  Date
# Carb Consumption Worksheet

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Amount of Food Item Eaten</th>
<th>Student Name:</th>
<th>Amount of Food Item Eaten</th>
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<tbody>
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INSULIN/CARBOHYDRATE WORKSHEET

NAME: ________________________________  DATE: ________________________________

(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: ________
Goal Blood Sugar: ________

Total: ________  ÷ ________ = ________

(Correction Factor)

Food Product/Amount:

Carb Count:

Total Carbohydrate Count:

Total Carbohydrate Count: ________  ÷ ________ = ________

(Insulin Dose)  +  (Insulin Dose) = Total Insulin Dosage: ________ Rounded To: ________

Comments: ________________________________________________________________

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

DATE: ________________________________

(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: ________
Goal Blood Sugar: ________

Total: ________  ÷ ________ = ________

(Correction Factor)

Food Product/Amount:

Carb Count:

Total Carbohydrate Count:

Total Carbohydrate Count: ________  ÷ ________ = ________

(Insulin Dose)  +  (Insulin Dose) = Total Insulin Dosage: ________ Rounded To: ________

Comments: ________________________________________________________________

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

Rev 05/15/2013
INSULIN/CARBOHYDRATE WORKSHEET

NAME: ___________________________ DATE: ___________________
(Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: ________
Goal Blood Sugar: - ________
Total: ________ ÷ ________ = _____ Insulin Dose

Food Product/Amount: ________________________________________________
                       ________________________________________________
                       ________________________________________________
                       ________________________________________________
                       ________________________________________________

Total Carbohydrate Count: ____________________________________________

Total Carbohydrate Count: ________ ÷ ________ = _____ Insulin Dose
(Insulin Dose) + (Insulin Dose) = Total Insulin Dosage: _____ Rounded To: _____

Comments: __________________________________________________________

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.

Rev 05/15/2013

DATE: ___________________________ (Refer to Diabetic Monitoring Log for Time)

Finger-Stick Blood-Sugar: ________
Goal Blood Sugar: - ________
Total: ________ ÷ ________ = _____ Insulin Dose

Food Product/Amount: ________________________________________________
                       ________________________________________________
                       ________________________________________________
                       ________________________________________________
                       ________________________________________________

Total Carbohydrate Count: ____________________________________________

Total Carbohydrate Count: ________ ÷ ________ = _____ Insulin Dose
(Insulin Dose) + (Insulin Dose) = Total Insulin Dosage: _____ Rounded To: _____

Comments: __________________________________________________________

☐ Parent/guardian and student reviewed math calculations and/or insulin dosage.
# DAILY DIABETES SCHOOL ASSESSMENT TIME
## SCHEDULE/WORKSHEET

**Student Name:**

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<thead>
<tr>
<th>SCHOOL DAYS:</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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Procedure for Creating and Maintaining a Diabetes Workbook

Purpose: This procedure establishes guidelines for the creation and maintenance of a diabetes workbook that will be kept in the School Health Clinic.

Procedure: I. Supplies needed

   A. Notebook, 3-ring binders work well
   B. Exterior label
   C. Multiple sections, with dividers and labels
   D. Clear sleeves/page protectors for protecting forms (if available)

II. General documentation guidelines

   A. Each diabetic student's documentation should be filed in alphabetical order by last name.
   B. Most recent documentation should be kept on top.
   C. All discontinued physician orders or Emergency Health Care Plans should be removed from working sections of the binder.

III. The first section of the binder

   A. Should include general information that will apply to all diabetic students. Information may include, but is not limited to:
      1. How glucagon can save your life
      2. Treating lows by age
      3. Symptoms of hypoglycemia
      4. Symptoms of hyperglycemia
      5. Guidelines on use of Insulin pen

IV. The remaining sections are specific, with each diabetic student having a labeled and subdivided section.

   A. A student's section should be labeled with the student's name.
   B. Each student's section should contain the following five labeled subsections.
   C. Only the physician or the School Health Nurse may update the student's levels of care/responsibility.
      1. Authorization for Diabetes Management Form, Flexible Insulin Therapy Orders (FIT), and the Emergency Health Care Plan (EHCP)
      2. Diabetic Monitoring Log
      3. Insulin/Carbohydrate Worksheet, if applicable
      4. Dispersion of Medication and Individual Medication Administration Forms
      5. School Health Nurse Progress Notes

*Note: A copy of the Emergency Health Care Plan for a diabetic student should be kept in both the Diabetes Workbook, as well as in the Health Care Plan binder in the School Health Clinic. Additionally, copies of the Medication Dispersion Forms for glucagon, etc., should be filed in the Diabetic Workbook as well as in the binder with the other medication forms for the School Health Clinic. Duplication of these forms will ensure easy access in case of an emergency situation.
Diabetes: Legal Aspects

Overview: Federal laws that protect children with diabetes consider diabetes a condition that interferes with the educational experience; it is considered a disability. Any school that receives federal funding must reasonably accommodate the special needs of children with diabetes. The required accommodations should be provided within the student's usual school setting with as little disruptions to the school's and the student's routine as possible. Federal law requires an individualized assessment of any child with diabetes. The required accommodations should be documented in a written plan developed under the applicable federal law such as a Section 504 Plan or Individualized Education Program (IEP).

References:
Section 504 of the Rehabilitation Act of 1973
http://ed.gov/about/offices/list/ocr/504faq.html

Individuals with Disabilities Education Act
http://ed.gov/about/offices/list/ocr/504faq.html

Americans with Disabilities Act
www.ed.gov/ocr/disability.html

Child with a Disability
http://ed.gov/about/offices/list/ocr/504faq.html

American Diabetes Association
www.diabetes.org

National Association of School Nurses
http://www.nasn.org

Nurse Practice Act (2001). Chapter 464 Florida Statutes
http://www.flsenate.gov/statutes/index.cfm?App

Nurse Practice Act:

The Nurse Practice Act, Chapter 464 F.S., regulates the practice of nurses in Florida. In section 464.003(3)(a) the “practice of professional nursing” is defined as “the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but are not limited to:

I. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others,

II. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments,
III. The supervision and teaching of other personnel in the theory and the performance of any of the above acts”.

The Florida Department of Health School Health Program recommends that special care needs to be taken when delegating diabetes related services to unlicensed assistive personnel. The School Health Registered Nurse (RN) is responsible for training and monitoring the individual designated to perform these services (s.1006.062 F.S.).

Unsafe Delegation:

In keeping with the Nurse Practice Act (Chapter 464 F.S.), the delegation rule (64B9-14 F.A.C.), and position statements from the National Association of School Nurses, delegating diabetes related tasks to unlicensed assistive personnel in the following circumstances would be considered unsafe, and should not be done:

I. When students are newly diagnosed and the Emergency Health Care Plan has not been written or approved
II. When the student is medically fragile with health complications or multiple health problems that require nursing assessments before performing any authorized task
III. When the student has a history of non-compliance with treatment plans or following local guidelines and safety precautions, therefore making standing orders subject to frequent changes pending nursing assessments
IV. When the student who has been authorized to function independently by the health care provider cannot consistently demonstrate competence in diabetes related tasks in the school setting, these students must be referred back to the health care provider for further evaluation and training before delegating their care to an unlicensed assistive person.
V. When the unlicensed assistive person has not been trained or has not demonstrated competence in the assigned activity/task

Safe Delegation:

The School Health Registered Nurse (RN) should use professional judgment and consider the following criteria to determine when and to whom to delegate diabetes related health care services. For the student who needs assistance with some or all of the diabetes related services:

I. An Emergency Health Care Plan written by the School Health Registered Nurse (RN) and approved by the parent/guardian should be in place.
II. The School Health Registered Nurse (RN) has received specific written orders related to sliding scale dose administration of insulin from the health care provider in charge of the medical management. The School Health Registered Nurse (RN) should request that, whenever possible the prescribed method of insulin administration be by pump or pen to limit the potential for medication errors related to drawing up insulin into a syringe. The School Health Registered Nurse (RN) has arranged to be available for supervision, monitoring and consultation in an emergency.

III. The delegated, unlicensed assistive person has completed an initial, in-depth diabetes related training and is willing to participate in ongoing related training, as well as student-specific training.

IV. The delegated unlicensed assistive person has demonstrated competence in blood glucose monitoring and insulin administration.

V. The delegated unlicensed assistive person has demonstrated competence in recognizing the signs and symptoms of hypoglycemia or hyperglycemia and in responding with the student specific interventions, including if necessary, glucagon injections.

VI. The delegated unlicensed assistive person has demonstrated competence in carbohydrate counting and insulin dose calculation based on anticipated carbohydrate intake if required by a student specific Emergency Health Care Plan.

VII. The delegated unlicensed assistive person has a history of only providing services that are within the range of knowledge, skills, and abilities for the position.

VIII. The delegated unlicensed assistive person is certified in Cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).
Diabetes Glossary of Terms

**Blood Glucose Level:** the amount of glucose or sugar in the blood obtained by monitoring/testing the student by using a drop of their blood and a specially calibrated device

**Bolus:** a dose of insulin delivered when a student eats or to lower high blood glucose levels in response to a high blood glucose reading

**Carbohydrate Counting:** the method of calculating the number of grams of carbohydrates in the food a student eats

**Correction Factor:** 1 unit of insulin for every ______ mg/dl points that the blood sugar is above or below (the/target blood sugar)

**Delegation:** the transference of authority to a competent individual to perform a selected task or activity in a selected situation

**Diabetes:** a chronic condition in which the body cannot properly metabolize glucose

- **Type 1:** Most common type in children
  - An auto-immune disease
  - Pancreas produces very little or no insulin

- **Type 2:** More common in adults
  - Pancreas can make insulin, but either doesn’t make enough or the insulin is not used efficiently

**Diabetic Ketoacidosis (DKA):** high blood glucose values (above 250 mg/dl) with the presence of persistent large amounts of ketones resulting in the blood becoming acidic which occurs as a result of not enough insulin; people with DKA usually complain of nausea, vomiting, abdominal pain, rapid breathing and sometimes have a “fruity” odor on their breath; students in this condition need immediate insulin and medical attention

**Glucagon:** a hormone produced in the pancreas that raises the level of glucose in the blood; also available as an injection that may be given to a diabetic in an emergency to raise extremely low blood glucose levels

**Glycosylated Hemoglobin (HbA1c):** the two (2) to three (3) month average of blood glucose values expressed in percent; the normal range varies with different labs and is expressed in % (such as 4-6%)

**Goal Blood Sugar:** target blood sugar (number assigned by physician)

**Hyperglycemia:** a condition in which blood glucose levels rise to an unacceptable level and may occur due to an imbalance of food, exercise and/or insulin; symptoms may include: excessive thirst, dry mouth, frequent urination, headache, fatigue, and blurred vision
**Hypoglycemia**: a condition in which blood glucose levels are low; symptoms may include: behavioral changes, pale complexion, hunger, sweating, sudden weakness, headache, confusion, a dazed look, drowsiness, non-responsiveness to questions; if untreated, may lead to: seizures, convulsion, or loss of consciousness

**Emergency Health Care Plan (EHCP)**: a student specific plan of care developed by the School Health Registered Nurse (RN) describing the way health related services will be provided to specific students in the school setting

**Insulin**: a hormone secreted by the islet cells in the pancreas that allows the body’s cells to absorb glucose for energy; used as a medication when the body does not make enough insulin to maintain proper blood glucose levels

**Insulin to Carbohydrate Ratio**: 1 unit of insulin for every ____ grams of carbohydrates eaten

**Licensed Practical Nurse (LPN)**: any person licensed in this state to practice practical nursing

**Ketones**: the chemical produced by the body when a person has high blood glucose levels and not enough insulin to metabolize the glucose

**Mg/dl - Milligrams per deciliter**: a unit of measurement used in blood glucose monitoring to describe how much glucose is in a specific amount of blood

**Non-Medical Assistive Personnel**: an individual who has been trained and delegated to perform health related services for students while they are in school

**School Health Registered Nurse (RN)**: a professional registered nurse, licensed to practice in Florida who is employed by the local county health department or the local school district through a community based agency

**Sliding Scale**: a medical order for adjusting the insulin dose on the basis of blood glucose monitoring sometimes referred to as supplemental insulin or a correction dose; in some cases the amount of insulin to be given is calculated with a simple mathematical formula specific to the student

**Supervision**: the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity provided by unlicensed assistive personnel

**Universal Blood & Body Fluid Precautions**: measures intended to prevent the transmission of Hepatitis B, Human Immunodeficiency Virus (HIV) and other infections, as well as decrease the risk of infection for health care providers and students; it is not currently possible to identify all infected persons; therefore, blood and body fluid precautions must be used with every student, regardless of medical diagnosis

**Unlicensed Assistive Personnel**: unlicensed persons who have been assigned and trained to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse
Procedure for Administering Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel who have been trained on the proper administration of prescription and non-prescription medications

Definitions: Medicine 1. A drug or remedy  
2. The act of maintenance of health, and prevention of disease and illness  
3. Treatment of disease by medical, as distinguished from surgical treatment  
Medicate 1. To treat a disease with drugs  
2. To permeate with medicinal substances

Medication Administration Record (MAR) - report that serves as documentation/legal record of the drugs administered to a student at a facility (“Individual Medication Administration Record” and the “Weekly Medication Administration Record”)

Universal Precautions (also, Standard Precautions) - all students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV or other blood-borne pathogens; Refer to Procedure for Universal Precautions

Reye Syndrome Caution: Due to the possible increased risk of Rye Syndrome associated with the use of salicylates and salicylate containing medications (such as aspirin) for children with chickenpox and influenza-like illness, avoid administering salicylates when signs/symptoms of chickenpox and influenza-like illness are observed or voiced

Procedure: I. Steps to administering medication

A. Wash hands  
B. Obtain medication and supplies  
C. Review the medication label carefully and repeatedly to ensure following the seven (7) rights of medication administration (see below)  
D. Review the “Dispersion of Medication Form”  
   1. Follow “School Board Policy 5.62 Administering Medication to Students by “Delegated School Personnel” and medication administration guidelines  
   2. Form completed correctly and in its entirety  
   3. Parent consent obtained  
   4. Medication time due established if not specific on medication label  
E. Follow guidelines established for medication administration  
F. Follow the seven (7) rights of medication administration

Note: always follow Universal Precautions  
1. Right student  
   a. Ask the student to state his/her name, never assume  
   b. Repeat the student’s name; ask him/her to verify  
   c. Wait for student response  
   d. Always verify student name on medication label/container  
2. Right medication  
   a. Prescription medications must be labeled with the student name
b. Non-prescription medications must be labeled with the student specific name written clearly, legibly and permanently on the medication container

3. Right dosage
   a. Follow prescription medication label exactly for dosing instructions. Changes in prescription medication dosing instructions must be completed only by a physician and should include a new/revised labeled medication bottle
   b. Follow non-prescription medication label and/or insert guidelines exactly for dosing instructions. Always ensure medication and/or dosage is age appropriate

4. Right time
   a. Dose should be given no earlier than thirty (30) minutes before or no later than thirty (30) minutes after dose time to be considered “on time”

5. Right Route (oral, topical, inhalation, otic, ophthalmic, nasal, sublingual, per rectum, topical, sub-cutaneous, intramuscular, etc.)

6. Right form of medication (capsules, tablets, liquids, drops, inhalants, powder, ointment, cream, lotion, etc.)
   a. Do not crush or sprinkle medications without a physician’s order

7. Right documentation
   a. Document immediately following medication administration on the student’s “Individual Medication Administration Record” and on the “Weekly Medication Administration Record”

G. Administer the medication
   1. Do not administer a medication dosage you did not prepare
   2. School Health/Clinic Staff or school personnel should not touch medication, always use medication lid or medication dispersing container
   3. Observe that student swallows the medication before leaving the School Health Clinic or medication administration space
   4. Medication should be taken with fluids (water)
   5. Never allow the student access to an open medication storage area

H. Notify parent/guardian when student medication supply is low or depleted, refer to: “Parent/Guardian Notice of Low/Depleted Medication Storage”

*Note: Herbal medications are treated as a nonprescription medication. Herbal medications should have a printed label with appropriate age indications, route, dosing directions, potential side effects and an expiration date. If such packaging is not available, a physician’s order must be submitted outlining such information*
II. Administering medication via multiple routes

A. Oral medications

*Note: Non-medicated cough drops may be checked into the School Health Clinic or permitted to be carried by students at the discretion of the school site administration staff or designee only. This decision may vary depending on the school. Preferably, this ruling should be in writing*

1. Administering medication:
   a. Dropper - Squirt small amounts of medication to the back and side of the student’s mouth
   b. Syringe - Place syringe to the back and side of the student’s mouth. Give the medication slowly, allowing the student to swallow
   c. Nipple - Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the medication nipple. Follow medication administration with a teaspoon of water
   d. Medicine cup - Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so. If student is unable to hold the cup, hold the cup and allow him/her to drink the medication
   e. Tablet - If the student is able to swallow a tablet, have the student place it on the middle of the tongue; then swallow the tablet with juice or water
   f. Un-scored tablets should not be cut. Parent/guardian should be responsible for cutting tablets
   g. Capsule – Instruct the student to place the capsule on the back of the tongue, and have the student swallow with fluids. Some capsules may be opened and sprinkled on a spoonful of food, check with a physician/pharmacist to see if this may be done

B. Nose drops
1. Ask student to blow nose into a tissue to clear nasal passages first
2. The student may be able to self-administer medication if they are able to inhale the medication. If not, slightly tilt student’s head back and instill the prescribed number of drops into each nostril

C. Ear drops
1. Tilt student’s head away from the affected ear
2. Pull pinna (outer edge of ear) upwards and back. Instill ear drops as ordered
3. Student should remain in this position for 5-10 minutes. Then, place a piece of cotton into the ear canal

D. Eye drops or ointment
1. Place student in supine position (lying down on his/her back)
2. For drops, pull lower eyelid down and out to expose the conjunctival sac. Drop solution into the conjunctival sac. Close eye gently and attempt to keep eye closed for a few moments
3. For ointment, pull lower eyelid down and apply ointment along the edge of the lower eyelid from the nose side to the opposite side of the lid
4. Avoid touching the tip of the medication container to the eye to prevent contamination of the medication

E. Rectal medication
1. Provide privacy and position student on left side with right knee slightly bent
2. Lubricate tip of applicator, if applicable; spread buttocks, and insert applicator or medication. Do not force
3. Administer the medication slowly; remove applicator, and dispose of it appropriately

F. Inhalation Medication

3
**Note: There are many different types of inhalers, always follow the physician’s order and the manufacturer’s guidelines**

1. **Metered-Dose Inhaler:**
   a. Prime medication as per manufacturer’s directions by spraying one or more puffs into the air before use (assures the inhaler will dispense the correct amount of medication)
   b. Shake the inhaler well before use so that the medicine mixes well and the correct amount of medication will be dispensed
   c. Remove the cap and hold the inhaler upright
   d. Immediately before administering inhaler the student should take a breath in and breathe out fully (creating more space in the airway for the next breath in and allowing a deeper and longer breathe when inhaling medication)
   e. Hold the inhaler upright and administer as per physician dosing instructions (see below)

   - **Inhaler to Mouth**-place the inhaler in mouth, above the tongue and seal lips firmly around the inhaler. Instruct the student to breathe in slowly and deeply. Press down on the inhaler to release and breathe in the medicine coordinating the breathing cycle with dispensing medication

   - **Away from Mouth**-hold the inhaler 1-2 inches away from the mouth, instruct the student to breathe in slowly and deeply. Press down on the inhaler to release and breathe in the medicine coordinating the breathing cycle with dispensing medication

   - **Spacer/Holding Chamber**-place the inhaler mouthpiece into the end of the spacer/holding chamber. Put the mouthpiece of the spacer in the mouth, above tongue and seal lips firmly around the spacer. Press down on the inhaler to release one dose of medication into the spacer/holding chamber and then instruct the student to breathe in slowly and deeply (if whistling sound is heard the student is breathing in too quickly).

   - **Spacer/holding Chamber Mask**-place it over the nose and mouth firmly enough so that medicine will not leak or escape, press down on the inhaler to release one dose of medication into the spacer/holding chamber. Instruct the student to slowly and deeply breathe in and out for six breaths
   f. Instruct the student to hold their breath as long as possible (10 seconds) after using the inhaler (keeps airway still and allows more time for the medicine to get into lungs ) and breathe out slowly
   g. If repeat dose is ordered, wait at least 30-60 seconds between doses, shake again to mix before dispensing and repeat above steps for administering
   h. Encourage the student to rinse out mouth and spit out rinse after using inhaler
   i. Follow the manufacturer’s instructions for cleaning

2. **Breath-actuated inhalers:**
   a. Do not require actuation and inhalation to be coordinated (inhalation via mouthpiece triggers the release of medication)

3. **Nebulizer:**
   a. Instill the medication as per physician’s order into the nebulizer medication dispensing cup and secure the lid tightly to prevent spilling
b. Ensure tubing is connected securely to the medication dispensing cup, the mouthpiece, face mask or the tracheostomy adapter, and to the air compressor

c. Have the student sit or place the student in an upright position

d. Unless battery operated, plug the air compressor into an electrical outlet and turn on compressor

e. Administer treatment (see below)

- **Mouthpiece** - instruct the student to hold the nebulizer mouthpiece in the mouth, above the tongue, and seal lips firmly around the mouthpiece, then slowly and deeply breathe in through the mouth

- **Mask** - place over the nose and mouth firmly and securely enough so that medicine will not leak or escape. Instruct the student to inhale slowly and deeply through the mouth and nose

- **Tracheostomy** - place the adapter or tracheostomy mask securely to or over the tracheostomy while supporting and restricting movement of tracheostomy tube and administered via tracheostomy

f. Administer the medication until there is no visible misting (usually 8-10 minutes)
g. Detach the medication dispensing cup, mouthpiece, face mask, or tracheostomy adapter or tracheostomy mask and clean with warm soapy water, rinse and allow to air dry (do not wash tubing, replace when dirty or wet)

G. Subcutaneous injection

1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site

2. If applicable, cleanse site with alcohol swab in a circular motion, starting from center outward. Allow to dry

3. Remove needle guard and hold syringe in dominant hand. Use non-dominant hand to pinch subcutaneous tissue to be injected

4. While holding syringe between thumb and forefinger, inject in a dart-like fashion at a 45-90 degree angle. Release bunched skin and use non-dominant hand to stabilize syringe while using dominant hand to aspirate gently on plunger. If blood appears in syringe, withdraw needle and prepare new injection

5. **Do not aspirate when injecting anticoagulants (i.e. Heparin, Lovenox) or insulin**

6. Slowly inject medication and remove the needle

7. Carefully dispose of syringe and needle directly into sharps container. **Do not recap needle**

H. Intramuscular injection

1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site

2. If applicable, cleanse injection site with alcohol swab in circular motion starting at site and working away from area. Allow to dry

3. Remove needle guard and hold syringe like a dart between thumb and forefinger of dominant hand. Insert the needle at a 90 degree angle to the student’s skin surface

4. Stabilize the syringe with non-dominant hand while using dominant hand to aspirate on plunger. If no blood appears, slowly inject medication. If blood appears, remove needle and prepare a new dose of medication

5. Withdraw needle and apply light pressure to site. Gently massage site
6. Carefully dispose of syringe and needle directly into sharps container. **Do not recap needle**

I. Topical medications

*Note: Non-medicated lotions, lip balms, and sunscreens may be signed into the School Health Clinic or permitted to be carried by students at the discretion of the school site administration staff or designee only. This decision may vary depending on the school. Preferably, this ruling should be in writing*

1. Apply to clean skin surface
2. Use a cotton tip applicator or tongue depressor to apply ointment, lotion or salve; never apply with fingers
3. Cover site with gauze or Band-Aid if indicated

III. Possible problems with medication administration

A. Failure to follow School Board Policy and medication administration guidelines
B. Failure to follow any of the seven rights of medication administration
C. Student declines or refuses medication administration
   1. **Never** administer medication against the students will. Document the refusal and notify the parent/guardian
D. Choking
   1. Always position the student in a sitting or upright position
   2. If choking, immediately stop the administration of medication
   3. If student recovers and is breathing normally, medication may be given
   4. If student is believed to have an obstructed airway, perform the Heimlich Maneuver, activate emergency response, and begin CPR as needed
E. Allergic reaction to medication - Refer to Procedure for Anaphylaxis

*Note: The first dose (first known exposure to a medication) of medication should not be administered in the school environment but should be administered in a closely supervised environment such as; the home, physician’s office, hospital, and/or under the supervision of a physician due to the possibility of an allergic or adverse response to the medication*
ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee Initials/Signature: __________/__________________________________________

☐ Student Specific Training/Student Name: ________________________________

<table>
<thead>
<tr>
<th>Trainee Initials</th>
<th>THE SEVEN (7) RIGHTS</th>
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<tbody>
<tr>
<td></td>
<td><strong>Right Student:</strong> Never give medication if there is any doubt as to the student’s identity. Ask the name, then compare to the bottle label</td>
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<td><strong>Right Medication:</strong> Always read the student’s name and the name of the medication on the medication container to ensure you have the right medication for the right student. Do not ever substitute a student’s medication with another person’s medication</td>
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<td><strong>Right Dosage:</strong> Check the dosage on the label carefully. Always administer as per the medication label (exactly; no more, no less)</td>
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<td><strong>Right Time:</strong> Check the administration time or guidelines with the medication label instructions and/or written physician orders. Medication should be administered on time or within the grace period of thirty minutes before or after the documented time due</td>
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<td><strong>Right Route:</strong> There are different routes or methods to administer medications. Follow the medication label instructions and/or written physician orders</td>
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<td><strong>Right Form:</strong> There are different forms of medication to administer. Follow the medication label instructions and/or written physician orders</td>
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<td><strong>Right Documentation:</strong> Document date, time, initial and signature immediately upon administering medication on the “Individual Medication Administration Record” and on the “Weekly Medication Administration Record”</td>
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</table>

I hereby acknowledge that I have received training concerning medication administration in the school environment. I understand that I must follow the seven (7) rights of medication administration and the guidelines provided by the Santa Rosa County School Board and any other contracted health care agency in accordance with State Law 323.46 and School Board policy 5.62.

*Annual Training Date: ____________________

_________________________________  ___________________________________
Trainee Signature/Title              Instructor Signature/Title

*Review Date: ____________________
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<th>Trainee Signature/Title</th>
<th>Instructor Signature/Title</th>
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<td>Trainee Signature/Title</td>
<td>Instructor Signature</td>
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**Student Specific Teaching/Comments:**

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SANTA ROSA COUNTY SCHOOL DISTRICT
DISPERSION OF MEDICATION FORM

School Board Policy 5.62 Administering Medication to Students by Delegated School Personnel

1. Any medication (prescription/nonprescription) to be administered to a student on school premises, a school bus, or at school functions must be brought to the school by a responsible adult representative for retention and administering. No student will be allowed to have medication (prescription/nonprescription) in his/her possession on school premises, a school bus, or at school functions with the exception of: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants. Pursuant to Florida Law, the school district allows the student to carry and/or self-administer authorized medications/supplies with a physician’s authorization and parent(s)/guardian(s) consent deeming the student both capable and responsible for carrying and/or the self-administration of medication.

<table>
<thead>
<tr>
<th>AUTHORIZATION AND CONSENT TO CARRY AND/OR SELF ADMINISTER:</th>
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<tr>
<td>EPINEPHRINE, DIABETES MEDICATION/SUPPLIES, PANCREATIC ENZYMES, AND ASTHMA INHALANTS</td>
</tr>
</tbody>
</table>

☐ Parent/Guardian consent obtained below

Physician: __________________________
Signature: __________________________
Printed Name: __________________________
Date: __________________________

2. Medication (prescription/nonprescription) to be administered on school premises, a school bus, or at school functions must be in the original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one year expiration date). Prescription medication must also include the physician’s name. A “Dispersion of Medication Form” must be completed for each medication with a method of disposal for any unused/expired medication. Each medication and/or refill to be administered by delegated school persons must be jointly counted and the medication count signed on the “Dispersion of Medication Form” by delegated school personnel and the responsible adult representative. Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer’s label, must have a physician’s authorization.

<table>
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<tr>
<th>AUTHORIZATION TO ADMINISTER MEDICATION WITHOUT ATTACHED LABEL/DIFFERENTLY THAN LABEL</th>
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☐ Bottom section of the “Dispersion of Medication Form” to be completed prior to physician signature

Physician: __________________________
Signature: __________________________
Printed Name: __________________________
Date: __________________________

3. Parent(s)/Guardian(s) are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered at school. Doses missed at home will not be administered by delegated school personnel. No medication(s) will be provided by the school. Medication kept in School Clinic will not be available for community extended day programs.

I authorize __________________________ to be administered to him/her:

Student’s last name, first name
Name of Medication: __________________________
Dosage: __________________________ (Be specific) Route: __________________________ Time Due: __________________________
Reason: __________________________
Comments (take with food, side effects, etc.): __________________________
Unused/expired medication for my child will be disposed of by: ☐ Parental Pick-Up ☐ School Disposal
List allergies: __________________________
Parent/Guardian: __________________________ Date: __________________________ Phone: __________________________ Phone: __________________________

*By my signature on this form, I acknowledge the Notice of Privacy Practices Act in the Code of Student Conduct, and authorize Santa Rosa County School District and Delegated District Personnel to provide emergency care for my child and/or authorize the exchange of medical information.

This form complies with applicable Florida Statute (232.46) and will become the property of the school for filing purposes.

GRADE: _______ HOMEROOM TEACHER: ___________________________ ROOM: _______

(Continued on reverse side)
# REGISTRY OF MEDICATION INTAKE

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Expiration Date</th>
<th>Medication Count</th>
<th>Parent/Guardian Signature</th>
<th>Delegated School Personnel Signature</th>
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# FIELD TRIP SIGN OUT/RETURN REGISTRY

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Medication Count Signed Out/ Teacher or Staff Signature</th>
<th>Medication Count Returned/ Teacher or Staff Signature</th>
<th>Delegated School Clinic Personnel Signature</th>
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*By my signature, I acknowledge that I have received training on Medication Administration this school year.*

# REGISTRY OF MEDICATION SIGNED OUT/WASTED

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Medication Count</th>
<th>Parent/Delegated School Clinic Personnel Signature</th>
<th>Delegated School Clinic Personnel/Witness Signature</th>
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SANTA ROSA COUNTY SCHOOL DISTRICT
MEDICATION PROTOCOL HANDOUT FOR PARENT/GUARDIAN
(Form to be given to the parent/guardian upon medication sign-in)

● A “Dispersion of Medication Form” must be completed and signed by the parent/guardian for each medication to be administered

● All medication must be delivered and picked up by the parent/guardian in the School Health Clinic

● Each medication and/or refill must be jointly counted and the medication count signed on the “Dispersion of Medication Form”

● The physician must sign the “Dispersion of Medication Form” in order for a student to carry and/or self-administer: Epinephrine, Diabetes Medication/Supplies, Pancreatic Enzymes, and Asthma Inhalants. The student may not carry and/or self-administer any other medication

● All medication must be in its original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include a current expiration and/or fill date

● Non-prescription medication must be age appropriate

● Non-prescription medication must be in a small or travel size container

● Prescription medication supply should be limited to a thirty day supply

● Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer’s label, must have a physician’s authorization

● First morning medication doses should be given at home with only mid-day doses administered at school. Doses missed at home will not be administered by School Health Clinic Staff

● Changes in the medication administration process (dosage, time due, etc.) will require a new “Dispersion of Medication Form” to be completed

● Notify School Health Clinic Staff directly of any medication changes, including discontinued medication

● Discontinued and/or expired medication must be picked up within one week of the stop date by the parent/guardian. Unclaimed medications will be disposed of

● During the last month of the school year, bring only enough medication to be used by the last day of school. All unclaimed medication will be destroyed after school is dismissed on the last day of the school year. The school will not store any medication over the summer

● Students will be referred to the School Health Nurse by Clinic Staff if the student request an over the counter medication three (3) days in a row or more than five (5) isolated times, unless pre-existing conditions exist
Dear Parent/Guardian:

Please be aware that the amount of medication available in the school health clinic is now low and/or depleted as listed below. Please sign in additional medication as quickly as possible in order to maintain continuity in your child’s medication administration regimen.

Students Name: __________________________ Date: ________________

Name of Medication: __________________________________________

Current Medication Count Retained in Clinic: ______________________

☐ 1st notice ☐ 2nd notice ☐ 3rd notice

**Note:** Anytime medication is not replenished within one (1) week following the third (3rd) notice, all medication documentation for that medication will be discontinued. Any future administration of the same medication will require the medication to be signed in as a new medication.

Thank you in advance for your prompt attention. Please feel free to contact the school health clinic if you have any questions or concerns.
PARENT/GUARDIAN NOTICE FOR MEDICATION PICK-UP/DISPOSAL

Dear Parent/Guardian:

As we come to the close of the school year, we would like to remind you to please pick up any medication that has been signed into the School Health Clinic for your child. All medication must be picked up by the date and time indicated below. Any medication that is not picked up at the end of the school year will be immediately disposed of by School Health Clinic Staff. The school will not store any medication over the summer.

Please remember that students who **carry**: Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, or Asthma inhalants will need to have a new “Dispersion of Medication Form” filled out and signed by both parent/guardian **and** the physician for the following year.

If you have any questions please feel free to call the School Health Clinic.

All medication must be picked up by:

____________________________________  ______________________________
Date                                      Time
Procedure for Emergency Medications

Purpose: This procedure establishes guidelines for the School Health/Clinic Staff, and school personnel for the administration of emergency medications

Definitions: Emergency - an unexpected, serious occurrence that may cause injury and which usually requires immediate attention

Epinephrine Auto-Injector - a pen containing Epinephrine, which is a bronchodilator and a vasoconstrictor to be used in the event of an anaphylactic reaction; Refer to Procedure for Recognizing and Responding to Anaphylactic Events (Section VIII B)

Glucagon - a hormone that stimulates the liver to change stored glycogen into glucose, therefore raising blood glucose; Refer to Procedure for Diabetes Management (Section VII)

Diastat - Diazepam rectal gel is an emergency intervention drug used to control prolonged seizures and clusters of seizure activity; Refer to Procedure for Seizure Management (Section VI)

Procedure:

I. Administration of Epipen/Epipen Jr. Injection
   A. Observe student for signs/symptoms of anaphylactic reaction
   B. Call or delegate someone to call 911, the parent/guardian and notify the school site administration staff
   C. Check medication expiration date, physicians order, and student’s “Emergency Health Care Plan”
   D. Immobilize student prior to injection
   E. Determine appropriate injection site
   F. Prepare Epipen/Epipen Jr. for administration
      1. Carefully remove auto-injector from the carrier tube or case
      2. Grasp the auto-injector in your fist with the orange tip pointing downward
      3. With the other hand, remove the blue safety release by pulling straight up without bending or twisting

      NOTE: The needle comes out of the orange tip. NEVER put your thumb, finger or hand over the orange tip

   G. Administer injection intramuscularly (Injection can be given through clothing)
      1. Hold the auto-injector with the orange tip near the outer thigh
      2. Swing and firmly push the orange tip against the outer thigh until it clicks
      3. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh
      4. Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication
      5. Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered
      6. Gently massage the injection site
   H. Stay with student until EMS arrives
      1. Send Epipen/Epipen Jr. with EMS upon transfer
   I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.
J. Document on appropriate form(s): onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, and the time EMS transported student

II. Administration of Generic Adrenaclick Epinephrine Auto-Injector
A. Observe student for signs/symptoms of anaphylactic reaction
B. Call or delegate someone to call 911, the parent/guardian and notify the school site administration staff
C. Check medication expiration date, physicians order, and student’s “Emergency Health Care Plan”
D. Immobilize student prior to injection
E. Determine appropriate injection site
F. Prepare Generic Adrenaclick Epinephrine Auto-Injector for administration
   1. Carefully remove auto-injector from the carrier tube or case (twist & pull)
   2. Grasp the auto-injector in your fist with the elongated blue tip pointing downward
   3. Remove elongated blue tip, now you will see red tip (needle tip)

   NOTE: The needle comes out of the red tip. NEVER put your thumb, finger or hand over the red tip

G. Administer injection intramuscularly (Injection can be given through clothing)
   1. Hold the auto-injector with the red tip near the outer thigh
   2. Swing and firmly push the red tip against the outer thigh until it clicks
   3. Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh
   4. Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication
   5. Remove the auto-injector from the thigh. If the needle is exposed, you have administered the dose. If the needle is not visible, repeat steps for administering the medication
   6. Immediately following medication administration, using one (1) hand only, place the auto-injector, needle first into one half of the carrying case then close the case with the second half of the case
   7. Gently massage the injection site
H. Stay with student until EMS arrives
   1. Send Adrenaclick Epinephrine Auto-Injector with EMS upon transfer
I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.
J. Document on appropriate form(s): onset/time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, and the time EMS transported student

III. Administration of Auvi-Q Auto-Injector
A. Observe student for signs/symptoms of anaphylactic reaction
B. Call or delegate someone to call 911, parent/guardian and notify the school site administration staff
C. Check medication expiration date, physicians order, and students “Emergency Health Care Plan”
D. Immobilize student prior to injection
E. Determine appropriate injection site
F. Prepare Auvi-Q for administration:
   1. Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process)
   2. Pull firmly to remove the Red safety guard
NOTE: The needle comes out of the black base. NEVER put your thumb, finger or hand over the black base.

G. Administer injection intramuscularly or subcutaneously (Injection can be given through clothing)
   1. Place black end against the middle of the outer thigh
   2. Press firmly and hold in place for 5 seconds
   3. Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student’s leg when you hear the click and hiss sound

H. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red
   1. Stay with student until EMS arrives
   2. Send Auvi-Q with EMS upon transfer

I. Continuously monitor student: breathing, color, hives, swelling, vomiting, etc.

J. Document on appropriate form(s): onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student

IV. Administration of Glucagon
   
   A. Observe student for signs/symptoms of severe low blood glucose and/or unresponsiveness
   
   B. If equipment is immediately accessible obtain finger-stick blood glucose level (Never delay treatment)
   
   C. Call or delegate someone to call 911, parent/guardian and notify the school site administration staff
   
   D. Check medication expiration date, physicians order, and students “Emergency Health Care Plan”
   
   E. Place student on left side
   
   F. Prepare Glucagon injection for administration
      1. Take out syringe and vial
      2. Remove vial cover and insert the syringe and liquid into vial with solid white content
      3. Roll the vial between hands until white content is dissolved
      4. Withdraw prescribed amount of glucagon into syringe
   
   G. Determine appropriate injection site (intramuscular)
   
   H. Cleanse site with alcohol prep if possible
   
   I. Administer injection intramuscularly
      1. Apply light pressure to site after injection
   
   J. Stay with student until EMS arrives
      1. Monitor student’s level of consciousness
      2. Monitor for signs of regurgitation
   
   K. Give snack when student is able to respond and is in no danger of choking
   
   L. Document on appropriate form(s)

V. Administration of Diastat/Diastat AcuDial
   
   A. Observe student for signs/symptoms of seizure activity (note time of onset)
   
   B. Call or delegate someone to call 911, parent/guardian, and notify the school site administration staff
   
   C. Check medication expiration date, physicians order, and students “Emergency Health Care Plan”
   
   D. Place student on left side
   
   E. Provide privacy
F. Prepare Diastat for administration. If using Diastat AcuDial confirm prescribed dosage is visible and correct in display window and the Green “Ready” band is visible
   1. Remove cap
   2. Lubricate tip with gel if not pre-lubricated
   3. Separate buttocks
   4. Insert syringe tip into rectum
   5. Inject Diastat slowly while counting: 1-2-3
   6. Hold applicator in place, while slowly counting: 1-2-3
   7. Remove applicator slowly
   8. Hold buttocks together, while slowly counting: 1-2-3

G. Stay with the student until EMS arrives
   1. Monitor respiratory status
   2. Monitor seizure activity

H. Report the following to EMS:
   1. Appearance of seizure activity
   2. Time seizure began and ended

I. Label the Diastat container with the time of administration and give to EMS

J. Document on appropriate form(s): time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived, and time EMS transported student
Procedure for Medications During Off-Campus Activities

**Purpose:** This procedure establishes guidelines for signing out medication from the School Health Clinic for off-campus activities and for obtaining medication not available in the School Health Clinic for extended off-campus activities.

**Procedure:**

I. Administering medication to students during off-campus activities

   A. Only school personnel who have been trained in medication administration may administer medication during off-campus activities.
   
   B. School personnel must administer medication by following the School Board Policy 5.62 (see Dispersion of Medication Form) and by using the seven (7) rights of medication administration:
      
      ● Right Student
      ● Right Medication
      ● Right Dosage
      ● Right Time
      ● Right Route
      ● Right Form
      ● Right Documentation
   
   C. Medication *must* be stored in a locked location that is not accessible to students unless approved for the student to carry (see “Dispersion of Medication Form”).
   
   D. Medication *must* be stored in the proper environment (i.e. correct temperature, out of sunlight, etc.).
   
   E. If an emergency medication is administered on any off-campus activity immediately call or delegate someone to call 911, the parent/guardian and the school site administration staff.
   
   F. Follow emergency medication procedure (refer to Procedure for Emergency Medications).

II. Medication Procedure for off-campus activity

   A. School personnel should notify the School Health Clinic 24-48 hours in advance of upcoming off-campus activity planned in order to prepare medication in advance to prevent time delays the day of the off-campus activity.
   
   B. School personnel in charge of medication for off-campus activity should report to the School Health Clinic the evening before or the day of the off-campus activity to sign out medication.
   
   C. School Health Clinic Staff will jointly count the amount of medication with School personnel.
   
   D. School personnel will obtain responsibility for the medication by signing the “Dispersion of Medication Form” under Field Trip Sign Out.
   
   E. Upon returning to the campus, school personnel must *immediately* return any remaining medication to the School Health Clinic.
   
   F. Clinic Staff will again jointly count the amount of medication to be returned.
   
   G. School Health Clinic Staff will verify the medication count and obtain responsibility for the medication by signing the “Dispersion of Medication Form” under Field Trip Return, along with the school personnel returning the medication.
   
   H. School personnel will document the medication dose administered during off-campus activity on the “Individual Medication Administration Record” and on the “Weekly Medication Administration Record”. If School personnel are unable to document on the Medication Administration Records the School Health Clinic Staff may document using codes on the forms (F = Field Trip-No Med Given or FT=Field Trip-Teacher Admin Med).
III. Medication Procedure for extended off-campus activities

A. Student specific medication retained in the School Health Clinic may not be checked out for administration during extended off-campus activities.

B. Each medication will be signed in on the “Dispersion of Medication Form” (available in School Health Clinic).

C. Parent/guardian consent must be obtained by signing the front page of the “Dispersion of Medication Form.”

D. Medication must be in the original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include an expiration date.

E. Each medication to be checked in must be jointly counted by school personnel and the parent/guardian.

F. The medication count must be documented on the “Dispersion of Medication Form” under Registry of Medication Intake and signed by delegated school personnel and the parent/guardian.

G. Each medication administered (prescription and non-prescription) by school personnel must be documented on the “Medication Registry for Extended Off-Campus Activity Log.”

H. Upon returning to the campus, any remaining medication should immediately be picked up by the parent/guardian or disposed of following Procedure for Disposal of Medication.

I. School personnel will again jointly count the amount of medication being picked up by the parent/guardian or wasted.

J. School Personnel will document and sign the medication count on the “Dispersion of Medication Form” under Medications Signed Out/Wasted, obtain parent/guardian signature or witness signature if wasting medication.
## MEDICATION REGISTRY FOR EXTENDED OFF-CAMPUS ACTIVITY

<table>
<thead>
<tr>
<th>Student Name (First &amp; Last)</th>
<th>Date</th>
<th>Time</th>
<th>Name of Medication</th>
<th>Medication Dosage Administered</th>
<th>Medication Administered By (Signature)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
Procedure for Storing Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel for the proper storage of medication.

Procedure: I. Student Medication Storage

A. Medication (prescription/non-prescription) to be stored on school premises, a school bus, or at school functions must be in the original container, properly labeled with the student’s name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date (one year expiration date from fill date).

B. Each medication signed into the clinic and/or medication refill must be labeled with the most recent medication expiration date and must be stored in the most recently filled original container.

C. Prescription medication must also include a physician’s name.

D. Any medication that fails to have a printed label or any requests for medication to be administered differently than the manufacturer’s label, must have a physician’s authorization.

E. The student may carry and/or self-administer authorized medication/supplies delegated on the “Dispersion of Medication Form” (Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, and Asthma inhalants) with a physician’s authorization and parent/guardian consent deeming the student both capable and responsible for carrying and/or self-administration of medication.

F. Medication should be stored in a space designated by School Health/Clinic Staff and school site administration staff.

G. Locked medication storage area entry door should remain locked unless the area is able to be supervised and/or monitored.

H. Medication should be stored in an area that is easily accessible to staff that will be administering the medication.

I. Medication storage should never be accessible to students.

J. All medications must be stored in a clean, secure, and locked space (medication storage cart, cabinet reserved for medication storage only, filing cabinet, etc.).

K. Exposure of medication to inappropriate conditions (heat, cold, light, moisture, air, etc.) may render them ineffective or harmful, therefore; medication must always be stored according to the manufacturer’s instructions.

1. Refrigerated medication must be stored in a locked refrigerator or in a locked-box inside a secure refrigerator with authorized access only (see “Refrigerator Monitoring Report”).

2. Medications checked out from clinic for field-trips
   a. Must be stored in a locked storage area for transport (locked box, fanny pack, etc.)
   b. Must remain in the original container
   c. Must be stored according to manufacturer’s instructions for exposure of medication to inappropriate conditions (heat, cold, light, moisture, air, etc.).
L. Individual medication supply should be limited
   1. Non-prescription medication supply must be in a small or travel size container
   2. Prescription medication supply should be limited to a thirty day supply
M. Medications that are not for student administration (discontinued, on-hold, expired) must be picked up within one week of the stop date by the parent/guardian. Unclaimed medication should be disposed of
N. Medication storage keys
   1. Should be limited to persons authorized to administer medication only (School Health/Clinic Staff, School site administration staff, and/or delegated School Personnel)
   2. Should never leave school grounds
   3. Should be specific to the medication storage area and not unlock any other area in the schools

II. Adult/Faculty Medication Storage and Administration

A. Medication (prescription/non-prescription) to be stored on school premises, a school bus, or at school functions must be in the original container, properly labeled with name, name of medication, dosing directions, administration time, and include an expiration date or medication start/fill date
B. Shared non-prescription medication must be labeled Adult/Faculty
C. No more than five containers of non-prescription medication will be stored in the clinic for Adult/Faculty use
D. Prescription medication label must include the individual specific adult/faculty name and physician’s name
E. Clinic staff may not administer medication to adult/faculty unless it is a life threatening event that qualifies as a duty to act or follows EMS instructions
F. Medication should be stored in a space designated by School Health/Clinic Staff and school site administration staff but must not be stored in the same storage area as student medication
G. Medication storage should never be accessible to students
H. All medications must be stored in a clean, secure, and locked space (medication storage cart, cabinet reserved for medication storage only, filing cabinet, etc.)
I. Exposure of medication to inappropriate conditions (heat, cold, light, moisture, air, etc.) may render them ineffective or harmful, therefore; Medication must always be stored according to manufacturer’s instructions
J. Medications that are not for administration (discontinued, on-hold, expired) must be picked up within one week of the stop date by the adult/faculty. Unclaimed medication should be disposed of
K. Discontinued/disposable student medications are not allowed to be used for adult/faculty medications

III. Stolen or Misused Medication
A. School Health/Clinic staff must complete medication counts on student prescription medications routinely and as needed and documented on the “Medication Count Verification Form”
   1. At least three times a year (beginning of school year, middle of the school year as delegated on the “Individual Medication Administration Record” and at the end of the school year)
   2. Medication or medication storage area appears to be tampered with
   3. Questions or concerns of medication count retained
   4. Change in routine clinic/nursing staff
   5. As free time or availability allows
   6. School Health/Clinic staff supervisors will complete as the need arises and randomly during supervisory visits
   7. School Health/Clinic staff supervisors will complete a medication count on Controlled Substances at a minimum of one time a year

B. Complete non-prescription medication count as needed and/or as time allows

C. Immediately notify school site administrative staff, supervisor, and the parent/guardian

D. Contact police if required (mandatory within 24 hours for theft of controlled substances)
Refrigerator Temperature Monitoring Report

Note: Refrigerators that are delegated for the storage of medication should be maintained at a 35-45 degree temperature. Refrigerator temperatures must be monitored on a regular basis (daily when used for medication storage) and regular monitoring should be documented below on a monthly basis.

1. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

2. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

3. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

4. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

5. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

6. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

7. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

8. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

9. Date: _____ /_____ /_____
   Refrigerator Temperature: __________

10. Date: _____ /_____ /_____
    Refrigerator Temperature: __________

11. Date: _____ /_____ /_____
    Refrigerator Temperature: __________

12. Date: _____ /_____ /_____
    Refrigerator Temperature: __________
Procedure for Disposal of Medication

Purpose: This procedure establishes guidelines for School Health/Clinic Staff and school personnel on the proper disposal of medications in the school setting

Definitions: Biohazard Waste - Any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, discarded sharps, human blood, and body fluids. Also included are used, absorbent materials such as bandages, gauze or sponges which are visibly saturated with blood or body fluids

Sharps - items that typically include, but may not be limited to; needles for delivering insulin or other medications, and lancets used to obtain blood specimen for testing

Refer to Universal Precautions

Procedure: I. Parent/Guardian medication pick-up/school disposal of medication

A. Always encourage parent/guardian to pick-up student medication from campus, when applicable
B. Never release medication to students, unless the “Dispersion of Medication Form” is completed for student to carry (must include parent/guardian and physician signature)
C. Medication should be counted prior to disposal or during parent/guardian pick-up by School Health Clinic Staff and witness (Witness: parent/guardian, supervisor/co-worker, School Health Nurse, or school employed personnel)
D. Document medication disposal of prescription medication on the “Medication Count Verification Form”
   1. Document the date
   2. Verify the medication count by: adding the total medication intake count signed-in for the school year, then subtracting the total medication count administered for the school year. Subtract from this total any medications wasted or signed out by the parent/guardian and then document this number. This total should be equal to the total medication count wasted or picked-up by the parent/guardian
   3. Document total medication amount wasted or picked up by parent/guardian on the “Medication Count Verification Form”
   4. Sign and ensure witness signature
E. Document medication disposal of Over the Counter (OTC) medication on the back of the “Medication Count Verification Form” or on the “Dispersion of Medication Form” under Medications Signed Out/Wasted

II. Disposal of labeled medication containers

A. Mark through the name and prescription number on the label with a black marker
   1. Discarded medication labels should not be identifiable
B. Dispose of empty, unidentifiable container into standard garbage can

III. Disposal of sharps and non-sharps

25
A. Pills, tablets, capsules, etc. – Empty medicine contents into red biohazard sharps container and discard of empty, unidentifiable container into standard garbage can
B. Liquids – Discard of unidentifiable container and liquid contents into red biohazard bag (not sharps container)
C. Inhalers – Remove inner cartridge and place inner cartridge only into red biohazard bag (not sharps container) and discard of unidentifiable, empty outer shell into standard garbage can
D. Nebulizer vials, syringes, Epinephrine Auto Injectors, Glucagon, Insulin, Diastat, etc.
   1. Remove item from case/container. Do not remove needle cap or tip cover. Place unidentifiable medication item into red biohazard sharps container, and discard of the empty, unidentifiable outer case/container into standard garbage can

IV. Disposal of sharps container

A. Assure that a new sharps container is present in the School Health Clinic before disposing of the used sharps container
B. Dispose of sharps container when ¾ full
C. Reinforce closure of container with tape
D. Label container with the school name and date
E. Place sharps container in red biohazard bag
F. Notify custodial staff immediately to remove bag
G. Custodial staff to notify their immediate supervisor if unsure of proper disposal
Dear Parent/Guardian:

As we come to the close of the school year, we would like to remind you to please pick up any medication that has been signed into the School Health Clinic for your child. All medication must be picked up by the date and time indicated below. Any medication that is not picked up at the end of the school year will be immediately disposed of by School Health Clinic Staff. The school will not store any medication over the summer.

Please remember that students who carry: Epinephrine, Diabetes medication/supplies, Pancreatic enzymes, or Asthma inhalants will need to have a new “Dispersion of Medication Form” filled out and signed by both parent/guardian and the physician for the following year.

If you have any questions please feel free to call the School Health Clinic.

All medication must be picked up by:

_________________________ Date ________________________ Time
Prescription medication counts are to be completed at least three (3) times a year (beginning of school year, middle of the school year as delegated on the “Individual Medication Administration Record”, and the end of the school year) and as needed for medication count questions/concerns, change in staff, etc. Non-prescription medication counts should be completed on an as needed basis and/or as time allows.

**MEDICATION COUNT VERIFICATION FORM**

Student: _______________________________  Medication: _______________________________

*Note: Always notify your supervisor if the balance is equivalent to any number other than zero.

1. Total Medication Intake + ______
   (Accumulative total to date. Refer to back of Med Dispersion Form.)
   Total Medication Administration - ______
   (Accumulative total to date. Refer to back of Individual Med Record.)
   ________ Sub-Total
   Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) ________ - ______
   (Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
   Total Med Count Established by Record Keeping/Documentation ________ Total
   Total medication Count Retained in Clinic (Physical Med Count) - ________ Balance
   Balance Should Equal Zero ________ Balance

   Signature: _______________________________  Date: __________________

2. Total Medication Intake + ______
   (Accumulative total to date. Refer to back of Med Dispersion Form.)
   Total Medication Administration - ______
   (Accumulative total to date. Refer to back of Individual Med Record.)
   ________ Sub-Total
   Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) ________ - ______
   (Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
   Total Med Count Established by Record Keeping/Documentation ________ Total
   Total medication Count Retained in Clinic (Physical Med Count) - ________ Balance
   Balance Should Equal Zero ________ Balance

   Signature: _______________________________  Date: __________________

3. Total Medication Intake + ______
   (Accumulative total to date. Refer to back of Med Dispersion Form.)
   Total Medication Administration - ______
   (Accumulative total to date. Refer to back of Individual Med Record.)
   ________ Sub-Total
   Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) ________ - ______
   (Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
   Total Med Count Established by Record Keeping/Documentation ________ Total
   Total medication Count Retained in Clinic (Physical Med Count) - ________ Balance
   Balance Should Equal Zero ________ Balance

   Signature: _______________________________  Date: __________________
END OF SCHOOL YEAR

Total Medication Intake + ______
(Accumulative total to date. Refer to back of Med Dispersion Form.)

Total Medication Administration - ______
(Accumulative total to date. Refer to back of Individual Med Record.)

Meds Wasted ______ + Meds Signed Out (Parent Pick-Up) ______
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)

Total Med Count Established by Record Keeping/Documentation ______ Total

Total medication Count Retained in Clinic (Physical Med Count) - ______
Balance Should Equal Zero ______ Balance

Signature: ___________________________ Date: __________________

*Obtain signatures for end of year med count when medication is picked up by parent.

Parent Signature: ___________________________ Staff Signature: ___________________________

Staff Signature: ___________________________ School Designee: ___________________________

*Obtain signatures for end of year med count when medication is wasted.
Procedure for Handling Medication Error

**Purpose:** This procedure establishes guidelines for School Health/Clinic Staff and school personnel on the proper management of a medication error

**Definition:** Medication Error – administering the wrong medication, administering an incorrect dose of medication, failing to administer a prescribed medication, or administering the medication at the incorrect time or via the incorrect route

**Procedure:** I. Management if a medication error occurs

A. Student safety is **always** the immediate priority
   1. Perform initial and continuous monitoring as needed for signs and symptoms of incorrect medication administration

B. Immediately notify
   1. School site administration staff
   2. Immediate supervisor
   3. Parent/Guardian

C. Additional contacts if needed
   1. Physician
   2. Pharmacist
   3. Poison Control (1-800-222-1222 or 911)

D. Emergency
   1. Call **911** for emergency and/or life threatening response to medication error

E. Document appropriately
   1. Complete a medication error report (see “Santa Rosa County School District Medication Error Report”) and submit original to delegated school site personnel and a copy to immediate supervisor
   2. Complete a school “Incident or Accident Report” and submit to delegated school site personnel
SANTA ROSA COUNTY SCHOOL DISTRICT MEDICATION ERROR REPORT

*This form must be completed and submitted to your school site administration staff or representative and your immediate supervisor within 24 hours

____________________________     __________________     __________________
Name of School                     Date of Event                  Time of Error

____________________________     ____________    _______________________
Name of Student                    Grade                          Prescribed Medication/Dosage/
Route/Time Due

Name/Position of Person Witnessing Event     Administered Medication/Dosage/
Route/Time Given

Describe Event and Circumstances Leading to the Error:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Describe Action Taken:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Circle Applicable Medication Error Codes:
● Wrong Medication       ● Wrong Student       ● Wrong Dose       ● Wrong Time
● Missed Medication      ● Parent/Guardian Error● Pharmacy Error       ● Other

Signature: _________________________________     Date: _________________

*DO NOT place this information in the student’s Cumulative Health Folder
Section VIII B: Anaphylaxis

Procedure for Recognizing and Responding to Anaphylactic Events

Purpose: This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel to meet the health needs of a student or staff member experiencing anaphylaxis in the school environment.

Definitions: Anaphylaxis - a rapid, sudden, severe allergic response that occurs when a person is exposed to an allergen to which he or she has been previously sensitized; anaphylaxis can affect various organs including the skin, upper and lower respiratory tracts, cardiovascular system, eyes, uterus, and bladder.

Allergen - an allergy causing substance; common allergens are stinging insects, foods (particularly peanuts, eggs, and shellfish), medications and contact, such as latex, animal hair, and chemicals; in rare cases, the cause may be idiopathic or unknown.

Antihistamine - a medication designed to counter the effects of a mild allergic reaction; common antihistamines are Diphenhydramine also named as Benadryl.

Epinephrine Auto-injector (Epipen/Epipen Jr. or Auvi-Q Auto-Injector) - an easy to use, disposable, self-administered drug delivery system that provides emergency treatment using Epinephrine, the drug of choice for all anaphylactic episodes; epinephrine works directly on the cardiovascular and respiratory systems to counter the potentially fatal effects of anaphylaxis.

Florida Statute 1002.20(3)(l) (Kelsey Ryan Act) - allows students who are at risk for life-threatening allergic reactions to carry and self-administer an epinephrine auto-injector while attending school or participating in school activities if the school has been provided with parental and physician authorization; the parent/guardian of a student authorized to carry an epinephrine auto-injector assumes all liability with respect to the student's use of the medication.

Epinephrine (adrenaline) - the single most important medication for treating anaphylactic reactions and should be administered at the first sign of a systemic allergic reaction; administering epinephrine early in anaphylaxis improves the allergic chances of survival and quick recovery.

*Refer to: Procedure for Emergency Medications.

Procedure: (Procedures for specific screening will follow on subsequent pages)

I. Anaphylaxis

A. The School Health Registered Nurse (RN) will develop an Emergency Health Care Plan as needed for the students identified as having allergies requiring emergency medical intervention.
   1. Distribute plan/notify appropriate personnel of the student’s Emergency Health Care Plan needs.
   2. Encourage student to wear a Medic Alert bracelet.

B. Assure that at least two staff members are trained to administer emergency medication for Anaphylaxis.
   1. School staff and paraprofessionals must have an understanding of the management of systemic allergic reactions. It is the responsibility of the school administration or designee to implement annual education.
   2. The School Health Registered Nurse (RN) will be available as needed to provide individual training upon request.
C. Recognize the signs/symptoms of a severe allergy. Symptoms may appear within a few seconds, or up to two (2) hours after exposure.
   1. Anaphylaxis should never be minimized as death can occur within minutes.
   2. Other reactions that may mimic allergic symptoms are hyper-ventilation, anxiety attacks, alcohol intoxication, and low blood sugar.

**Common Signs and Symptoms**

- Hives, rash, itching (of any body part)
- Vomiting, diarrhea, stomach cramps
- Red, watery eyes, runny nose
- Wheezing, coughing, difficulty breathing, shortness of breath
- Throat tightness or closing; difficulty swallowing, change of voice
- Flushed, pale skin, dizziness
- Swelling (of any body part)
- Fainting, or loss of consciousness
- Itchy scratchy lips, tongue, mouth, or throat
- Impending sense of doom
- Change in mental status

D. Assist in setting up a safe school environment for the affected student. The best treatment for anaphylaxis is prevention and avoiding substances and situations that are known to trigger extreme allergic reactions.

E. Maintain documentation of medical records, Emergency Health Care Plan, food allergy lists, and medical training.

II. Emergency Response

A. Recognize the severity of anaphylactic symptoms.

B. Administer emergency medication as directed.
   1. Note time medication was delivered; document time on auto-injector and send auto-injector with EMS.

C. Refer to *Emergency Health Care Plan*: Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.

D. Document and review event.
   1. Document on the school district’s Risk Management’s *Incident Report* and appropriate student medical records.
   2. Review response with the school district’s Risk Management staff and the School Site Safety Committee.

**Differentiating Between a Mild (Local) and a Severe (Systemic) Allergic Reaction:**

<table>
<thead>
<tr>
<th>Sign or Symptom</th>
<th>Mild Reaction</th>
<th>Systemic Reaction</th>
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</thead>
<tbody>
<tr>
<td>Itching</td>
<td>Yes</td>
<td>Generalized</td>
</tr>
<tr>
<td>Hives</td>
<td>Localized Only</td>
<td>Generalized</td>
</tr>
<tr>
<td>Flushed Skin</td>
<td>Localized</td>
<td>Widespread</td>
</tr>
<tr>
<td>Cyanosis</td>
<td>No</td>
<td>Yes*</td>
</tr>
<tr>
<td>Heart Rate</td>
<td>Normal/Slight Increase</td>
<td>Significantly Increased</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>Normal</td>
<td>Decreased*</td>
</tr>
<tr>
<td>Peripheral Pulses</td>
<td>Present and Normal</td>
<td>Very Weak to Absent</td>
</tr>
<tr>
<td>Mental Status (LOC)</td>
<td>Normal</td>
<td>Decreased to Unresponsive</td>
</tr>
<tr>
<td>Breathing Rate</td>
<td>Normal/Slight Increase</td>
<td>Severely Increased/Decreased or Absent Respiration</td>
</tr>
<tr>
<td>Wheezing</td>
<td>No</td>
<td>Present in All Lung Fields</td>
</tr>
<tr>
<td>Stridor</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*Call 911 if uncertain about severity of any reaction*
## EPIPEN/EPIPEN JR. INJECTION SKILLS CHECKLIST

Trainee’s Name: ___________________________       Date: ___________________________

Trainee’s Signature: ___________________________       Trainee’s Initials: _________________

### EXPLANATION/RETURN DEMONSTRATION

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Observe student for signs/symptoms of anaphylactic reaction</td>
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<tr>
<td>2.</td>
<td>Call or delegate someone to call 911 and parent/guardian; notify school site administration staff</td>
</tr>
<tr>
<td>3.</td>
<td>Check medication expiration date, physician’s order and student’s Emergency Health Care Plan</td>
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<tr>
<td>4.</td>
<td>Immobilize student prior to injection</td>
</tr>
<tr>
<td>5.</td>
<td>Determine appropriate injection site</td>
</tr>
</tbody>
</table>
| 6. | Prepare Epipen/Epipen Jr. for administration  
   - Carefully remove auto-injector from the carrier tube or case  
   - Grasp the auto-injector in your fist with the orange tip pointing downward  
   - With the other hand, remove the blue safety release by pulling straight up without bending or twisting it  
   - **NOTE** that the needle comes out of the orange tip. NEVER put your thumb, finger or hand over the orange tip |
| 7. | Administer injection intramuscularly (**Injection can be given through clothing**)  
   - Hold the auto-injector with the orange tip near the outer thigh  
   - Swing and firmly push the orange tip against the outer thigh until it clicks  
   - Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh  
   - Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication  
   - Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered  
   - Gently massage the injection site |
| 8. | Stay with student until EMS arrives  
   - Send Epipen/Epipen Jr. with EMS upon transfer |
| 9. | Continuously monitor student’s: breathing, color, hives, swelling, and vomiting |
| 10. | Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student |

### TRAINEE’S INITIALS


Instructor’s Name: ___________________________       (Please Print)

Instructor’s Signature: ___________________________
# AUVI-Q AUTO-INJECTOR SKILLS CHECKLIST

Trainee’s Name: ___________________________  Date: ___________________________

(Please print)

Trainee’s Signature: ___________________________  Trainee’s Initials: ___________ ___________

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<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
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| 6. Prepare Auvi-Q for administration  
  - Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process)  
  - Pull firmly to remove the Red safety guard  
  - **NOTE** that the needle comes out of the black base. **NEVER** put your thumb, finger or hand over the black base. |                      |
| 7. Administer injection intramuscularly or subcutaneously (*Injection can be given through clothing*)  
  - Place black end against the middle of the outer thigh  
  - Press firmly and hold in place for 5 seconds  
  - Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student’s leg when you hear the click and hiss sound |                      |
| 8. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red  
  - Stay with student until EMS arrives  
  - Send Auvi-Q with EMS upon transfer |                      |
| 9. Continuously monitor student's: breathing, color, hives, swelling, and vomiting |                      |
| 10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student |                      |

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Instructor’s Name: ___________________________

(Please Print)

Instructor’s Signature: ___________________________
EPIPEN/EPIPEN JR. AND AUVI-Q ADMINISTRATION TRAINING

SCHOOL: ______________________________

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CHAPTER 2.00 – SCHOOL BOARD GOVERNANCE AND ORGANIZATION

REPORTING CHILD ABUSE

I. Definitions of Child Abuse, Abandonment or Neglect

A. *Abuse* means any willful or threatened act that results in any physical, mental or sexual injury or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

B. *Abandonment* means a situation in which the parent or legal custodian of a child, or in absence of the parent or legal custodian, the care giver responsible for the child’s welfare, while being able, makes no provision for the child’s support and makes no effort to communicate with the child. This situation is sufficient to evince a willful rejection of parental obligations.

C. *Neglect* occurs when a child is deprived of or is allowed to be deprived of adequate food, clothing, shelter or medical treatment, or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability, unless actual services for relief have been offered and rejected. A parent or legal custodian legitimately practicing religious beliefs in accordance with a recognized church or religious organization who thereby does not provide specific medical treatment for a child shall not, for that reason alone, be considered a negligent parent or legal custodian.

II. Prohibition Against Child Abuse, Abandonment or Neglect

The School Board strongly prohibits any action or omission constituting child abuse, neglect, or abandonment by any of its employees, agents, volunteers, or by other persons affiliated in any way with the School District. Further, all employees, agents, and volunteers of the School District must comply with Florida law requiring reporting of child abuse, neglect, or abandonment.

III. Notification of Responsibility

A notice providing the following information shall be posted in a prominent place in each school:
CHAPTER 2.00 – SCHOOL BOARD GOVERNANCE AND ORGANIZATION

A. All employees of the District have the responsibility to report all actual and suspected cases of child abuse, abandonment or neglect; immunity from liability if they report such cases in good faith; and the responsibility to comply with child protective investigations and all other provisions of law related to child abuse, abandonment, or neglect.

B. Statewide toll-free telephone number for the central abuse hotline.

II. Requirements for Reporting Child Abuse, Abandonment, or Neglect

A. Florida Statute requires that any person including, but not limited to, any

1. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care or treatment of persons;

2. Health or mental health professional other than one listed in 1;

3. Practitioner who relies solely on spiritual means for healing;

4. School teacher or other school official or personnel;

5. Social Worker, day care center worker, or other professional child care, foster care, residential, or institutional worker; or

6. Law enforcement officer or judge who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, shall report such knowledge or suspicion to the Department of Children and Family Services.

B. Each report of known or suspected child abuse, abandonment, or neglect shall be made immediately to the Department of Children and Family Service’s abuse hotline on the single statewide toll-free telephone number. The teacher or staff member may also contact the principal, a school guidance counselor, district office or support person to let them know the case has been reported.

C. Reporters in the categories specified in A. above, will be required to provide their names to hotline staff. The extent of confidentiality of the reporter’s name, with respect to the Department’s records, is governed by Florida Statute.
CHAPTER 2.00 – SCHOOL BOARD GOVERNANCE AND ORGANIZATION

H. Child Abuse Prevention Training for School District employees, staff, volunteers shall be provided in compliance with and a specified in Florida Statute.

STATUTORY AUTHORITY: 120.54, 1001.41, 1001.42, F.S.


HISTORY: ADOPTED: 07/01/2002
REVISION DATE(S): 07/10/2003; 01/26/2006
FORMERLY: 2.29
Contacting the Florida Abuse Hotline

HOW TO MAKE A REPORT

Everyone, including professionally mandatory reporters, should call the Florida Abuse Hotline when they know or have reasonable cause to suspect that a child or a vulnerable adult has been abused, abandoned, neglected, or exploited. The Abuse Hotline Counselor will determine if the information provided by the caller meets legal requirements to accept a report for investigation.

There are four ways to make a report:

By Telephone 1-800-96ABUSE (1-800-962-2873)
By Fax 1-800-914-0004
By TDD 1-800-453-5145
Web Reporting http://www.state.fl.us/cf_web

INFORMATION NEEDED

Specific descriptions of the incident(s) or the circumstances contributing to the risk of harm, including who was involved, what occurred, when and where it occurred, why it happened, the extent of any injuries sustained, what the victim(s) said happened, and any other pertinent information are very important.

Information callers should have ready includes:

- Name, date of birth (or approximate age), race, and gender, for all adults and children involved.
- Addresses for all subjects, including current location.
- Information regarding disabilities and/or limitations for vulnerable adult victims.
- Relationship of the alleged perpetrator to the child or adult victim(s).

Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Abuse Hotline Counselor.

Do not delay in contacting the Abuse Hotline even if you do not have all the necessary information. The Abuse Hotline Counselor will make an assessment based on the available information, and will decide if it is sufficient to accept a report.
WHAT TO DO IF ALL LINES ARE BUSY

There are times when all Abuse Hotline Counselors are either taking calls or entering reports. Please be patient, and do not hang up. Your call will be answered by the next available counselor. Counselors are trained to handle each call as quickly as possible, while ensuring that each caller is afforded quality service.

However, if the situation is an emergency or the victim is in imminent danger, the caller should hang up, dial 911, and then follow-up with a call to the Abuse Hotline.

MAKE A RECORD OF YOUR CALL

Abuse Hotline Counselors are required to identify themselves by giving their first name and their identification number. Reporters may want to document this information along with the date and time of the call. Counselors are expected to inform the caller whether the information meets the statutory requirements for a report and whether a report has been accepted. They may also provide you with information on available services, whether those services are provided by the Department of Children and Families staff or other state and community agencies.

REPORTING VIA FAXES

Transmittal of the fax form to the Florida Abuse Hotline is one reporting option; however, the preferred option for the Department of Children and Families is for you to call 1-800-96-ABUSE, and talk to a Hotline counselor. This second option must be used in all cases of abuse, neglect and/or exploitation that involve emergency or critical situations.

The information in the fax will be assessed to see if it meets the legal criteria as a report for investigation. It is extremely important that all information be completed. Add extra pages if this format is too limited in the space provided for response. Your fax cannot be properly assessed for a report without the requested information. A means to locate the victim is required. By law (Chapters 39, Florida Statutes), your identity as the reporter will be protected. Also, identify others who might be aware of the abuse/neglect/exploitation of the victim. Please type or print legibly. Indicate if you want notification whether or not a report was accepted and your preferred method.

For faxed information, notification of whether or not an abuse report was accepted will only be provided if you request it. The two options are telephone and U.S. Mail. If you check telephone and provided your phone number, we will attempt to call you to advise you if we accepted a report. We will only leave a message if we reach your personal voice mail. If you request notification by U.S. Mail and provide your address, we will mail you a form indicating whether or not a report was accepted.
Courtesy and Professionalism at the Florida Abuse Hotline

WHEN YOU DISAGREE WITH THE HOTLINE COUNSELOR’S DECISION:

Hotline counselors accept reports on the basis of specific criteria. Counselors must ask questions to gather information, but may not ask leading questions of the caller. Each call is accepted or refused as a report based only on information provided during the call. If the counselor indicates a report will not be accepted and you disagree with the decision, you may ask to speak to a Supervisor. The counselor will briefly summarize the situation to the supervisor who will then speak with you regarding your concerns. The supervisor will make a determination of whether the counselor’s decision was appropriate and will provide you with further explanation about the decision.

TO LODGE A COMPLAINT ABOUT THE HOTLINE:

We understand that reporting abuse or neglect is not an easy thing to do and we commend all callers who make the effort to assist in family situations. The Department of Children and Families does not always have the authority to intervene in family situations that are of concern to the persons calling the Hotline. We appreciate callers who use the same courtesy and professionalism expected from the Hotline staff, and we want to know if you have a concern about the quality of service or professional courtesy that you received at the Hotline. During the call, the counselor is required to provide you with his/her first name and ID number and you are encouraged to share your concerns with the:

    Hotline Supervisor,
    Call Floor Manager, or
    Director of the Hotline.

You may ask to be transferred to any of these administrators or you may telephone (850) 487-6100 during regular office hours. All complaints are carefully evaluated and will be responded to in a timely manner.
TIPS FOR SUCCESSFUL FAX REPORTING

Your time is valuable. Everyone at the Florida Abuse Hotline is committed to making the reporting process as convenient as possible. The following tips are provided to assist you in making reports of abuse, neglect, abandonment, and exploitation. When sending a fax to the Florida Abuse Hotline, consider the following:

- Use the Department of Children and Families’ form when possible (a copy is contained in this packet). It is designed to help you provide the required information.
- If you cannot use the Department’s form, please send a concise description of the situation. Be sure to include the following information:
  - Victim name, possible responsible person, or alleged perpetrator names.
  - Reporter name (required for mandatory reporters of child abuse/neglect).
  - Complete addresses for subjects, including a numbered street address, apartment or lot number, city, state, and zip code.
  - Telephone numbers, including area code. Please indicate if the phone number is for a cell phone.
  - Dates of birth or approximate ages.
  - Social Security numbers, if available.
  - A brief, yet concise, description of the abuse, neglect, abandonment, or exploitation, including physical, mental or sexual injuries, if any.
  - Names and telephone numbers and/or addresses of witnesses and others involved.
  - A brief description of the victim’s disability or infirmity (required for vulnerable adults).
  - The relationship of the alleged perpetrator to the victim.

- Please print or write in a legible manner. Type, if at all possible.
- Do not use profession specific language; i.e., “fracture” for fracture.
- Do not send copies of medical notes, case files, arrest reports, etc.
- **Always call 800-96ABUSE in emergency or critical situations.** The time required to process a fax may be longer than the time required to process information given in a telephone call. This could delay assistance to victims.
FLORIDA ABUSE HOTLINE Fax Transmittal Form
To Report Abuse/Abandonment/Neglect/Threatened Harm/Exploitation
Fax Number: 1-800-914-0004
TO LEARN MORE ABOUT REPORTING ABUSE, READ THE DEPARTMENT OF CHILDREN AND FAMILIES BROCHURE:
REPORTING ABUSE OF CHILDREN AND VULNERABLE ADULTS.

REPORTER INFORMATION
This information is required for professionally mandated reporters - Please refer to Chapters 39 and 415, Florida Statutes.

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VICTIM INFORMATION
If the victim is a child, list other children and adult household members in the home. If any household members have a disability, describe the disability in the DESCRIPTION OF INCIDENT section on page 2; if the victim is an adult, include how his/her ability to care for or protect self is impaired.

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PERSON(5) RESPONSIBLE FOR ALLEGED ABUSE, NEGLECT, ABANDONMENT, THREATENED HARM OR EXPLOITATION

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**DESCRIPTION OF INCIDENT**

Please describe what happened, when and where the incident occurred, the frequency of occurrence, and a description of injuries and/or threat of harm.

**WHAT happened?**

**Description of injuries/threat of harm:**

**WHEN and WHERE did the incident occur?**

**Additional Addresses (e.g. day-care, school)**

**Where will the victim be for the next 24 hours?**

**Does anyone in the household have any disabilities?**

**Are there any dangers to a protective investigator?**

**FOR ADULT VICTIMS ONLY:** Describe how the adult victim’s ability to care for or protect self is impaired.

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**OTHER INDIVIDUALS**

Please list others who might be aware of the abuse/abandonment/neglect/threatened harm/exploitation of the victim.

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**DO NOT SEND COPIES OF MEDICAL NOTES, CASE FILES, ARREST REPORTS, OR SIMILAR DOCUMENTS.**
Section X: Poison Control Hotline

POISON CONTROL

If you have an emergency or questions pertaining to poisoning – don’t guess – BE SURE!

Call 1-800-222-1222

The Florida Poison Information Center Network (FPICN) is dedicated to providing emergency services 24 hours a day to the citizens of Florida by offering poison prevention and management information through the use of a nationwide, toll-free hotline (1-800-222-1222) accessible by voice and TTY.

You can also have access to a lot of useful information on their website:

http://www.fpicn.org
Procedure for Emergency Response

Purpose: This procedure establishes guidelines for responding to emergencies.

Procedure: I. Remain calm, and communicate a calm, supportive attitude to the ill or injured individual.

II. Never leave an ill or injured individual unattended.

   A. Have someone else call a parent/guardian and/or 911.
   B. Have someone notify the school administration or designee of a serious accident or illness.

III. Do not move an injured individual or allow the person to walk, unless the environment is considered unsafe.

   A. Bring help and supplies to the individual.
   B. Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury/altercation.

IV. If necessary, institute CPR or Rescue Breathing.

V. Do not become involved in using treatment methods beyond your skill. Recognize the limits of your competence. Perform procedures only within your scope of practice.

VI. 911 should be called immediately for the following:

   A. Breathing problem
   B. Bleeding - severe or difficult to control
   C. Anaphylactic reaction (shock)
   D. Burns – serious or covering large area
   E. Head, neck or back injury
   F. Concern about heart problem
   G. Diabetic coma or insulin reaction
   H. Drug overdose
   I. Unconsciousness (beyond fainting)
   J. Serious limb injury or amputation
   K. Penetrating injury or impalement
   L. Foreign object in throat
VII. Guidelines for 911 calls:

A. Anytime an emergency medication is given (i.e. Epipen/Epipen Jr./Auvi-Q Auto-Injector, Glucagon, Diastat)
B. Anytime delegated in the Emergency Health Care Plan
C. Anytime delegated by the Registered School Health Nurse and/or the parent/guardian

*Note: Always notify school administration or designee and employee’s supervisor of emergency situation and 911 calls.

VIII. AED use - Refer to AED Guidelines
Automated External Defibrillators (AEDs)

Definition
Automated External Defibrillators (AEDs) are devices that shock the heart to restore a normal heartbeat after a life-threatening irregular rhythm (including sudden cardiac arrest).

Why AEDs in Schools?
It’s all about time! For every minute that defibrillation is delayed, survival decreases by 7 percent to 10 percent. If defibrillation is delayed by more than 12 minutes, the chance of survival (in adults) is less than 5 percent. Typically, a child in cardiac arrest would have to wait for experienced medical personnel to evaluate if the rhythm required a shock. What has been shown in adults is that the earlier they receive a shock, the greater the chances for survival.

What are the Chances the School will need a Defibrillator?
- The risk of cardiac arrest in high school athletes is ~.5 to 1.0 per 100,000 athletes.
- The risk in the adult population 35 years of age and older is ~1/100 to 1/200.
- The leading cause of death in adults 35 to 40 is sudden cardiac arrest.
- The adult risk is 100 to 200 times the estimated risk in children and adolescents and those under 35.

LEGAL SUPPORT FOR THE PROGRAM

There are three levels of support for the use of AEDs in Santa Rosa County School District. They are the Federal Cardiac Arrest Survival Act, the State of Florida Good Samaritan Laws and the Santa Rosa County School District Board Policy.

**Federal Cardiac Arrest Survival Act**

Federal Statute No. 768.1325 states, “…any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such device…”

In addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:

- Notify the local emergency medical services medical director of the most recent placement of the device within a reasonable period of time after the device was placed.
- Properly maintain and test the device; or
- Provide appropriate training.

**Florida Good Samaritan Laws**

401.2915 and 768.13 Florida Statutes protect:

- Even untrained users of AEDs from liability provided that they act in good faith.
- Even if a victim dies, AED users who have acted in good faith are protected.

**Santa Rosa County School District Board Policy**

Policy Number 3.24 reads: The School Board authorizes the use of defibrillators in a perceived medical emergency and as authorized by the provisions of 401.2915, F.S. Statutory authority is established through 1011.41, 1001.42, F.S. Laws implemented include 401.2915, 768.1325, 1001.42, FL.S.
AED ADVISORY COMMITTEE

Membership

In collaboration with the Santa Rosa County School District Health Advisory Committee, an advisory committee ensures due diligence in choosing equipment, developing policies and procedures, and fosters coordination with the first responder community. Committee members included representatives from:

- Santa Rosa County School District
- Florida Department of Health
- Santa Rosa Emergency Operations Center
- Life Guard Ambulance Service
- Pediatric Services of America
- American Heart Association

Committee Tasks

1. Write the professional protocol for use.
2. Establish medical oversight of the program.
3. Exercise due diligence in selection of the unit through the bid process
   a. Ease of use
   b. Pediatric capabilities
   c. No history of recalls!
   d. Compatibility with emergency responders
   e. Price
   f. Self-checking maintenance
   g. Warranty, battery life, display case and alarm capability
   h. Ready kit for CPR & CPR prompts
   i. Replacement costs for battery and electrodes
   j. Company response to maintenance issues
   k. Negotiations for additional resources (replacement pads, CPR Ready Kits, Trainer Units, Tracking Software for Certifications, etc.)
4. Determine location and number of units needed
5. Generate funds (and provide ideas of alternative funding sources)
6. Install units with appropriate signage
7. NOTIFY AND UPDATE LOCATION INFORMATION TO EMS (part of the 911 response call system for each school and work location)
8. Organize the maintenance plan
9. Generate guidelines
10. Provide training opportunities
    a. Adults
    b. Students
11. Monitor program (incident reporting, adjustments to program, etc.)
SELECTION OF THE UNITS

The units that we have purchased are safe for children as young as age 1 (following the American Heart Association Guidelines).

- The Santa Rosa County School Districts Risk Management and Maintenance Departments, Santa Rosa County Emergency Operations Center, Rural Metro Ambulance Service, the Department of Health, and Pediatric Services of America participated in the selection committee for purchase of the units. Units are compatible with the equipment used by Rural Metro Ambulance Service and are in compliance with the Santa Rosa County AED Program.

INSTALLATION OF UNIT

- A specialist from Cardiac Science visited each school to conduct a site assessment for determining the appropriate location for the units. Determining factors in the selection of the site included: central location, accessibility at all times (no locked doors) and ideally no more than 3 minute walk from any location, secure, located near a telephone, available to several staff members trained in both CPR and the use of the AED. Areas of the facility with large numbers of high-risk individuals receive priority in placement.

- Santa Rosa Emergency Operations Center (911) has a list of the locations of the units. If a 911 call is received from the school, 911 operators will provide information to the caller about the location of the unit.

- CONTACT THE DIRECTOR OF STUDENT SERVICES FOR PERMISSION TO MOVE THE LOCATION OF UNITS.
PROTOCOL FOR USE

Indications for AED use:

Upon arrival to a scene of a suspected cardiac arrest, the rescuer must begin the steps of assessing the need for initiation of CPR with integration of the use of an Automated External Defibrillator (AED). The use of an AED is critical for the survival of the cardiac arrest victim. If the victim is assessed to be unresponsive with no pulse, the AED is to be used. Early defibrillation is critical for the following reasons:

- Ventricular Fibrillation (VF) is the most frequent cardiac rhythm in cardiac arrest victims.
- Electrical defibrillation is the most effective method of treatment for VF.
- VF, if left untreated, can quickly convert to asystole within minutes (no electrical activity in the ventricle causes the heart to stop beating).
- If defibrillation is performed with 6-10 minutes of cardiac arrest, the adult or child victim can survive neurologically intact.

Steps for AED Use:

1. Assess for unresponsiveness.
2. If victim is unresponsive, call 911 and retrieve the AED.
3. Begin CPR.
   a. Open the airway, and check for breathing.
   b. If the victim is not breathing, give 2 breaths.
   c. Check for signs of circulation, if there are no signs of circulation, attach the AED and proceed with AED operation.
      i. If a second rescuer is available, CPR chest compressions and ventilation should be performed. Open the READY KIT for Universal Precautions and administer CPR:
         1. All Victim Ratio: 30 compressions: 2 ventilations for single and multiple rescuers.
4. Remove the AED from the wall-mounted case. NOTE: The alarm will sound when the AED is removed. Someone other than the responder should turn the alarm off.
5. Operate the AED
   a. Open the case by pressing on the blue button above the arrow. The unit will activate automatically.
   b. Listen for oral directions. The first direction will be, “Tear open package and remove pads. Peel one pad from plastic liner.”
   c. Attach the AED pads to the victim’s bare chest following the directions on the package.
   d. Follow verbal instructions.
      i. If SHOCK is indicated, the AED will instruct the rescuer to push the SHOCK button. The unit will warn the responder to be sure everyone is clear of the victim before pushing the SHOCK button.
      ii. If no SHOCK is advised and victim is not breathing, open the AED Ready Kit, begin UNIVERSAL PRECAUTIONS, and administer CPR chest compressions and ventilations.
         1. All Victim Ratio: 30 compressions: 2 ventilations.
e. Follow instructions of AED to either SHOCK or perform chest compressions and continue CPR until further medical assistance is available by Emergency Medical Services (EMS).

NOTE: Additional directions for CPR administration and Universal Precautions may be found in the blue Emergency Medical Flip Chart.

Special Situations in AED Use:

1. AED adult electrode pads are used for victims 8 years old or older weighing more than 25 Kg (approximately 55 pounds).
2. AED pediatric electrode pads may be used on children or infants up to 8 years old or up to 55 lbs. (25 kg). If the child appears older or larger, use the adult defibrillation electrodes. The pediatric electrode pads are stored in the back pocket of the AED marked, “spare electrodes.”
3. If the victim is in water or covered in water, they must be moved from the source of water or the water dried from the bare chest before the AED pads are placed.
4. If the victim has an implanted Pacemaker (noted by a raised lump about half the size of a deck of cards usually on the left side of the upper chest or abdomen), place the AED pad at least 1 inch to the side of the implanted device.
5. AED pads should not be placed over transdermal medication patches. Remove the medication patch before placing the AED pad to the victim’s chest.

Equipment Care:

1. The Access AED has adult pads connected to the unit. Pediatric pads are stored in the back pocket of the carrying case.
2. Once the pads are used, they must be replaced by a new set.
   a. Life Guard Ambulance will replace pads used during an emergency response.
   b. If additional pads are needed, notify the Director of Student Services (983-5052) to request additional pads.
3. Life Guard Ambulance Services has a connector cable for downloading the medical response information from the AED.
4. The AED should not leave the Santa Rosa County School District location where it has been assigned.
5. If the AED unit is moved, immediately notify the Director of Student Services (983-5052). (The location of each unit is shared with the Emergency Operations 911 Center.)
6. Additional information on maintenance may be found in the AED Guidelines Document.
REPORTING AN INCIDENT

For every incident when the AED is removed from the storage case and applied to a victim, the following steps should occur.

AFTER the victim has received the necessary care and the incident has been “resolved,”

1. **Immediately contact the Santa Rosa Division of Emergency Management.**
   - Brad Baker (850) 983-5360 or
   - Rick Shuster (850) 983-5355

   The Emergency Management office will need to make arrangements to come to the school to “download” the information stored on the AED unit that records exact details from the event. The Emergency Management office will come to the school or work location to retrieve the information so that the unit will not be removed from the site.

1. Complete the SRCDS AED Incident Reporting Form (found on the last page of this document)
2. FAX the form to Santa Rosa Division of Emergency Management
   a. FAX: (850) 983-5352
3. FAX a copy to the Director of Student Services
   a. FAX: (850) 983-5577
4. FAX a copy to Risk Management
   a. FAX: (850) 983-5009
5. Maintain a copy of the form in the School Health Clinic
6. Mail original form to:
   Brad Baker, Operations Chief
   Santa Rosa Division of Emergency Management
   4499 Pine Forest Road
   Milton, FL. 32583
DESCRIPTION OF UNIT

- A shock cannot be administered to an individual that does not have an irregular heartbeat.
- The operating manual can be found on the CD Rom that is stored in the back pocket of the case. The name of the CD Rom is “Quick Start Tool Kit.” The manual contains detailed information on safety, instructions for use, data management, maintenance, troubleshooting, and technical data. The CD Rom also includes a 5-minute demonstration video.
- Instructive prompts guide the rescuer through each step of the rescue through intuitive voice commands and descriptive text display.
- The unit monitors patient progress and will administer more than one shock – if necessary.
- The unit is safe to use with pacemakers. The unit detects pacemaker pulses for both unipolar and bipolar pacemakers.
- The device actually measures a patient’s impedance and makes a decision of what the shock should be. For example, an 11-year-old would receive 176 joules. The pediatric pads will reduce defibrillation energy to a patient to 50 joules. The variable emergency range is 105-360 joules.
- Software inside of the unit records all relevant data related to each use.
- There are two sets of pads in each unit for Pre-K and Elementary schools – one designed for children and one for adults. The pediatric pads are used for ages 1-8 and are stored in the front pocket marked, "spare electrodes."
- For Middle and High schools there are adult pads only.
- CPR supplies are included in a “ready kit” that is attached to the case.

Maintenance

- A CD Rom provided inside the case of the unit covers basic maintenance issues such as: installing the battery, pads, the Rescue Ready Indicator, Audible Maintenance Indicator and After a Rescue Attempt Directions.
- AUDIBLE ALARM: An audible alarm sounds when the unit is removed from the case. There are two keys for the audible alarm system with each AED unit. In locations where students are present,
  - REMOVE BOTH KEYS FROM THE CASE AND STORE THE KEYS IN 2 SEPARATE LOCATIONS.
  - The general guidelines are that the alarm may be disarmed (using one of the keys) after the initiation of an event. The key to disarming is to not delay the response. The person responding to an incident with the AED unit should not be concerned about turning the alarm off.
- WARRANTY AND BATTERY: Cardiac Science has a 7-year warranty on the main unit (an extended life lithium battery) and a 4-year battery warranty. The replacement cost of the battery to the school in 4 years will be approximately $300.00 (estimated cost based on the 2004 purchase price, this cost may be slightly higher.)
- MAINTENANCE CHECKS: The Cardiac Science unit performs daily self-checks. The self-test confirms that the battery, electronics, and pre-connected pads are fully functional.
- LOGGING MAINTENANCE CHECKS: School Health Technicians will perform a weekly check and log it on their weekly activity sheet.
  - There is a light on the upper right side of the unit. When the light is green, the unit is ready – the battery has an adequate charge, the pads are properly connected and are functional, and the integrity of the internal circuitry is good.
o If the light is red, a maintenance check is required. Check the AED pads, battery and/or call customer service. (888) 466-8686. If the red light comes on, there is also an audible alert every 30 seconds until the lid is opened, or the battery power is depleted. Opening and closing the lid will deactivate the beep. If the next automatic self-test does not correct the error, the beep will be reactivated.

- ADMINISTRATIVE COMPLEXES MAINTENANCE CHECKS: Two individuals per working location should be assigned the responsibility of monitoring the AED unit for maintenance issues.
- Maintenance issues should be called into: 1-888-466-8686, customer ID #31640. The maintenance number should be posted on the display case at all times.
TRAINING

Santa Rosa County School District Schools are encouraged to provide 3 levels of training:

1. Awareness
2. CPR/AED Certification
3. Train the Trainer Certification

Awareness

Every adult and student on campus should be aware of the location of the AED unit(s) and their intended use. The units are stored in highly visible white cases in easily accessible locations. During the 2005-06 school year, additional signs indicating the location of the unit were added. Schools are encouraged to provide a variety of awareness activities, including but not limited to:

- Instructional television “spots”
- Posting information on fire drill exit maps
- Announcing the availability of the unit before large meetings/gatherings
- Providing written certification of a responsible person for after-hour, sports events and field trips
- A CD Rom inside the front case of the unit provides a video demonstration for how to perform a rescue (Choose training video and click on the “start the video” icon.) The video is 5 minutes long. The school site safety team may decide to ANNUALLY use the demonstration with all teachers and staff on the campus.

CPR/AED Certification - Adults

Effective during the 2004-05 school year, all Cardio Pulmonary Resuscitation (CPR) training will include the use of AEDs. All School Resource Officers (SROs) and School Health Technicians are CPR/AED trained. School personnel are encouraged to participate in CPR/AED and Emergency First Aid Training opportunities. The number of individuals trained in CPR/AED and First Aid will be tracked yearly as part of the Individual School Plan for Emergency Management.

Train the Trainer Certification

As funding permits, the School District will provide opportunities for personnel to receive training as certified trainers. Those individuals will be asked to provide additional trainings for school personnel. Employees of the Santa Rosa County School District who receive the CPR/AED Train the Trainer course will offer annual trainings for a minimum of 3 years.
The school may want to pursue additional community resources to provide certification courses on the campus. Resources may include, but not be limited to:

1. Life Guard Ambulance Services
2. Local Fire Departments
3. American Red Cross
4. American Heart Association
5. Parents or Business Partners

Precautions/Critical Concepts

- Wet conditions – Make sure the patient and environment are dry.
- Metal surfaces – Make sure the patient is not touching any metal surfaces.
- Combustible materials or hazardous (explosive) environment – Remove the patient, if possible, from an area that presents a hazard.
- Do not touch the patient while the AED is assessing, charging, or shocking the patient (voice prompts on the machine repeat this warning.)
- If the patient has an internal pacemaker/defibrillator, position the pad one hand’s width (approximately 5 inches) from the pacemaker/defibrillator site. If the patient has any medication patch, remove the patch.
- Never defibrillate while moving the patient.
# CONTACT INFORMATION

<table>
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<tr>
<th>REPORT AN INCIDENT</th>
<th>SR Division of Emergency Management: 983-5360 or 983-5355</th>
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<tr>
<td>Maintenance Issues</td>
<td>1-888-466-8686</td>
</tr>
<tr>
<td>General Questions about Policy</td>
<td>Director of Student Services 983-5052</td>
</tr>
</tbody>
</table>
| To order additional units or accessories | Cardiac Science  
1900 Main Street, Suite 700  
Irvine, CA 92614  
1-800-965-1440  
FAX: 1-866-445-5711 |
| Customer ID #31640 | Customer Service: 1-800-991-5465 |
| American Heart Association Emergency Cardiovascular Care Committee: Response to Cardiac Arrest and Selected Life-Threatening Medical Emergencies: The Medical Emergency Response Plan for Schools. | [http://circ.ahajournals.org/cgi/content/full/109/2/278](http://circ.ahajournals.org/cgi/content/full/109/2/278) |
Distribution List for Guidelines

All updated versions of the Guidelines will be posted on the Secure Web site for Santa Rosa District Schools. Distribution of Guidelines includes, but not be limited to the following individuals.

1. School-based Administrators
2. Deans
3. Work site Administrators/Managers
4. Health Teachers
5. P.E. Teachers
6. School Health Technicians
7. Department of Health
8. Pediatric Services of America
9. Life Guard Ambulance Services
10. Santa Rosa Emergency Operations Center
11. Trainers at the School Site
12. School Improvement/Advisory Councils
13. Grade Level Chairpersons
14. American Heart Association
SRCDS AED INCIDENT REPORTING FORM

FOR SUBMISSION TO THE SANTA ROSA DIVISION OF EMERGENCY MANAGEMENT, RISK MANAGEMENT, AND STUDENT SERVICES

DIRECTIONS


2. Complete the form (below),

3. FAX the form to Santa Rosa Division of Emergency Management at (850) 983-5352

4. FAX a copy to the Director of Student Services at (850) 983-5577

5. FAX a copy to Risk Management at (850) 983-5009

6. Maintain a copy of the form in the School Health Clinic

7. Mail original form to:
   Brad Baker, Operations Chief
   Santa Rosa Division of Emergency Management
   4499 Pine Forest Road
   Milton, FL. 32583

***********************************
AED INCIDENT REPORT
***********************************

1. School Name: ___________________________________________________________

2. Date of Incident: _____/______/_______ Mo.         Day               Yr.

3. Estimated Time of Incident ___:___a.m. / p.m.

4. Patient Gender: Male (   ) Female (    ) Estimated Age of Patient: ___________

5. Was this a witnessed collapse of the patient? Yes (    ) No (    )

6. Was the patient complaining of anything prior to collapse? Check all that apply:
   Difficulty Breathing (    ) Chest Pain (    ) No signs or symptoms (    ) Drowning (    )
   Electrical Shock (    ) Injury (    )

7. Prior to applying AED pads was the Patient:
   a. Breathing Yes (    ) No (    )
      Pulse Present Yes (    ) No (    )

8. Was CPR started prior to 911 arrival   Yes (    ) No (    )

9. Was an AED connected prior to 911 arrival Yes (    ) No (    )

10. Was this done by a bystander or a trained CPR/AED person? (bystander) (trained)

11. Was the AED turned on? Yes (    ) No (    )

12. Did the AED deliver a Shock? Yes (    ) No (    )

13. If yes, how many Shocks were delivered? ___________

14. Name of Person operating AED. __________________________________________

Upon 911 arrival:

15. Was a pulse present? Yes (    ) No (    )

16. Was breathing present? Yes (    ) No (    )

17. Was patient responsive? Yes (    ) No (    )

18. Report completed by: (PRINT NAME) _______________________________________

19. Signature: __________________________________________________________________

20. Title: ______________________ Phone Number: ___________________________
Procedure for Nursing: Catheterizations

Purpose: This procedure establishes guidelines for nurses to ensure proper insertion of a catheter into the bladder, using sterile technique, for the purpose of draining urine.

Equipment: - Non-sterile gloves
- Waterproof pad
- Sterile catheter of appropriate size
- Sterile catheterization kit: gloves, povidone-iodine swabs, water, lubricant, towels, syringe filled with 3-5 ml sterile water
- Drainage basin
- Trash can
- Adequate lighting


II. Preparing for catheterization

   A. Wash hands.
   B. Gather supplies and set up clean work area.
   C. Don non-sterile gloves.
   D. Clean the genital area then rinse and dry area.
   E. Remove gloves and wash hands.
   F. Establish sterile work area and open sterile catheterization kit.
   G. Position student and place sterile pad under student.
   H. Put on sterile gloves, using appropriate technique.
   I. Test balloon, if indwelling catheter will be used.

III. Catheterization

   A. Cleanse area around the urethral opening as per parent/guardian and/or physicians instructions.
     1. For females: spread labia with non-dominant hand and use dominant hand to clean from anterior to posterior.
     2. For males: hold penis with non-dominant hand and while retracting foreskin, use dominant hand to clean meatus, in an outward circular motion.
   B. Continue to hold penis or spread labia with non-dominant hand (this hand is now contaminated). Using dominant sterile hand, gently insert lubricated catheter into the urethral meatus while keeping the catheter end in the drainage basin or specimen cup positioned carefully near the student.
   C. After urine flow ceases, gently remove catheter. Dry area, and make student comfortable.
D. If indwelling catheter is being used, insert catheter as directed above. Then inflate the balloon with approximately 5cc (or as ordered) of sterile water. Gently withdraw catheter slightly to ensure that proper position in the bladder has occurred. Attach to urinary drainage bag and tubing. Tape the catheter to the thigh of the female or to the lower abdomen of male. Secure the tubing properly.

E. Dispose of used supplies properly. Clean work area and store equipment properly.

F. Remove gloves and wash hands.

IV. Documentation

A. Procedure performed
B. Catheter size
C. Amount of sterile water used for balloon inflation
D. Appearance of urine: amount, color, clarity, odor, and presence of sediment
E. Signs and symptoms of urinary tract infection
F. Student response to procedure

V. Special considerations

A. Length of insertion of the catheter depends upon the size of the student. Insert up to two-three (2-3) inches in a female and six (6) inches in a male.
B. Never force catheter against resistance.
C. Ensure proper gravity drainage of urine, and prevent urine backflow by keeping drainage bag lower than the bladder.
Procedure for Nursing: Gastrostomy Tubes (G-Tubes) and Jejunostomy Tubes (J-Tubes)

Purpose: This procedure establishes guidelines for School Health Nurses to provide G/J tube care that will prevent infection of the insertion site and to prevent trauma to the surrounding tissue and to mechanically feed the student and to maintain nutrition and fluid balance.

Procedure: I. G/J tube care

A. Equipment needed:
   1. Irrigation syringe (syringe with luer lock adapter or piston syringe)
   2. Hydrogen peroxide, as ordered by the physician
   3. Normal saline
   4. Distilled water
   5. Sterile gauze
   6. Clamp or rubber band
   7. Cotton tip applicators
   8. Tape
   9. Stomahesive
   10. Non-sterile gloves

B. Suspension
   1. Insert irrigating tip syringe into G/J tube; suspend syringe.
   2. Syringes must be cleaned after every use and changed as needed or per parent/guardian request.
   3. Tape 2 x 2 gauze over top of syringe.

C. Clamping
   1. Clamp with a 4 x 4 gauze using a rubber band, C-clamp or plug.
   2. Secure tube under clothing.

D. Care of skin around stoma:
   1. Clean skin around insertion site and proximal portion of tube as specified by parent/guardian or physician.
   2. Apply ointments per parent/guardian or physician request.
   3. Apply dressing as needed. Use uncut sterile gauze with plastic or paper tape. Otherwise, basic site care uses a stomahesive wafer and nipple. Nipple must be the type with a base so it can be taped to the wafer. Then, the G/J tube is taped to the nipple. Fold back tape ends on itself to make tape removal easier. **No tape should be on the skin.** Warm the wafer in your hand prior to applying it, or hold the wafer in place for a minute after applying to help it adhere.

E. Stomahesive may be placed around the insertion site by:
   1. Cutting a hole slightly larger than the tube in the middle of a two-three (2-3) inch circle.
   2. Removing backing from sticky side of stomahesive and placing on skin. Make sure there are no wrinkles or creases in the stomahesive. This should be changed weekly or as necessary. Tape nipple to stomahesive. Then, tape the G/J tube to the nipple. This secures the tube and keeps the potential for leakage at a minimum.
F. Check the patency of the tube.
G. Chart the condition of the skin at insertion site.

II. Feedings

A. Equipment needed:
1. Syringe, appropriate size for irrigation
2. Female adaptor, if needed
3. Sterile 2 X 2 and paper tape (if syringe is to be suspended)
4. Clamp
5. Saline or water, if needed for aspiration
6. Gauze tape, if needed for suspension
7. Ordered feeding, warmed to room temperature
8. Chux or clean towels
9. Pacifier, if needed
10. Measuring cup
11. Clean basin
12. Non-sterile gloves

B. Gather equipment.
C. Wash hands.
D. Measure feeding.

E. Position student on right side, or in sitting position.

F. Position the chux/towel and measure the ordered amount of normal fluid; irrigate, clamping the catheter to prevent spills. Use 5-10cc syringe for irrigation.

G. If aspiration is to be done, aspirate; measure aspirant; and place it in a small measuring cup. Remove plunger from the large syringe; attach to the G-tube, suspend and unclamp. Return any aspirant if ordered. Pour the formula into the syringe and allow feeding to flow in by gravity. Never force or push with the plunger.

H. Measure the amount of irrigant and aspirant (if aspiration was done); record the difference between the two and document.

I. Cover the suspended syringe with a 2 X 2 and tape in place. If tube is not to be left suspended, cover the end after wiping with alcohol and apply with a 2 X 2 or 4 X 4 and hold in place with a rubber band.

J. Remain with the student during the feeding.
1. Observe for distention, overflow, vomiting and/or hyperactivity.

K. Checking residuals
1. If residual is greater than 100ml, withhold feeding and notify parent/guardian.
2. If residual is less than 100ml, proceed with feeding.

L. Flush tube per parent/guardian or physician instructions.

M. Documentation
1. Note type, amount and length of feeding.
2. Note how the student tolerated the feeding.
Procedure for Nursing: Tracheostomy Care - Tube Changing/Cleaning

Purpose: This procedure establishes guidelines for School Health Nurses to maintain airway patency, prevent infection, and promote cleanliness while performing tracheostomy care.

Procedure: I. Equipment

   A. Tracheostomy care kit: Two (2) bowls/trays, cotton tipped swabs, pipe cleaners, non-abrasive cleaning brush, trach ties or holder, gauze pads
   B. Clean trach dressing (optional)
   C. Water soluble lubricant
   D. Non-sterile gloves and appropriate protective gear (gown, mask, and goggles)
   E. Sterile normal saline for suctioning (optional)
   F. Hydrogen peroxide or soap/water for cleaning stoma
   G. Scissors (optional)
   H. Forceps or tweezers (optional)
   I. Emergency equipment: obturator, extra trach tubes in same size and one smaller, suction equipment, oxygen source, and ambu bag and oxygen source if available

II. Assessment

   A. Explain procedure to student.
   B. Assess condition of stoma for redness, swelling, character of secretions, granulation, presence of purulence, or bleeding.
   C. Assess condition of skin under ties or holder.
   D. Assess respiratory status.
   E. Suction prior to initiating trach cleaning.

III. Trach tube cleaning/changing procedure

   A. Check specific student’s Emergency Health Care Plan orders for trach tube cleaning instructions.
   B. Wash hands.
   C. Gather equipment and set up in clean work area near student.
   D. Don gloves and (optional) protective gear.
   E. Stabilize neck plate with one hand.
   F. Use gauze and other hand to turn inner cannula counterclockwise until catch is released (unlocked).
   G. Gently slide cannula out using outward and downward arch.
   H. Place cannula in bowl of half-strength peroxide.
   I. Unwrap suction catheter and suction outer cannula of tracheostomy.
   J. Have student take deep breaths or use ambu bag to deliver oxygen if available.
   K. Pick up inner cannula and scrub gently with cleaning brush.
   L. Use pipe cleaners to clean lumen of inner cannula thoroughly.
M. Run inner cannula through peroxide mixture.
N. Rinse inner cannula with saline.
O. Using gauze and pipe cleaner; dry inner cannula thoroughly.
P. Slide inner cannula into outer cannula using a smooth inward and downward arch and rolling inner cannula from side to side with fingers.
Q. Hold neck plate stable with other hand and turn inner cannula clockwise until catch (lock) is felt and dots are in alignment.
R. Discard materials and remove gloves.
S. Wash hands.

IV. Document the following:

A. Procedure performed
B. Assistance utilized
C. Type and size of tracheostomy tube/inner cannula
D. Characteristics of tracheal secretions
E. Suctioning and ambu bag used
F. Dressing applied
G. Condition of stoma site
H. Student’s tolerance of procedure, including assessment of breath sounds, character of respirations, and any changes in vital signs

V. Special Considerations

A. Due to the ever present risk of accidental decannulation, be prepared to call 911 at all times, and make certain there is a telephone in close proximity prior to beginning procedure.
B. Never clean a trach tube alone unless it is an absolute emergency and no assistance is available.
C. Always have an ambu bag with a face mask source available in the event of an emergency (decannulation, respiratory distress). Refer to Go Bag - Emergency Equipment.
D. If decannulation occurs and unable to insert new trach tube, attempt to reposition student’s head and neck by turning slightly backward or forward, and then try to reinsert tube. If the tube will not enter, try to reinsert the old tube or use a tube of the next smaller size. If still unable to insert tube, place the tip of a large suction catheter in the stoma and cut the catheter off approximately six (6) inches above the stoma. DO NOT LEAVE CATHETER UNSURE. Notify the physician immediately. DO NOT LEAVE THE STUDENT ALONE.
E. A small towel, blanket, or pillow placed under the shoulders of the student may help facilitate exposure of the stoma area.
F. For trach emergency Refer to Trach Emergencies Rapid Recognition and Response.

*Note: Plastic tracheostomy tubes without inner cannula should only be cleaned and re-used in accordance with the manufacturer’s approved procedure and if you have a physician order for the procedure. Plastic tracheostomy tubes can become progressively stiffer over three 3 to four 4 months of use and may develop splits or cracks. Inspect tubes for cracks or tears before insertion.
Trach Emergencies - Rapid Recognition and Response

I. Trach Displacement/Decannulation?

A. Rapid Recognition:
   1. Tube not midline
   2. Tube partially out
   3. Tube totally out
   4. Air leaks at trach site

B. Rapid Response:
   1. Without spending much time, quickly attempt to realign trach. If at any time you are unsure or have any difficulty
   2. Replace with same size trach. If there are any difficulties inserting same size trach
   3. Replace with smaller size trach
   4. Secure trach ties
   5. Administer trach suctioning
   6. Provide oxygen if available
   7. If there is no improvement or if distress continues, call 911
   8. While awaiting EMS arrival:
      a. Maintain patent airway
      b. Provide oxygenation
      c. Continue assessing airway, breathing, and circulation
      d. Start CPR if necessary

II. Obstruction/Aspiration?

A. Rapid Recognition:
   1. Student cannot breath
   2. Spasmodic coughing
   3. Cannot pass suction catheter
   4. Food, liquid, vomitus, or secretions in tube
   5. Unable to ventilate
   6. Air leaks at trach site

B. Rapid Response:
   1. Suction trach
   2. Instill saline and suction trach
   3. Replace with same size trach. If there are any difficulties inserting same size trach;
   4. Replace with smaller size trach
   5. Secure trach ties
   6. Administer trach suctioning
   7. Provide oxygen if available
   8. If no improvement, or if distress continues; call 911
   9. While awaiting EMS arrival:
      a. Maintain patent airway
      b. Provide oxygenation
      c. Continue assessing airway, breathing, and circulation
      d. Start CPR if necessary
III. Pulmonary Problems?

A. Rapid Recognition
   1. Decreased breath sounds
   2. Absent breath sounds
   3. Quick cyanosis
   4. Coughing
   5. Trach not obstructed
   6. Fever

B. Rapid Response:
   1. Provide oxygen if available
   2. Administer medications (nebulizer) as per physician order
   3. Suction trach
   4. Instill saline and suction trach
   5. Replace with same size trach. If there are any difficulties inserting same size trach;
   6. Replace with smaller size trach
   7. Secure trach ties
   8. Administer trach suctioning
   9. If no improvement, or if distress continues; call 911
      a. While awaiting EMS arrival:
      b. Maintain patent airway
      c. Provide oxygenation
      d. Continue assessing airway, breathing, and circulation
      e. Start CPR if necessary

*Whenever student stabilizes from any type of trach emergency or care is assumed by EMS notify parent/guardian, supervisor, and school administration or designee.
## TRACH GO BAG/EMERGENCY EQUIPMENT

<table>
<thead>
<tr>
<th>Check off</th>
<th>Supplies</th>
<th>Key Points</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Ambu Bag/mask/trach adapter</td>
<td>Must be with student at all times; a device used to assist with providing supplemental oxygen or rescue breathing when needed</td>
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<td>CPR barrier device</td>
<td>Back up if Ambu fails</td>
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<tr>
<td></td>
<td>Oxygen if ordered</td>
<td>Provides supplemental oxygen</td>
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<td>Portable suction machine</td>
<td>Allows the ability to suction anywhere; ensure the battery is charged before transport of student</td>
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<td>Suction catheters</td>
<td>Have several extra catheters in case change is necessary</td>
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<td>Same size trach: _____________</td>
<td>Spare trach, obturator and trach ties in place ready for emergency insertion</td>
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<td>Same size trach with obturator and trach ties (syringe if cuffed trach)</td>
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<td>Smaller size trach: _____________</td>
<td>Spare trach, obturator and trach ties in place ready for emergency insertion</td>
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<td></td>
<td>Smaller size trach with obturator and trach ties (syringe if cuffed trach)</td>
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<td>Blunt scissors</td>
<td>To cut trach ties in the event of an emergency trach change</td>
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<td>Bulb syringe x 2</td>
<td>Label one for nose and one for trach to be used for visible secretions</td>
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<td>Sterile saline if ordered</td>
<td>Used during suctioning to thin secretions</td>
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<td>Towel roll</td>
<td>Place under shoulders to promote maximum visualization and straightens the airway</td>
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<td>Water soluble lubricant</td>
<td>Helps tube go into the stoma more easily</td>
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<td>Gloves</td>
<td>Personal protection equipment</td>
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<td>Tissue</td>
<td>Useful to wipe secretions outside trach, nose, and mouth</td>
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<td>Passive condenser</td>
<td>Thermavent and artificial nose used for humidification and keeping dust particles or cold air out of trach tube</td>
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<td>Emergency numbers</td>
<td>911, parent/guardian, supervisor, administration or designee</td>
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<td>Portable phone</td>
<td>Portable radio or phone to be used in case of an emergency</td>
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**Purpose of Go Bag:**
Ensures that necessary emergency airway supplies are always immediately available to maintain artificial airway clearance. Supplies may vary according to the student’s medical needs/physician orders.

**Nursing Recommendations:** Verify presence and contents of the bag, contact parent/guardian for any missing supplies, and document corrective action taken.

* At any time a common trach can become a full blown emergency and care must be provided wherever the student is located. The equipment in the "Go Bag" must accompany the student at all times (at school, during transport, outside school building, and during all outings).
Ventilation When the Trach is Out and Cannot Be Reinserted

Try each method of ventilation until you see chest rise. If one method does not work, try the other, and continue to try in an alternating pattern until EMS arrives.

*If you are not alone delegate someone to call 911.

---

Position head and neck

If no chest rise

Cover nose and mouth
Mouth – to – Stoma
Breaths x 2

If no chest rise

Reposition head & neck
Try breaths x 2 again

If no chest rise

Cover Stoma
Mouth to Mouth
Breaths x 2

If no chest rise

Bag/mask to STOMA
Breaths x 2

If no chest rise

Reposition head & neck
Try breaths x 2 again

If no chest rise

Cover nose and mouth
Mouth – to – Stoma
Breaths x 2

If no chest rise

Reposition head and neck – Try breaths x 2 again
If no chest rise, check heart rate
Begin CPR if heart rate less than 60
If you have tried methods of ventilation and cannot get proper chest rise, STOP and call 911 to get help, but resume trying to ventilate as soon as possible.
Procedure for Nursing: Suctioning the Trach Tube

Purpose: This procedure establishes guidelines for School Health Nurses to maintain airway patency, prevent infection, and promote cleanliness while suctioning the tracheostomy tube.

Procedure: I. Objective: maintain airway patency by assisting in the removal of secretions

II. Indications for suctioning include:
   A. Difficulty in the work of breathing
   B. Sounds of mucous in the tracheostomy tube that cannot be cleared with cough
   C. Presence of adventitious breath sounds
   D. Increased stridor and/or respiratory rate not caused by activity
   E. Frequent coughing
   F. Nasal flaring
   G. Restlessness
   H. Irritability
   I. Crying
   J. Skin color changes

III. Equipment needed:
   A. Suction machine with connecting tubing
   B. Suction catheter (sterile or non-sterile based technique)
   C. Cup or jar with sterile, normal saline or distilled water (or clean water, based on technique used)
   D. Sterile saline for insertion into tracheostomy tube, if ordered by physician
   E. Ambu bag
   F. Oxygen, if available
   G. Clean or sterile gloves based on technique
   H. Personal Protective Equipment (PPE) as appropriate

IV. Suctioning procedure (CLEAN technique)
   A. Check student’s Emergency Health Care Plan for specific tracheostomy suction instructions
   B. Wash hands
   C. Gather equipment and set up and clean work area
   D. Don appropriate PPE and place glove on suctioning hand
   E. Turn suction machine on. Suction pressure should not exceed 120 mm Hg and should be checked before suctioning, at least once per shift
   F. Attach suction catheter to suction tubing using clean technique. If the catheter has been used previously, suction water from the cup before suctioning the tracheostomy tube
G. Determine the length of the catheter to be inserted in the tracheostomy tube prior to suctioning (a tracheostomy tube in the same size as the one in the child may be used to measure the exact depth to insert the catheter)

H. Instill prescribed amount of sterile saline into tracheostomy tube to help loosen secretions (only if physician has ordered for thick secretions)

I. Insert the catheter by gently twirling or rotating in a “rapid pass” method; apply suction while the catheter is being inserted; to prevent tracheal trauma, do not insert the suction catheter any further than the length of the trach tube

J. As the catheter is removed, continue to apply intermittent suction as the catheter is gently rotated; complete suctioning in five (5) seconds or less

K. Administer breaths with the ambu bag and oxygen, if required

L. Suction enough water from the cup or jar to clear the secretions from the catheter after each suction. After suctioning is completed, rinse the catheter with water, shake off excess water and store the catheter wrapped in a clean towel

M. Turn off suction machine and oxygen

N. Clean work area and store supplies properly

O. Remove gloves and wash hands

P. Document procedure – refer to Documentation section below

V. Suctioning procedure (STERILE technique):

A. Follow the same procedure as for the CLEAN technique, except use sterile gloves and a sterile catheter and maintain sterile technique throughout the procedure

VI. Documentation

A. Color, odor, and amount of secretions

B. Breath sounds and respiratory effort before and after suctioning

C. Depth used to insert catheter

D. Use of hyperventilation or hyperoxygenation

E. Time of procedure

F. Tolerance of procedure

G. Teaching

H. Technique (CLEAN vs. STERILE)
COMMUNICABLE DISEASE GUIDELINE

Purpose: The purpose of this procedure is to provide guidelines for managing communicable diseases in the school environment including disease control in individuals as well as disease outbreaks among groups.

Definitions:

**Bacteria** - unicellular microorganisms

**Communicable disease** - an illness due to a specific infectious agent or its toxic products that arises through the transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host; either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment (Synonym: infectious disease)

**Communicable period** - the time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to a person, or from an infected person to an animal, including orthopods

**Contact** – a person or animal that has been in such association with an infected person or animal or a contaminated environment as to have an opportunity to acquire the infection

**Contamination** - the presence of an infectious agent on a body surface, in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances, including water and food

**Epidemic** - the occurrence, in a community or region, of cases of an illness (or an outbreak) with a frequency clearly in excess of normal expectancy

**Host** – a person or other living animal, including birds and arthropods, that affords subsistence or lodgment to an infectious agent under natural (as opposed to experimental) conditions

**Incubation period** - the time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection

**Infection** - the entry and development (of many parasites) or multiplication of an infectious agent in the body of persons or animals.

**Infectious agent** - an organism (virus; minute organism) that needs a living cell in order to reproduce

**Infectious disease** - a clinically manifested disease of humans or animals resulting from an infection

**Organism** - any living thing, plant, or animal; the principal causes of infection are organisms (i.e., infectious agents) belonging to the following groups: bacteria, virus, and/or parasites
**Report of a disease** - an official report notifying an appropriate authority of the occurrence of specified communicable or other diseases in humans or animals

**Reservoir** (of infectious agents) - any person, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent normally lives and multiplies, on which it depends primarily for survival, and where it reproduces itself in such a manner that it can be transmitted to a susceptible host

**Transmission of infectious agents** - any mechanism by which an infectious agent is spread from a source or reservoir to a person; these mechanisms are as follows:

1. **Direct Transmission**: direct and essentially immediate transfer of infectious agents to a receptive portal of entry through which human or animal infection may take place
2. **Indirect Transmission**: indirect transfer of infectious agents through contaminated inanimate materials or objects
3. **Airborne**: the dissemination of microbial aerosols, suspensions of particles in the air, to a suitable portal of entry, usually the respiratory tract

**Vector** - any agent (person, animal, or microorganism) that carries and transmits a disease (e.g., mosquitoes are vectors of malaria and yellow fever)

**Viruses** - minute organisms that require a living cell for reproduction and growth

**Procedure**:

I. For disease-specific guidelines, including recommendations regarding exclusion from school, Refer to *Communicable Disease School Manual*.

II. Students who are deemed to have a communicable disease and are excluded from school may typically be required to wait 24 hours after cessation of symptoms to return. Give Healthy Students Handout to parent/guardian. This page may be reproduced and sent home with a parent/guardian picking up an ill child from school.

III. Complete the Communicable Disease Tracking Report for assigned school at the onset of five (5) or more students (not in the same family) seen in the School Health Clinic with the same or similar health symptoms. Send Communicable Disease Tracking Report to Santa Rosa County Health Department epidemiologist by email and send a copy to assigned Santa Rosa County Health Department School Health Nurse. Do not include student names in email report.
SANTA ROSA COUNTY COMMUNICABLE DISEASE TRACKING REPORT

School: ____________________________________________

Report Prepared By: ________________________________

Record the following information at the onset of five (5) or more students with similar symptoms.

Mark an X in the box for the symptoms present per student.

Submit this form by the end of the school day to Deborah Price at Deborah_Price@doh.state.fl.us

Notify your School Health Registered Nurse (RN) Report

Date: ________________

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<th>Teacher</th>
<th>Grade</th>
<th>Fever</th>
<th>Cough</th>
<th>Sore Throat</th>
<th>Headache</th>
<th>Runny Nose</th>
<th>Vomiting</th>
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<th>Sent Home</th>
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Use of Communicable Disease Parent/Guardian Notification Letters in the School Setting

Objective: There are two public health purposes for sending parent/guardian notification letters regarding communicable disease in the school setting:
1. Case-finding
2. Prevention for spread of disease

1. After receiving notification of a reportable disease or a cluster of illness/symptoms in a school, the Epidemiology Program will recommend to School Health Staff whether a pre-approved, standard, disease specific letter should be sent to parents/guardians of a classroom of students. The recommendation is based on established disease guidelines specific to Santa Rosa County Health Department, hereinafter referred to as SRCHD, Epidemiology Program protocols.
   A. The Epidemiology Program will consult with the SRCHD Administrator/Medical Director or designee prior to recommending a school-wide letter distribution. The SRCHD Public Information Officer will be alerted.
   B. If there is anything unusual about the symptomology/disease presentation (i.e. age and number of students affected, media interest, rare disease, fatality, etc.), the SRCHD Administrator/Medical Director or designee must be notified and will authorize content and level of communication. The SRCHD Public Information Officer will be alerted.
   C. The disease specific Fact Sheet may be copied on the reverse side of the parental notification letter. School Health Nurses will use the Fact Sheet as a guide for talking points regarding the specific disease when fielding school-based questions.
   D. Standard letters for common communicable diseases or symptomology will be pre-approved by the SRCHD Administrator and the Assistant Superintendent of Schools and will not require additional review prior to the recommended distribution. Any non-standard letter will be reviewed by the SRCHD Administrator and the Assistant Superintendent of Schools prior to distribution.

2. After a decision is made to send a letter, the School Health Supervisor will notify the School Principal, Assistant Superintendent of Schools and School Health Nurse. The School Health Nurse will notify the School Health Technician at the facility.

3. SRCHD Epidemiology Program will archive any letter distributed per their recommendation and maintain the file for three (3) years.

4. If the Epidemiology Department recommends notifying only the risk population (i.e. unvaccinated, pregnant, immuno-compromised), the School Health Nurse will facilitate identifying the individuals to receive the notification. The School Health Supervisor will alert the School Health Nurse of the planned limited notification.

5. A School Health Nurse may independently distribute pre-approved letters for non-reportable diseases, with appropriate fact sheets, to the parent/guardian of an individual student. These letters and Fact Sheets are located in the School Health Communicable Disease Manual. However, any cluster of illness/symptoms or single cases of reportable diseases must be referred to the Epidemiology Program for investigation and determination of need for classroom notification letters.

6. If the Santa Rosa County School District, hereinafter referred to as SRCSD, desires to send a parental notification that has not been recommended by the SRCHD Epidemiology Program, the following practice will be followed:
   A. Assistant Superintendent will notify the School Health Supervisor of intent to distribute letter.
   B. The School Health Supervisor will notify the Epidemiology Program of SRCSD’s intent to distribute letter.
   C. SRCHD will offer consultative services to School District to assure that factual information is provided in the letter.
   D. SRCSD will send the notification under SRCSD letterhead. It is appropriate to copy the SRCHD fact sheet on the reverse side of the parent/guardian letter, if the School District so desires.
Attention Parent/Guardian:

As you take your child home sick from school please be reminded that there are some things you can do to help all of our students stay healthy.

1. If your child has had a fever, vomited or had diarrhea within 24 hours, don’t send them to school until they are symptom free for 24 hours.
2. For many illnesses your child needs to be treated with antibiotics for 24 hours before returning to school (i.e. strep throat, pink eye).
3. Check with your health care provider before sending a child to school that has discolored nasal discharge (i.e. greenish color).

We appreciate your help in our efforts to keep our students healthy, happy, and ready to learn.
# Parents’ Guide to Florida School Immunization Requirements at a Glance
## 2009 - 2010 School Year

<table>
<thead>
<tr>
<th>Grade</th>
<th>DTaP Series</th>
<th>Polio Series</th>
<th>MMR 1</th>
<th>MMR 2</th>
<th>Hep B Series</th>
<th>Varicella 1²</th>
<th>Varicella 2³</th>
<th>Pneumococcal Conjugate</th>
<th>Hib</th>
<th>Td/Tdap Booster</th>
<th>Completed Certificate ²³</th>
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1. Children entering or attending public pre-school are required to have an **age-appropriate** number of DTaP, Polio, MMR, Hepatitis B, Varicella, and Hib immunizations. Public pre-school students aged 3 and 4 years do not typically have all immunizations required for Kindergarten entry, thus their Certificates of Immunization are most often signed in Temporary Medical Exemption (Part B-Temporary). The expiration dates on these Certificates of Immunization are typically set at Kindergarten entry or the child’s fifth birthday.

2. Effective 2001-2002 school year, children entering kindergarten will be required to receive one dose of varicella vaccine. Each subsequent year thereafter, the next highest grade will be included in the requirement.

3. Beginning 2008-2009 school year, children entering kindergarten will be required to receive two doses of varicella vaccine. Each subsequent year thereafter, the next highest grade will be included in the requirement. Varicella vaccine is not required if there is history of varicella disease documented by the health care provider.

4. Effective January 2008, children age 2 to 24 months, entering or attending child care or family day care facilities, will be required to have documentation of age-appropriate pneumococcal conjugate vaccination.

5. Certificates of Immunization for students of any age/grade who are lacking immunizations required for their grade level should be signed in Temporary Medical Exemption (Part B-Temporary) with an appropriate expiration date to recall the student for the missing immunizations.

6. Effective with the 2009-2010 school year, in addition to all other compulsory school immunizations, children entering, attending, or transferring to the seventh grade in Florida schools are required to complete one dose of tetanus-diphtheria-pertussis vaccine (Tdap).
Dear Parent/Guardian of: __________________________________________

Your child has been evaluated in the School Health Clinic by a School Health Nurse from the Santa Rosa County Health Department and has a suspicious skin infection. Some skin infections are caused by Methicillin-resistant Staphylococcus aureus (MRSA). You do not need to be alarmed about this, but the Health Department would like to provide you with information about this type of infection.

Staphylococcus aureus ("staph") is a type of bacteria found in the environment and on the skin or in the nose of 25% to 30% of healthy individuals. It is a common cause of bacterial skin lesions, such as impetigo, furuncles, carbuncles, abscesses and infected cuts and is most commonly spread through direct physical contact (skin-to-skin) with an infected person. In the past 25 years, more and more of these staph infections have become resistant to the antibiotics commonly prescribed to treat them – penicillin and methicillin. These MRSA infections therefore require more persistence to treat and more vigilance to prevent.

It is neither practical nor necessary to bar children with MRSA infections from attending school; however, precautions need to be taken to prevent the spread to other persons. MRSA infections are treatable, and early treatment can help keep the infection from getting worse. We ask that you consult with your health care provider as soon as possible. Depending on the severity of the infection, he or she may send a sample for laboratory testing and may prescribe antibiotics. The infected area must remain bandaged until the wound is dry, especially if your student is involved in contact sports. Remember, even if the infection appears to be healing, the treatment instructions should continue to be followed to prevent the infection from coming back or becoming worse.

The following are the best ways to prevent MRSA infections:

- Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person.
- Do not share personal items such as razors, towels, bed sheets, clothes, deodorant, sporting equipment.
- Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed.
- Avoid contact with open wounds and cuts.
- Wash soiled towels, bed sheets, and clothes in hot water with soap and bleach. Dry clothes in a hot dryer, heat helps kill the bacteria.
- Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
- Keep all common areas, like bathrooms and kitchens clean. A 1:10 bleach solution or chemical germicide will kill the bacteria.

If you have any questions, please contact your physician, or your School Health Nurse at 983-5200.
# Communicable Disease School Health Manual Table of Contents

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DEFINITIONS

What is an outbreak?

A. Two or more linked cases of gastrointestinal illness with similar symptoms occurring within 72 hours among children or staff in the same facility that do not live in the same household.

B. If the causative organism is known, an outbreak is defined as two or more linked cases occurring within the incubation period for the disease.

What are the different steps in handling symptomatic individuals?

Step I
If an individual (student or sensitive worker) is symptomatic but NO laboratory test results are available, the facility is responsible for following the exclusion and readmission guidelines. If necessary, the facility staff may request assistance from the DOH- Santa Rosa Epidemiology Program.

Step II
An individual has a positive test result. If the disease is reportable, the facility must report to the Florida Department of Health in Santa Rosa County Epidemiology Program. Sensitive workers may have to be excluded from work.

Step III
An outbreak situation is identified in a school (K-12). Sick individuals may or may not have positive test results. Testing shall be carried out to identify etiology for targeted treatment and infection control measures.

Step IV
Outbreak situation shows continued transmission in the facility past one (1) incubation period (the mean incubation period of identified pathogen or as determined from the epi curve) after infection control measures were implemented in stage III.
**DIARRHEAL ILLNESS GUIDELINES FOR SCHOOL AGE CHILDREN**

**General Information**

This information is a general guide to help schools when a student(s) become sick with symptoms of diarrheal illness (defined as an abnormal increase in the number of loose, semi-solid or watery stools in a 24 hour period). The goal of the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) Epidemiology program is to work with each facility to prevent illness and promote a healthy environment.

It is important to notify the DOH assigned school nurse immediately when 2 or more students and/or staff become ill with similar symptoms.

Early detection of illness, prompt exclusion of sick students and/or staff, and implementation of the infection control measures recommended by DOH-Santa Rosa will keep the rest of the students and staff healthy thereby saving the facility time and money.

Under most circumstances, the guidelines allow students to return to school quickly once symptoms disappear and do not return for at least 24 hours. These rules will apply as long as the facility is able to exclude and report sick students and/or staff with diarrheal illness in a timely manner. The length of time for which the sick individual is excluded from the facility may depend on the severity and cause of the illness as well as the extent of the outbreak.

**Facility Disease Management Information**

A student must stay out of school if he/she has any of the following symptoms: fever, diarrhea, stools that contain blood or mucus, vomiting and/or stomach cramps. Other symptoms that may or may not be associated with diarrheal illness but need to be reported are unusual irritability, abnormal persistent crying, difficulty breathing, rash, or other symptoms of severe illness.

**What to do if there is a single sick student or staff member has any of these symptoms (Step I)**

If the illness occurs at the facility, the sick student must be kept away from others until picked up. The student or staff member must be excluded until symptom-free for AT LEAST 24 hours.

**What should I do if 2 or more students/staff are sick or a student/staff member in your facility has a positive stool test? (Steps II-IV)**

- Fill out a communicable disease tracking report (see attached document) and email to your assigned DOH school nurse contact by the end of the school day.
- Separate the sick students from the other students until they can be picked up.
- Sick staff members should be relieved of their duties and sent home.
- Stool testing may be required of sick individuals. Stool testing kits and/or disease specific letters can be provided to the affected classroom/facility.
- Infection control guidelines specific for each outbreak can be provided by the DOH-Santa Rosa.
**Diarrheal Illness Guidelines for Sensitive Workers**

A sensitive worker must be relieved of their duty if he/she has any of the following symptoms: fever, diarrhea (defined as an abnormal increase in the number of loose, semi-solid or watery stools in a 24 hour period), stools that contain blood or mucus, vomiting and/or stomach cramps. Other symptoms that may or may not be associated with diarrheal illness, but need to be reported are; unusual irritability, difficulty breathing, rash or other symptoms of severe illness. If the illness occurs at the facility, the sick worker must be relieved of their duties and sent home immediately.

**Who is a Sensitive Worker?**

A sensitive worker is defined as a food handler, food service employee, childcare employee participating in direct personal care such as feeding and diapering, or a health care employee participating in direct patient care, as specified under 64D-3.028(22) Florida Administrative Code.

**General Information**

The Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) Administrator has the authority to change the policy for enteric illnesses and other diseases at any time, as appropriate.

If any form of non-compliance is identified in the staff member, the School District representative will notify the DOH-Santa Rosa. This will be evaluated on a case by case basis.

**Step I** - If there is no confirmatory laboratory result for an individual case AND no other cases identified at the facility then the staff member may return to work once they remain symptom free for AT LEAST 24 hours.

* It is recommended that a sensitive worker who remains symptomatic for multiple days to seek medical care.

If the sensitive worker tests positive for Salmonella, Shigella or E. coli O157, they will be excluded and may return after being symptom-free for AT LEAST 24 hours AND/ or cleared by a medical provider.

If the sensitive worker tests positive for Campylobacter, Giardia or other enterics not otherwise specified, they will be excluded until symptom-free for AT LEAST 24 hours after their LAST symptom.

If a sensitive worker tests positive for Hepatitis A, they may return one week after the onset of symptoms.
Enteric Disease Guidelines: Step 1 (Single Case)

*For multiple cases contact your school's DOH - Santa Rosa school nurse contact

A single child or sensitive worker presents with diarrhea and related symptoms

Isolate from others and exclude from facility until symptom-free for 24 hours

Symptom -free for 24 hours?

Return to school/work

YES

Symptoms return?

NO

Case ended

NO

Exclude from facility and recommend MD visit and stool testing

Stool Tested

Positive stool

YES

Call DOH- Santa Rosa Epidemiology at 850-983-5200

NO

Return to facility if symptom free for 24 hours

NO

Return to facility if symptom free for 24 hours

YES

Return to facility if symptom free for 24 hours
Guidelines for Enteric Disease Readmission: Step 2 (Single Case)

For any of the following diseases with positive laboratory tests

- Salmonella, Shigella, Campylobacter, Giardia, Unspecified enteric

  Readmission/Clearance

  - Child and Sensitive worker
    - E. Coli O157:H7
    - Hepatitis A
    - Typhoid fever

- Student

  - Sensitive worker
    - At least 24 hours symptoms free
    - AND
      - For Salmonella & Shigella
        - 2 negative stool cultures

    - Student Relapse/non-compliance
      - Any form of noncompliance may result in exclusion from school.

Definitions: Sensitive Worker - is defined as a food handler, food service employee, daycare and/or school employees participating in direct personal care such as feeding and diapering, or a health care employee participating in direct patient care, as specified under 64D-3.028 (22) Florida Administrative Code.
Guidelines for Enteric Disease Readmission: Step 3 (Outbreak situation)

*C Call the DOH-Santa Rosa Epidemiology Department at 850-983-5200

Cohort: is defined a group of like individuals.

Readmission/Clearance

No Cohort

Salmonella, Shigella, Campylobacter, Giardia, Unspecified enteric

E. Coli O 157:H7

Symptoms-free and two (2) negative stool cultures collected 24 hrs apart

Hepatitis A

One (1) week after the onset of symptoms or jaundice

Typhoid fever

Symptom-free and three (3) negative stool cultures collected 24 hrs apart (no sooner than one month after onset)

Cohort

Salmonella & Shigella

Enter cohort at least 24 hrs after their last symptoms

Campylobacter, Giardia, & Unspecified enterics

Student

Release from cohort one (1) week from entry

Sensitive worker

Release from cohort with two (2) negative stool cultures collected 24 hrs apart

Student

Release/Non-compliance

At least 48 hours symptom free

Two (2) negative stool cultures collected 24 hrs apart

Sensitive worker

AND

Any form of noncompliance may result in exclusion from school.
Guidelines for Enteric Disease Readmission: Step 4 (Outbreak situation – Continued Transmission)

Cohort: is defined a group of like individuals.

*Call the DOH-Santa Rosa Epidemiology Department at 850-983-5200

For Continued transmission after 2 incubation periods

- No Cohort
  - Salmonella, Shigella, Campylobactor, Giardia. Unspecified enterics
    - Student(s) and Sensitive Workers
      - E. Coli 0157:H7
        - Symptom free and 2 negative stool cultures (24 hrs apart)
      - Typhoid fever
        - Symptom free and 3 negative stool cultures collected (24 hrs apart)
  - Hepatitis A
    - 1 week after onset of symptoms or jaundice
  - Typhoid fever
    - Symptom free and 3 negative stool cultures collected (24 hrs apart)

- Cohort
  - Salmonella, Shigella, Campylobactor, Giardia Unspecified enterics
    - Release from Cohort with 2 negative stool cultures (24 hrs apart)

- Student(s) and Sensitive Workers
  - E. Coli 0157:H7
    - Symptom free and 2 negative stool cultures (24 hrs apart)
  - Typhoid fever
    - Symptom free and 3 negative stool cultures collected (24 hrs apart)

Any form of noncompliance may result in exclusion from school.
INFECTION CONTROL MEASURES

Infection Control Measures consist of:

- Distributing disease specific letters to staff/parents/guardians
- Providing staff training regarding hand-washing and infection control practices
- Inspecting the facility for source of transmission and proper implementation of control measures
- Implementing personal control measures
  - Increased hand washing
  - Staff assigned to food preparation should not also be assigned to toileting assistance
- Implementing environmental control measures, as appropriate
PROTOCOL FOR COMMUNICABLE DISEASE REPORTING

If you suspect or receive a letter/lab/phone call from a student or guardian that indicates that the child is positive for one of the reportable diseases (see list of reportable diseases):

Step 1. Collect demographic data on the student including:
- Name
- Date of Birth
- Address
- Telephone Number
- Parent/ Guardian’s Name
- Parent/ Guardian’s Work Telephone Number
- Transportation (Bus, Carpool, Daycare transportation)
- Identify student’s extracurricular activities

Step 2. Collect illness information including:
- Onset Date
- Symptoms
- Last Day Attended School
- Physician’s Name
- Hospital

Step 3. If the illness is suspected to be a vaccine preventable disease (such as chickenpox, pertussis or measles) collect the following additional information. If not, go to step 4:
- Immunization History
- Are others ill in the student’s Classroom? If yes, how many?
- Identify classmates whose immunizations are not up to date (may need to pull records and vaccinate)
- Identify students with Religious or medical exemptions

Step 4. Notify the assigned DOH-Santa Rosa School Nurse contact

Step 5. Notify the DOH-Santa Rosa Epidemiology Program at 850-983-5200
HAND WASHING

The best way to reduce disease risk in your facility is to see that staff and children follow recommended hand washing procedures.

How?

Staff should use this method to make sure their hands are free of germs.

- Use soap and running water
- Rub your hands vigorously as you wash them
- Wash all surfaces, including:
  - Backs of hands
  - Wrists
  - Between fingers
  - Under fingernails
- Rinse your hands well. Leave the water running
- Dry your hands with a single-use towel
- Turn off the water using a paper towel instead of bare hands

When?

Caregivers should wash their hands

- When they enter the facility in the morning
- Before preparing or serving food
- After diapering a child or wiping his nose or cleaning up messes
- After they have been to the bathroom—either with a child or by themselves
- When coming back from the playground area

Be sure the children’s hands are washed, too!

Especially:

- When they arrive at the facility
- Before they eat or drink
- After they use the toilet or have their diapers changed
- After they have touched a child who may be sick
- After playing on the playground

Hand sanitizer

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do not eliminate all types of germs and might not remove harmful chemicals. **Hand sanitizers are not as effective when hands are visibly dirty or greasy.**

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.

Reference:  [CDC.gov](https://www.cdc.gov)
Handwashing Steps

Step 1    Wet Hands
Step 2    Apply Soap
Step 3    Rub soapy hands for 20 seconds
Step 4    Scrub fingertips and between fingers
Step 5    Scrub forearm to just below elbow
Step 6    Rinse forearms and Hands
Step 7    Use towel to dry hands
FLU SEASON
RESPIRATORY ETIQUETTE

GERMS ARE OFTEN SPREAD BY COUGHING, SNEEZING OR BY UNWASHED HANDS.

COVER YOUR MOUTH AND NOSE

BLOW YOUR NOSE INTO A TISSUE
DISCARD IN THE TRASH

WASH YOUR HANDS
BEFORE TOUCHING SOMEONE

Stay healthy; help protect yourself and your family from getting sick.

See your health care provider or contact the Florida Department of Health in Santa Rosa County about getting this year’s flu shot.

The Florida Department of Health in Santa Rosa County (850) 983-5200
TO ALL STUDENTS/STAFF:

For your protection and the protection of others:

If you have:

Cold symptoms (cough, shortness of breath, runny nose or difficulty breathing)

OR

A fever along with a new cough and/or sore throat…

You may be asked to wear a mask.

PLEASE:

1. Wear the mask given to you from the clinic to put over your nose and mouth.
2. Inform the clinic at your school of your symptoms.

Thank you for protecting other students & school employees!

The Florida Department of Health in Santa Rosa County (850) 983-5200
Fact Sheets

- Adenovirus
- Bed Bugs
- Body Lice
- Campylobacteriosis
- Chickenpox
- Conjunctivitis (Pink Eye)
- E coli 0157:H7
- Fifth Disease
- Giardiasis
- Hand, Foot and Mouth Disease
- Head Lice
- Hepatitis A
- Impetigo
- Influenza
- Meningitis
- MRSA
- Mononucleosis
- Norovirus
- Pinworms
- Pertussis
- Respiratory Syncytial Virus (RSV)
- Ringworm
- Rotavirus
- Salmonella
- Scabies
- Shigellosis
- Staph
- Strep Throat

CDC Standard Precautions for Infection Control

Cohorting

Hand Washing

*Note: Diseases with an asterisk by the title indicate that they are reportable diseases to the Florida Department of Health in Santa Rosa County.
What is Adenovirus?

Adenoviruses are a group of viruses that most commonly affects the respiratory tract causing from mild cold-like symptoms to pneumonia or bronchiolitis (infants). Depending on virus type, the organism may also cause other illnesses such as gastroenteritis, conjunctivitis, bladder infection and rash illness.

How is Adenovirus spread?

Adenoviruses are spread from person to person through poor hand washing after an infected person has a bowel movement (fecal-oral) or by breathing in airborne droplets when someone sneezes or coughs, or by touching hands and articles freshly soiled by the nose, throat, or eye discharges of an infected person. Sometimes infection can occur from inadequately chlorinated swimming pools or small lakes.

What are the signs and symptoms of Adenovirus?

The signs and symptoms of adenovirus infection may vary and include headache, fever, runny-nose, sore throat, red-watery eyes, nausea, vomiting, and diarrhea.

What is the incubation period and how long is it communicable?

The symptoms usually start 4-5 days after coming in contact with the virus, may appear as early as two days or as late as 14 days. The sick individual may infect someone else as long as they are symptomatic and even up to one week after symptoms stop.

How can Adenovirus infection be prevented?

The best prevention is to frequently wash your hands vigorously with soap and water before eating and after using the restroom, handling diapers (use gloves), and cleaning after/caring for a symptomatic individual. Also proper disposal of diapers and disinfection of changing tables will help stop the spread of the virus. Adults and children should be encouraged to sneeze or cough in a tissue or their elbows and dispose of used tissue into a waste basket.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part cool water; prepared daily) to contaminated surfaces such toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

If the fever lasts more than a few days, the symptoms are getting worse or last more than a week, the child has problems breathing or is under three (3) months of age or shows signs of dehydration (tired, lack of energy, dry mouth, or sunken eyes), please seek medical care. Patients with poor immune systems are especially at risk of severe and life-threatening infections.

Student and sensitive workers can NOT attend school and will need to be symptom free for 24 hours before being readmitted.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
BED BUGS

What are Bed Bugs?

Bed bugs are small, brownish, wingless, flattened insects that feed on the blood of people and animals while they sleep.

How is it spread?

While bed bug infestations in schools are uncommon, bed bugs tend to get into the school from people on clothing or belongings brought to school from home. By the same nature bed bugs can crawl off of one person and onto another.

What are the signs and symptoms of Bed Bugs?

Bed bugs cause itchy bites to human hosts. The bites usually show up as a welt, almost like a mosquito bite and typically happen in the night since the bugs are nocturnal. Bite responses can lead to a range of reactions, from a small bite mark, to a serious allergic reaction.

What is the incubation period and how long is it communicable?

Bed bug infestations usually occur around or near where people sleep (CDC). They are not known to spread any disease. However, bed bugs can be a nuisance due to causing itching and loss of sleep. The excessive itching can sometimes lead to a chance of secondary skin infection.

Can Bed Bugs in the classroom be prevented?

Infestation can be avoided by the following:

- Make sure pesticides are being applied at the school by a trained professional, in compliance with the school plan.
- Backpacks, lunchboxes, and other items that travel back and forth from home to school can be inspected daily if a student is having a bed bug problem at home.
- Hard surfaces can be cleaned with standard cleaning products.
- If bed bugs are found in a particular part of the school or classroom, it should be inspected by a pest management professional or other trained staff.

What should I do about it?

If a bed bug is found on a student, it may indicate that the student has bed bugs at home. It is important to note that bed bugs can crawl off or onto a person (or their belongings) at any time. Students with bed bugs should not be excluded from school/daycare unless there have been repeat attempts to remedy the infestation. If a confirmed bed bug is found on a student, then school officials or the school nurse should inform the parent of the child about the presence of the bug on the student.

For more information, please contact the DOH- Santa Rosa Epidemiology Program at 850-983-5200.

BODY LICE

What are Body Lice?

Body Lice are parasitic insects that live on clothing and bedding used by infected people. The lice usually lay their eggs on or near the seams of clothing and feed on blood. Like head lice, body lice have three stages: the egg (nit), the nymph, and the adult.

How is Body Lice spread?

Body lice are spread by direct contact with an infected person or through contact with belongings such as clothing, beds, bed linens, or towels that have been in contact with an infected person. Personal hygiene or cleanliness in home or school is the main cause of a student getting body lice.

What are the signs and symptoms?

Body lice are characterized by intense itching and rash caused by an allergic reaction to the bites. Like head lice, body lice can cause severe itching which then can cause sores on the body. Lice found on the head or scalp are NOT body lice and are instead head lice.

What is the incubation period and how long is it communicable?

Body lice can spread diseases such as typhus, trench fever, and louse-borne relapsing fever. The eggs of body lice hatch in 6-9 days and are usually laid at the base of the hair shaft nearest to the skin. The eggs release a nymph which becomes an adult in about 7 days. The adults are about the size of a sesame seed and can live up to 30 days on a person's body. To live, the adult needs to feed on blood several times a day.

Can Body Lice be prevented?

Infestation can be avoided by the following:
- Avoid physical contact with infested individuals and their belongings, especially clothing and bedding
- Launder clothing and bedding in hot water (over 129 °F) or dry clean to destroy lice and nits.
- Dry clothes in hot clothes dryer.
  Improvement of personal hygiene of the infected student

What should I do about it?

Students with body lice should not return to school/daycare until cleared by a medical provider.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
**CAMPYLOBACTERIOSIS/ (CAMPYLOBACTER)**

What is Campylobacteriosis?

Campylobacteriosis is an infection of the intestines caused by the Campylobacter bacteria. Animals may also be infected but rarely show signs of illness.

How is Campylobacteriosis spread?

Campylobacter organisms can be found in uncooked food such as raw milk, raw milk products, meat, meat products, and poultry. Ready-to-eat items may be contaminated by infected products or utensils. Infected individuals, that do not properly wash their hands after using the restroom or changing diapers, may transfer fecal material and the bacteria to food or object that others will put in their mouth. Also, anyone may contract this illness by having contact with the feces of infected animals.

What are the signs and symptoms of Campylobacteriosis?

The signs and symptoms of this illness may include diarrhea (frequently bloody), abdominal pain, fever, nausea and sometimes vomiting. Loss of appetite and loose stools often persist for several days. Dehydration, especially among infants, may be severe.

What is the incubation period and how long is it communicable?

The incubation period is usually two to five (2-5) days with a range of one to ten (1-10) days depending on the dose ingested. Persons are contagious throughout the course of infection, usually from several days to several weeks (2-7). The period of communicability may be shortened to a few days with the use of antibiotics.

How can Campylobacteriosis be prevented?

The best prevention is to frequently wash your hands vigorously with soap and water before eating and after using the restroom, handling diapers (use gloves), and cleaning after/caring for a symptomatic individual. Proper disposal of diapers and disinfection of changing tables will help stop the spread of the virus. Also, when preparing food, thoroughly cook all foods derived from animal sources, particularly poultry and eggs, pasteurize all milk and chlorinate or boil all water supplies. Finally, recognize and control diarrhea among household animals and pets.

*It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part cool water; prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.*

What should I do about it?

Persons who have these symptoms should see their physicians.

Students can NOT be in school and will need to be symptom free for 24 hours before being readmitted. Sensitive workers should not work when sick.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
CHICKENPOX
(VARICELLA)*

What is Chickenpox?

Chickenpox is a common childhood disease caused by the varicella zoster virus. It is usually mild, but it can be serious in infants, pregnant women, and persons with weakened immune systems.

How is Chickenpox spread?

Chickenpox is highly contagious and spread from person to person by direct contact or indirectly through articles freshly soiled by discharges from the blisters. It is also spread by droplet or airborne spread of secretions of the respiratory tract released into the air from sneezing and coughing.

What are the signs and symptoms of Chickenpox?

The early sign is a slight fever and general fatigue followed by itchy rash (red bumps) on trunk and face that later turn into fluid-filled blisters. These usually dry and scab over in four to five (4-5) days. The blisters tend to come in crops. The most distressing symptom is the itching that accompanies the blisters. An infected individual can have just a few pox to more than 500. Some children who have been vaccinated can get a mild case of chickenpox with a small number of spots that never go to blister or crust over stage.

What is the incubation period and how long is it communicable?

The incubation period is two to three (2-3) weeks. Persons are contagious one (1) or two (2) days before the onset of the rash and until the last crop of blisters scabs over. Scabs themselves are not considered infectious.

How can Chickenpox be prevented?

There is a vaccine available. Most children get their first dose at 12-15 months of age and should receive a second dose at 4-6 years of age. People 13 years of age and older (who never had chickenpox or did not receive the vaccine) should get two (2) doses at least 28 days apart. Talk to your or your child’s healthcare provider about getting vaccinated.

If you have already had chickenpox, you do not need the vaccine. If you are not sure whether you have had chickenpox, your primary physician may offer a blood test.

What should I do about it?

Persons with the above symptoms should see their physicians. Immunocompromised persons, pregnant women, and premature infants who may have been exposed to someone with chickenpox should contact their healthcare provider immediately. NEVER GIVE ASPIRIN TO A CHILD as it may cause a rare but serious complication called Reye’s syndrome.

Students can NOT be in school until blisters are scabbed over.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.
CONJUNCTIVITIS
(PINK EYE)

What is Conjunctivitis?

Conjunctivitis begins with excess tearing and irritation of the eye, usually pink/red in color, and ‘sticky’. It may be followed by swelling of the eyelids, photophobia and white/yellow discharge (pus). It can be due to a viral or bacterial infection. Pink eye due to allergies are often associated with other signs of hay fever such as itchy nose and is not contagious and do not have pus.

How is Conjunctivitis spread?

It is spread by contact with discharge from the eyes or upper respiratory tracts of infected persons, from contaminated fingers, clothing and other articles including shared eye makeup applicators.

What is the incubation period and how long is it communicable?

The incubation period is 24 to 72 hours but it may vary depending on the cause. Bacterial infections can be treated with antibiotics and are no longer contagious 24 hours after beginning of treatment. Viral infections are communicable as long as symptoms are present and no treatment is currently available.

How can Conjunctivitis be prevented?

Anyone with symptoms of conjunctivitis or anyone in contact with someone with conjunctivitis should wash hands before and after touching or wiping your eyes with soap and water, throw away or carefully wash items that touch the eyes, do not share eye make-up or other items used on the eyes (towels, tissues, or cotton ball). Adults and children should be encouraged to sneeze or cough in a tissue or their elbows and dispose of used tissue into a waste basket.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part cool water; prepared daily) to contaminated surfaces such as door handles or any object the sick individual has touched.

What should I do about it?

If the eye discharge is yellow, if the eye or eyelid is red, or if symptoms don’t start improving after two (2) or three (3) days, please seek medical attention. Be aware of the signs of more severe eye infection: severe eye pain, change in vision, extreme sensitivity to light, and marked heat and swelling of the eyelids. If any of these symptoms occur, contact your healthcare provider IMMEDIATELY!

Students and sensitive workers can NOT attend school until drainage is no longer present or 24 hours after beginning antibiotic treatment for bacterial conjunctivitis.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
E. COLI 0157:H7 *

What is E. coli 0157:H7?

E. coli are bacteria that normally live in the intestines of humans and animals. There are many strains of E. coli bacteria and most of them are harmless. However, one particular strain, E. coli O157:H7, may cause serious illness in some individuals.

How is E.Coli 0157:H7 spread?

E. coli 0157:H7 is transmitted though fecal-oral route. The bacteria live in the gut of healthy cattle, deer, goats, and sheep. It can spread to people through raw or undercooked meat, or unpasteurized milk or juice. Other food items may be contaminated either by manure in the field or by raw beef or raw beef juices in the kitchen. Sick individuals, that do not properly wash their hands after using the restroom or changing diapers, may transfer fecal material and the bacteria to food or objects and infect others.

What are the signs and symptoms of E.coli 0157:H7?

The most common symptoms are severe stomach cramps and diarrhea (which often becomes bloody), sometimes vomiting but little or no fever. Dehydration, especially among infants and the elderly, may be severe. Hemolytic Uremic Syndrome (HUS) is a serious complication of E. coli 0157:H7 infection which starts about one (1) week after the onset of the diarrhea. HUS damages kidneys and blood vessels. Most people do not develop HUS; however, young children and the elderly are at greater risk of developing HUS. Antibiotics are NOT recommended to treat this infection.

What is the incubation period and how long is it communicable?

The incubation period ranges from two (2) to ten (10) days with a median of three (3) to four (4) days. The pathogen may be transmitted for one (1) week in adults to three (3) for children. Prolong carrier state (having the bacteria in one’s gut without any symptoms) is uncommon.

How can E. coli 0157:H7 be prevented?

The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Cleaning up vomitus or diarrhea
- Handling diapers (use glove)
- Handling soiled clothes or linens
- Contact with a symptomatic person

Before:
- Eating
- Preparing food

This disease can also be prevented by proper disposal of soiled diapers, human waste, and prevention of food and beverage contamination. It is recommended to use only pasteurized milk and dairy products, and heat beef to an internal temperature of 155°F for at least 15-16 seconds. Kitchen counters and cutting boards should be sanitized after use.
It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

This may potentially be a serious illness. Persons who have these symptoms should see their physicians. Students and/or staff members should be cleared by a health care provider before they return to school/work. Antibiotics are generally not used.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
FIFTH DISEASE
(Erythema Infectiosum; Human Parvovirus B19 Infection)

What is Fifth Disease?

Fifth Disease is a mild, self-limiting rash illness caused by a virus (parvovirus B19) and primarily affects school age children. Occasionally, the rash may itch.

How is Fifth Disease spread?

It is spread mainly through contact with respiratory secretions from the nose and throat of infected individuals and their saliva. It can be passed from mother to fetus. It can also be spread through transfusion of blood and blood products, and is resistant to inactivation by various methods.

What are the signs and symptoms of Fifth Disease?

Fifth Disease is a mild, lace-like rash occurring on the body, arms and legs; usually with low grade fever. It usually presents with ‘cold-like’ symptoms (malaise and fatigue, runny nose). Diagnosis is made when the most striking symptom, the redness of the cheeks (‘slapped-cheek’), appears. This rash usually resolves in seven (7) to ten (10) days, but may re-appear and fade away with changes in temperature, sunlight and emotional stress for up to six (6) weeks.

What is the incubation period and how long is it communicable?

The incubation period varies from four (4) to twenty (20) days. It is more communicable in the week before the rash appears and is probably not after the rash begins.

How can Fifth Disease be prevented?

There is no vaccine at this time. Approximately 50% of adults have had the disease and have developed lifelong immunity. Since individuals are infectious before the rash appears, the best prevention is to practice good hygiene:

- Wash hands frequently with soap and water and cover nose and mouth when coughing or sneezing.
- Students should be taught to blow their noses into a tissue, discard the tissue into the trash, and then wash their hands with soap and water.
- Students and adults should also avoid sharing drinking cups or utensils.

How is it treated?

Under normal circumstances, treatment of symptoms such as fever, pain, or itching is all that is needed. Antibiotics are not useful because this is a viral disease.

What should I do about it?

Persons who have these symptoms should see their physicians, in particular, people with sickle-cell disease, immunocompromised, or pregnant since they are at risk for serious complications. Students and adults with fifth disease should NOT be excluded from schools unless they have a fever. When their fever subsides and they feel well, they can return to school and daycare.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
GIARDIASIS *
(GIARDIA INFECTION)

What is Giardiasis?

Giardiasis is a diarrheal disease caused by a protozoan parasite Giardia lamblia. Once an animal or a person is infected, the parasite lives in the intestine and is passed in the stool. Because the parasite has a protective shell, it can survive outside the body and in the environment for long periods of time. It is one of the most common causes of waterborne disease (found in drinking and recreational water).

How is Giardiasis spread?

Giardiasis is spread from person to person through hand-to-mouth contact and from swallowing contaminated water. Children are infected more frequently than adults and it is a common occurrence in day care centers where diapers are changed. Though it may not cause symptoms for some people, they can still be carriers and pass it on to others.

What are the signs and symptoms of Giardiasis?

Giardia infection can cause multiple intestinal symptoms including: diarrhea, gas or flatulence, greasy stools that tend to float, stomach cramps, and upset stomach or nausea. These symptoms may lead to weight loss and dehydration. Some people with giardiasis have no symptoms at all.

What is the incubation period and how long is it communicable?

Symptoms normally begin in three (3) to twenty-five (25) days (on average 7-10) after becoming infected and may last two (2) to six (6) weeks and transmission may occur for the length of the infection. Asymptomatic carrier’s rate is high.

Can I prevent this disease?

The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Handling soiled clothes or linens
- Cleaning up vomitus or diarrhea
- Contact with a symptomatic person
- Handling diapers (use glove)

Before:
- Eating
- Preparing food

Also protect others by not swimming if you are experiencing diarrhea.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons with the above symptoms should see their physician. Several medications are available for the treatment of this infection. Students and sensitive workers can NOT attend school and will need to be symptom free for 24 hours before being readmitted.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
HAND, FOOT AND MOUTH DISEASE
(COXSACKIEVIRUS)

What is Hand, Foot and Mouth disease?
Hand, foot and mouth disease is an infection that is usually caused by a virus called the coxsackie A virus.

How is Hand, Foot and Mouth disease spread?
It is mainly spread by direct contact with nose and throat discharges and feces of infected persons (who may be asymptomatic) and by aerosol droplet spread.

What are the signs and symptoms of Hand, Foot and Mouth disease?
It usually affects children under 10 years of age and starts with a feeling of general malaise. Some may have low grade fever and a loss of appetite, followed by a sore throat and small spots inside the mouth. These spots soon progress into small mouth ulcers. A day or so later, small spots usually appear on the hands and feet and sometimes on the buttocks, legs and genitals, but rarely on other parts of the body. The spots are similar to chickenpox but are smaller and tender and usually not itchy. The fever and spots usually clear within a few days but the mouth ulcers may last up to a week. In a very small number of cases, the virus can cause more severe illness such as inflammation of the heart muscle or brain.

What is the incubation period and how long is it communicable?
The symptoms start 3-6 days after being infected from another person. It is infectious until spots and mouth ulcers have disappeared. However, children remain mildly infectious for several weeks as the virus may be passed through the feces.

How can Hand, Foot and Mouth disease be prevented?
It is impractical to exclude children from school or nursery once the symptoms are gone. However, it is sensible to maintain good hygiene to reduce the chance of passing on the virus. Give careful attention to prompt hand washing when handling discharges, feces and any soiled articles.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part cool water; prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?
Persons who have these symptoms should see their physicians. NEVER GIVE ASPIRIN TO A CHILD as it may cause a rare but serious complication called Reye’s syndrome.

A student may return to school once the fever and the spots/mouth ulcers have disappeared.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa)

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
HEAD LICE

What are Lice?
Lice are the infestation of the head with adult lice, larvae and mites.

How is Lice spread?
Lice are spread by direct contact (head to head) with an infected person and by indirect contact with their personal belongings, especially shared headgear, combs and clothing. Lice from pets do not infest man, although they may be present temporarily. Personal hygiene or cleanliness in home or school has nothing to do with getting head lice.

What are the signs and symptoms of Lice?
Lice are characterized by a tickling feeling of something moving in the hair, severe itching due to allergic reaction to bites, and sores of the scalp or body which may become infected. Individuals may show signs of irritability.

What is the incubation period and how long is it communicable?
The eggs or nits of lice hatch in 7-10 days and mature 8 to 10 days after hatching. The egg to egg cycle lasts about three (3) weeks. Lice can be transferred to another person as long as lice or eggs remain alive on the infested person or in clothing. Nits remain viable for approximately one (1) month on clothing.

Can Lice be prevented?
Infestation can be avoided by the following:
- Avoid physical contact with infested individuals and their belongings, especially clothing and bedding
- Launder clothing and bedding in hot water (over 129 °F) or dry clean to destroy lice and nits.
- Dry clothes in hot clothes dryer.
- Storing clothes in a plastic bag for 10 days is also effective in killing lice or nymphs. Regularly inspect all children for head lice and excuse those infested until treatment has been done.

What should I do about it?
Students with head lice should not return to school/daycare until they are clear of both lice and nits. Several medicated shampoos are available for treatment and should be used as directed.
- Following the shampoo, it is necessary to comb the hair thoroughly using a specially designed comb for nits.
- Applying vinegar to the hair helps the nits adhere to the comb. (1/4 cup vinegar and 3/4 cup of water)
- A thorough laundry and soaking of hair equipment needs to be done. A spray is available for furniture, mattresses pillows, car upholstery and carpets.
- Retreatment after 7 to 10 days is recommended to assure that no eggs have survived.

CAUTION: Kwell is not recommended for infants, young children and pregnant or breastfeeding women.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
HEPATITIS A *

What is Hepatitis A?

Hepatitis A (formerly known as infectious hepatitis) is a virus that causes infection of the liver. The disease is fairly common. Anyone can get Hepatitis A but it is most common in children and young adults. Unlike Hepatitis B and C, the infection does not become long term or chronic.

How is Hepatitis A spread?

The Hepatitis A virus enters through the mouth, multiplies in the liver, and is passed in the stool. The virus is spread when an infected individual does not wash his/her hands after using the bathroom. The virus enters another person when hands, food, or objects contaminated with stool are put in the mouth. In some cases, it can be spread by consuming water or shellfish contaminated with sewage.

Hepatitis A virus is not normally spread to classroom contacts or work associates. It is not spread by kissing, sneezing or saliva.

What are the signs and symptoms of Hepatitis A?

The symptoms of Hepatitis A may include nausea, fatigue, poor appetite, fever, diarrhea and vomiting. Urine may become darker in color and jaundice (a yellowing of the skin and whites of the eyes) may appear. The disease is rarely fatal. Infants and young children tend to have very mild or no symptoms and are less likely to develop jaundice than are older children and adults. Not everyone who is infected will have all of the symptoms.

What is the incubation period and how long is it communicable?

Symptoms may appear two to six weeks after exposure, but usually between three to four weeks after exposure. The contagious period begins about two weeks before the symptoms appear and continues up to one week after onset of jaundice. Most people recover within three weeks without any complications.

Once an individual recovers from Hepatitis A, he/she is immune for life and does not continue to carry the virus.

How can Hepatitis A be prevented?

There is a Hepatitis A vaccine. It is recommended for all children between 12 to 23 months of age. The two doses in the series should be administered at least six months apart. Children not fully vaccinated by age two can be vaccinated at subsequent visits. International travelers to regions with high rate of infections should also be vaccinated at least one month prior to departure. Persons with chronic liver disease should also be vaccinated.

The best prevention for all diseases that are transmitted through fecal-oral route is to wash your hands vigorously with soap and water especially:

After:

- Toilet visits
- Handling soiled clothes or linens
- Handling diapers (use glove)
- Cleaning up vomit or diarrhea
• Contact with a symptomatic person

Before:
• Eating
• preparing food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

There are no special medicines or antibiotics that can be used to treat a person once the symptoms appear. Generally, bed rest and a low fat diet is all that is needed. Avoid alcohol and check with your healthcare provider before taking any medicine.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). Students and sensitive workers can NOT be in school or any sensitive employment and need to be excluded for one (1) week after the onset of symptoms. Immune globulin (IG) may be given within 14 days of exposure to prevent persons at risk from becoming ill.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
IMPETIGO

What is Impetigo?

Impetigo is a bacterial skin infection caused by either streptococcus or staphylococcus that occurs in people of any age but most frequently in children. Often bites and cuts become infected; the infection scratching the sores and then touching unaffected areas of the body.

How is Impetigo spread?

Impetigo is spread by direct contact with the moist discharges of the lesions or less commonly through touching articles (such as clothing, bedding, towels, etc.).

What are the signs and symptoms of Impetigo?

The infection begins as a sore that becomes pustular and may be itchy. It then ruptures producing a discharge and forms a thick yellow crust and is surrounded by a characteristic red ring. If not properly treated, it may cause scarring and can be serious or even fatal to newborn infants.

What is the incubation period and how long is it communicable?

The incubation period varies, but is generally between one and ten days. All types are communicable for as long as purulent lesions continue.

How can Impetigo be prevented?

Good personal hygiene is the best way to prevent infection. Keeping fingernails short, frequent hand washing with soap and water, and using personal or disposable towels may prevent the spread of the infection. Infectious individuals should avoid contact with others. Wounds should be thoroughly cleaned with soap and water.

What should I do about it?

Treatment consists of cleansing the lesions with soap and water and then wiping the surrounding skin with an antiseptic. Local applications of an antibiotic ointment may clear up the lesions; however, administration of oral antibiotics usually is recommended for severe cases. The lesions should be kept dry and should be left open to the air as much as possible to allow proper healing since the organism strive in environments without air.

Persons with these symptoms should see their physician. Complications arise if the bacteria invade beyond the skin, though this is very rare. Some of the organisms causing impetigo are more dangerous than others. One bacterium, Streptococcus pyogenes, can cause damage to the kidneys or heart. It can also affect other major organs.

A student or sensitive worker should not be in school or at work until 24 hours after initiation of antibiotic treatment.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
INFLUENZA (The Flu)

What is the Flu?

Influenza (flu) is a virus of the upper respiratory tract. Many people who are sick with the flu may recover without requiring medical treatment. However, some people have been hospitalized for the flu, so early evaluation by a doctor is important.

What are the symptoms of the flu?

- Fever/chills*
- Cough
- Sore throat
- Headache
- Runny Nose
- Muscle Aches
- Weakness and Fatigue
- Sometimes diarrhea and vomiting

*Not everyone with influenza gets fever

How does the flu spread from person to person?

The flu is spread when an infected person coughs or sneezes into the air around them. Tiny droplets that hold the flu virus are coughed into the air and are inhaled by the next person. Nasal secretions can also be spread from the infected person through a handshake or touching a surface.

How do I protect myself from getting the flu?

- Avoid contact with people who have been diagnosed with flu or who appear to have symptoms.
- Keep a distance of 6 feet from infected people.
- Wash your hands frequently.
- Keep surfaces clean that you touch.

What do I do if I think my child has the flu?

- Call a doctor and ask about testing and treatment options.
- Give your child plenty of fluids and get rest.
- Cover coughs and sneezes and wash hands frequently.
- Do NOT send your child to school with fever reducing medications. Make sure they are clear of all symptoms (fever, cough, sore throat) for at least 24-48 hours before return.
- Do not go out in public except to see a doctor if possible. Avoid group settings—football games, church etc.
- Keep surfaces that are touched sanitized with a mild bleach solution (1 part bleach, 9 parts water) or other disinfectant.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
**BACTERIAL MENINGITIS**

**What is bacterial meningitis?**

Bacterial meningitis is usually severe. While most people with meningitis recover, it can cause serious complications such as brain damage, hearing loss, and/or learning disabilities. Some of the leading causes of bacterial meningitis in the United States include Haemophilus influenza (often caused by type b, Hib), Streptococcus pneumoniae, group B Streptococcus, Listeria monocytogenes, and Neisseria meningitides.

**What are the signs and symptoms of bacterial meningitis?**

Meningitis infection may show in a person by a sudden onset of fever, headache, and/or stiff neck. Other symptoms include nausea, vomiting, increased sensitivity to light (photophobia), and/or altered mental status (confusion).

**How is bacterial meningitis spread?**

The germs that cause bacterial meningitis can be contagious. Some bacteria can spread through the exchange of respiratory and throat secretions. Fortunately, most of the bacteria that can cause meningitis are not as contagious as viruses that can cause the common cold or the flu. The bacteria are also not spread by casual contact or by simply breathing the area where a person with meningitis has been. Other meningitis-causing bacteria are not spread person-to-person, but can cause disease because the person has certain risk factors such as a weakened immune system or head trauma.

**How long is a person with bacterial meningitis contagious?**

The symptoms of bacterial meningitis can appear quickly or over several days. Typically symptoms develop within 3-7 days after exposure.

**How can bacterial meningitis be prevented?**

The most effective way to protect you and your child against certain types of bacterial meningitis is to complete the recommended vaccine schedule. There are vaccines available for the three types of bacteria that can cause meningitis:

- Neisseria meningitides (meningococcal)
- Streptococcus pneumoniae (pneumococcal)
- Haemophilus influenza type b ((Hib)

**What should I do if I think I have bacterial meningitis?**

Bacterial meningitis can be treated effectively with antibiotics. It is important that treatment be started as soon as possible. Appropriate antibiotic treatment of the most common types of bacterial meningitis can reduce the risk of dying from meningitis to below 15%, although the risk remains higher among infants and the elderly. Children should not return to school until cleared by a healthcare provider.

This is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information on bacterial meningitis, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
STAPHYLOCOCCUS AUREUS AND
METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)
INFECTIONS

What is MRSA?

Staphylococcus aureus or “staph” are bacteria that live on the skin and in the nose of healthy individuals. The name Methicillin-resistant Staphylococcus aureus (MRSA) is used for the drug resistant strain of the bacteria. This infection may lead to internal organ involvement.

What are the symptoms of a MRSA infection?

A “staph” infection, including MRSA, can appear as a pimple, rash, boil or an open wound that does not heal on its own. Symptoms of a MRSA infection may include redness, warmth, swelling, pus and tenderness of the skin. Some people may also have fever and chills.

How are MRSA infections spread?

Anyone can get a MRSA infection. MRSA is most commonly spread through direct physical contact (skin-to-skin) with an infected person. Poor hand washing plays an important role in the spread of the bacteria. A person can also become infected by touching or sharing objects that have been contaminated (such as towels, bed sheets, clothes, razors and even athletic equipment).

How can I prevent others and myself from getting a MRSA infection?

- Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person.
- Do not share personal items (such as: razors, towels, bed sheets, clothes, deodorant, sporting equipment).
- Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed.
- Avoid contact with any open wounds and cuts.
- Wash soiled towels, bed sheets and clothes in hot water with soap and bleach. Dry clothes in a hot dryer; heat helps kill the bacteria.
- Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
- Keep all common areas, like bathrooms and kitchens clean. A water and bleach cleaning solution (9 parts water, 1 part bleach prepared daily with cool water) will kill the bacteria.

What should I do if I think I have a MRSA infection?

See a healthcare provider as soon as possible. MRSA infections are treatable. Do not try to drain, pop or squeeze any boils, pimples or other pus-filled skin infections. Early treatment can help keep the infection from getting worse. Depending on how serious the infection is, your doctor may drain the fluid and send a sample for laboratory testing. The doctor will probably bandage the infected area and may prescribe antibiotics. Follow all of the doctor’s instructions, even if you begin to feel better or the infection looks like it is healing, to prevent the infection coming back or becoming worse.

Students and adults should not be in school or at work until 24 hours after initiation of antibiotic treatment. In addition, he/she must keep the lesions covered while in the facility.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). For more information on MRSA, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
What is Mononucleosis?

Mononucleosis, also called “mono,” is a contagious disease. Epstein-Barr virus (EBV) is the most common cause of mononucleosis, but other viruses can also cause this disease. It is common among teenagers and young adults, especially college students. At least 25% of teenagers and young adults who get infected with EBV will develop infectious mononucleosis.

What are the signs and symptoms of Mononucleosis?

Symptoms of mononucleosis may develop slowly and may not all occur at the same time. These symptoms include extreme fatigue, fever, sore throat, headache, body aches, swollen lymph nodes in the neck and armpits, swollen liver, swollen spleen, and/or rash.

How is Mononucleosis spread?

EBV is the most common cause of mononucleosis, but other viruses can cause this disease. Typically, these viruses spread most commonly through bodily fluids, especially saliva. However, these viruses can also spread through blood and semen during sexual contact, blood transfusions, and organ transplants.

How long is a person with Mononucleosis contagious?

Typical symptoms of mononucleosis usually appear 4 to 6 weeks after an individual is infected with EBV. The illness lasts anywhere from 1 to 4 weeks. Persons infected may be able to spread the virus for several weeks. The virus can be found in the saliva of an infected person for a year or longer after the infection.

How can Mononucleosis be prevented?

There is no vaccine to protect against mononucleosis. You can help protect yourself by not sharing drinks, food, or personal items like toothbrushes with people who have mononucleosis. Also do not kiss people who have mononucleosis.

What should I do about it?

Individuals with the above symptoms should see their healthcare providers. You can help relieve symptoms of mononucleosis by drinking fluids to stay hydrated, getting plenty of rest, and taking over-the-counter medications for pain and fever. Based on the severity of symptoms, a healthcare provider may recommend treatment of specific organ systems affected by mononucleosis. Because your spleen may become enlarged as a result of the infectious mononucleosis, you should avoid contact sports until you fully recover. Individuals with mononucleosis should not be excluded from school unless other exclusion criteria are present, such as fever.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
NOROVIRUS

What are Noroviruses?

Noroviruses are a group of viruses that cause the “stomach flu,” or gastroenteritis, in people. Viruses are not affected by treatment with antibiotics, and cannot grow outside of a person’s body.

How is Norovirus spread?

Noroviruses are spread mainly by fecal-oral route. People can become infected with the virus in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms. Schools, daycare centers and nursing homes should pay special attention to infected children or residents because this virus is very contagious and can spread rapidly throughout such environments.

What are the signs and symptoms?

The signs and symptoms are nausea, vomiting, diarrhea, low-grade fever, chills, headache, muscle aches and a general sense of tiredness. Dehydration, especially in infants and the elderly, may occur.

What is the incubation period and how long is it communicable?

The incubation period is approximately 24 to 48 hours after digestion of the norovirus, but can sometimes be as short as 12 hours after exposure. Recovery time is usually 1-2 days after exposure, but a person is still considered contagious 3 days after they recover from their illness.

How can Norovirus infections be prevented?

*Noroviruses are not affected by alcohol based hand sanitizers!* The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:
- Eating
- Preparing Foods

*It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.*

What should I do if I think I have Norovirus?

No treatment is available; the best thing to do is drink plenty of fluids to prevent dehydration. Persons who experience severe symptoms should see their physician. Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
What is pinworm infection?
Pinworms are parasites that look like tiny half-inch long white threads and live in the bowel. They usually travel to the rectal opening during the night while the person is sleeping and lay eggs on the outside skin.

What are the symptoms of a pinworm infection?
The worms sometimes cause itching, which may be very annoying. If it is a severe infection, symptoms may include: nervousness, restlessness, loss of appetite, weight loss, and girls may experience vaginal itching and irritation (vaginitis), if pinworms are near the vagina.

How is pinworm infection spread?
Scratching will cause pinworm eggs to stick to the fingers. The pinworms then infect other or even re-infect the individual if the fingers are placed in the mouth. The eggs, which are too small to see, will contaminate whatever they come in contact with: bedding, underwear, hands and food touched by contaminated hands. Even pinworm eggs floating in the air can be swallowed and cause infection. Pinworms are very contagious. Even the cleanest and most careful people can get them.

What is the incubation period and how long is it communicable?
Pinworm eggs are infective within a few hours after being deposited on the skin. They can survive up to two (2) weeks on clothing, bedding, or other objects. The pinworms grow to adult size within two (2) to six (6) weeks. Pinworm infections can be spread as long as either worms or eggs are present.

How can pinworms infestation be prevented?
To help prevent re-infection follow these rules:
- Consult your physician to treat pinworms with medication.
- Wash hands and fingernails with soap often during the day, especially before eating and after using the toilet.
- Daily morning bathing with showers (or stand up baths) is preferred to tub baths.
- Wear clean underpants both day and night. Change them daily.
- For several days after treatment, clean the bedroom floor by vacuuming or damp mopping.
- After treatment, wash bed lines and night clothes (don't shake them). Boiling or using a washing machine set on the hot cycle can destroy eggs.
- Keep the toilet seats clean.

What should I do about it?
If you suspect a pinworm infection, consult your health-care provider for diagnosis and treatment. The treatment usually consists of one (1) tablet taken by mouth. Re-infection is possible and repeated treatment of the patient and close family contacts may be recommended two (2) weeks after initial treatment.

Students must receive treatment prior to returning to school.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
PERTUSSIS *
Whooping Cough

What is Pertussis?

Pertussis (whooping cough) is a highly contagious, bacterial disease marked by severe coughing. It is named after the "whoop" sound children and adults make when they try to breathe in during or after a severe coughing spell.

Who gets it?

Pertussis can occur at any age, but infants and young children are at highest risk of life threatening consequences. Undiagnosed mild disease in older children, adolescents, and adults contribute to the spread of the illness among infants and young children.

How is Pertussis spread?

Pertussis is caused by a bacteria found in the mouth, nose and throat of an infected person. Transmission to others occurs during close contact with an infected person, most commonly by airborne droplets of respiratory secretions.

What are the symptoms of Pertussis?

Pertussis usually starts with cold or flu-like symptoms such as runny nose, sneezing, fever and a mild cough. These symptoms can last up to 2 weeks and are followed by increasingly severe coughing spells. The coughing attacks may last for many months in the "classic illness" or just a few days in the mild form of the disease. Mild pertussis disease is difficult to diagnose because its symptoms mimic those of a cold. Usually a prolonged cough is present, but without the "whoop". Recovery occurs gradually over 2 to 3 weeks. Fever, if present, is usually mild.

How soon do symptoms appear?

Symptoms appear between 6 to 21 days (average 7-10) after exposure to the bacteria.

When and for how long can it be spread?

The contagious period is from 7 days following exposure to 3 weeks after onset of severe coughing spells. It is most contagious during the first two to three weeks of infection, often before the beginning of severe coughing spells.

Does past infection with pertussis make a person immune?

Students who have recovered from culture-confirmed pertussis do not need further doses of pertussis vaccine.

How do you treat it?

Pertussis is treated with antibiotics and patients are advised to take all prescribed medication and avoid contact with anyone, particularly small infants and children. Anyone who is exposed to pertussis should also be given antibiotics to prevent the disease.
What are some potential complications of Pertussis?

Pneumonia is the most common complication and cause of pertussis-related deaths. Young infants are at highest risk for pertussis-related complications, including seizures, encephalopathy (swelling of the brain), and otitis media (severe ear infection). There are about 10-15 deaths each year in the United States.

How do you prevent it?

Immunization against pertussis with DTaP vaccine is required by both the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP) and should be administered in 5 doses: at 2, 4, 6, and 15-18 months of age and 4 – 6 years of age. The vaccine is not given to people 7 years of age and older.

Tdap is required for adolescents who got DTaP or DTP as children but have not yet gotten a dose of Td. The preferred age is 11-12. Tdap is not available for anybody who has already gotten Tdap, adults 65 years of age and older and children 7 through 9 years of age.

Pertussis is a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.

Students with religious exemptions to vaccinations may be excluded from school with the occurrence of any vaccine preventable disease up to a period of twenty-one (21) days after the last case develops.
RESPIRATORY SYNCYTIAL VIRUS
(RSV)

What is RSV?

RSV is a viral infection that is the major cause of pneumonia, croup, bronchiolitis, ear infection and upper respiratory illness with fever.

How is RSV spread?

RSV is spread by ingesting or inhaling droplets, by handling soiled objects such as handkerchiefs, and the eating utensils of infected persons. The feces also contain the virus.

What are the signs and symptoms of RSV?

Symptoms may include fever, chills, headache, general aching, tiredness and a loss of appetite. Other signs may include inflammation of the lining of the nose, throat, tonsils, upper breathing tubes or bronchial tubes of the lungs. In premature infants, the signs may be minimal and often include lethargy, irritability, poor feeding and apnea (temporary cessation of breathing).

What is the incubation period and how long is it communicable?

The incubation period is from one to ten days. It is communicable prior and for the duration of the illness. It may be found for several weeks in the stool after symptoms are gone.

How can RSV be prevented?

There is no vaccine at this time; however, RSV—IGIV (Immune Globulin) may be given to premature infants and other infants with chronic lung disease to prevent serious complications in these high risk groups. Consult your physician for the schedule.

Good and frequent hand washing and disinfecting changing tables will help stop the spread of the virus. Also, children and adults should not share items such as cups, glasses, and utensils. It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

A student or sensitive worker should not be in school or at work until 24 hours after symptoms subside. If more than one case is identified, the individual must be excluded until 48 hours after symptoms subside.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
RINGWORM
(TINEA)

What is Ringworm?

Ringworm is a fungus that affects different parts of the body such as scalp, groin (jock itch), toe nails and feet (Athlete's Foot).

How is Ringworm spread?

Ringworm is spread by direct skin-to-skin contact or indirectly from furniture, hair equipment, toilet articles, clothing and even pets (cats and dogs). Common areas like gyms, shower stalls, floors, and even the soil harbor the fungus.

What are the signs and symptoms of Ringworm?

A small, circular sore develops on the scalp and spreads leaving scaly patches or temporary baldness. Infected hairs become brittle and break off easily. Circular patches with a characteristic raised edge may develop on the hairless body parts. Athlete’s Foot is characterized by itchy, scaly, soggy skin between the toes. Swelling and/or open sores may develop around the toes. If the nail is diseased, it will be humped, cracked, broken and appear dark and dirty. There is no pain or itch.

What is the incubation period and how long is it communicable?

Ringworm of the scalp has an incubation period of 10 to 14 days. The incubation period for other types of ringworm is 4-10 days. All types are communicable for as long as an active lesion is present.

How can Ringworm be prevented?

Avoiding direct skin contact with infected persons or animals can prevent ringworm. Athlete's Foot can be prevented by:

- Wearing shoes that are not too tight.
- Bathing your feet daily and scrubbing away loose, dead skin.
- Wearing socks and putting on clean ones daily.
- Using talcum powder to keep your shoes and feet dry.
- Changing or alternating shoes daily so they can dry out.
- Wearing shower shoes when using public showers.

What should I do about it?

Persons who have these symptoms should see their physicians. Systemic and topical medications may be used. Contaminated articles and floors need to be disinfected. Students and adults should be excluded from school center or work until 24 hours after the antifungal treatment is initiated. When readmitted to the facility, lesions must remain covered. It is necessary to wear a cap for scalp ringworm and individuals with athlete’s foot should not be allowed to walk barefoot. Individuals with any form of ringworm should NOT use swimming pools.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa) at 983-5200.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
ROTAVIRUS

What is Rotavirus?
Rotavirus is a viral infection affecting the intestines which affects mostly children.

How is Rotavirus spread?
Rotavirus is spread mainly by the fecal-oral route and is extremely contagious. People can become infected with the virus in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms. Viruses may also be spread through the respiratory tract.

What are the signs and symptoms of Rotavirus?
The signs and symptoms of rotavirus may include vomiting, fever and watery diarrhea. It is sometimes associated with severe dehydration and death in young children.

What is the incubation period and how long is it communicable?
The incubation period is approximately 24 to 72 hours. It is communicable during the acute stage of the disease and for approximately thirty days after symptoms cease.

How can Rotavirus be prevented?
The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:
- Eating
- Preparing Food

*It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts water, prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.*

What should I do about it?
Persons who have these symptoms should see their physicians.

Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
What is Salmonellosis?

Salmonellosis is an infection with bacteria called Salmonella and is diagnosed by testing stools for the organism. It may be found in the blood stream of some patients but not always.

How is Salmonella spread?

Salmonella is classified as a foodborne disease because contaminated food is the predominate mode of transmission. However, fecal-oral person-to-person transmission also occurs especially when children are not toilet-trained. Some family members may not have symptoms but be infected and able to transmit the disease to others. These family members are considered carriers. Some domestic animals and pets, particularly chicks, ducklings, and reptiles (turtles, snakes, and iguanas), often carry the Salmonella bacteria and can pass it on to humans.

What are the signs and symptoms of Salmonella?

Symptoms are headache, abdominal pain, diarrhea, nausea, sometimes vomiting, and fever is almost always present. Dehydration, especially in infants and the elderly, may be severe.

What is the incubation period and how long is it communicable?

The incubation period is 6 to 72 hours with most occurring within 12-36 hours. The individual is contagious throughout the course of the infection, usually several days to several weeks. A temporary carrier state occasionally continues for months and is prolonged by using antibiotics. A sensitivity study should be done to show which antibiotics will be effective in clearing the disease.

Can I prevent this disease?

The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Cleaning up vomit or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:
- Eating
- Preparing food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

Salmonellosis is also prevented by thoroughly cooking all foods that come from animal sources, particularly poultry, egg products (do NOT consume raw cake batter, or use raw egg in eggnog and homemade ice cream) and meat dishes; keeping hot foods HOT and cold food COLD, only using pasteurized milk and milk products. Kitchen counters and cutting boards should be sanitized after use.
What should I do about it?

Persons who have these symptoms should see their physicians.

This is a reportable disease and should be reported to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
SCABIES

What is Scabies?

Scabies is a parasitic disease of the skin caused by a mite. A diagnosis is made by recovering the mite from its burrow and identifying it microscopically.

How is Scabies spread?

Scabies is spread by direct skin-to-skin contact. It can also be transferred from clothing, bed linens and furniture of infected persons.

What are the signs and symptoms of Scabies?

The mite burrows beneath the skin laying its eggs and leaving tracks. Lesions are prominent between fingers, wrists, elbows, the belt line, thighs and external genitalia in men, nipples, abdomen and lower portion of the buttocks in women. In infants the head, neck, palms and soles may be involved. Itching is intense, especially at night. Secondary infections often occur from scratching the skin lesions.

What is the incubation period and how long is it communicable?

The incubation period varies from one to four days for previously infected individuals to as long as two to six weeks for first time infection. It is communicable until the mites and eggs are destroyed by treatment, ordinarily after one or two courses of treatment a week apart.

What should I do about it?

Persons affected should see a physician for diagnosis, take a hot soapy bath or shower, and dry thoroughly with a freshly laundered towel. A thin layer of medicated lotion should be applied to all portions of the skin except the head and neck. Dress in freshly laundered clothing and leave the medication on the skin for 24 hours before washing. A second treatment should usually occur a week later. Because the parasite can reside in clothing and linens, they should be thoroughly washed and dried in clothes dryer. A spray may be obtained for furniture and mattresses. Students should NOT remain in a school and must be excluded until 24 hours after the first topical treatment.

CAUTION: Itching may persist for one to two weeks and should NOT be regarded as a drug failure or reinfestation. Over treatment is common and should be avoided because of the toxicity of some of the medicated lotions.

For more information, please contact the Florida Department of Health in Santa Rosa County Epidemiology Program at 850-983-5200.
SHIGELLOSIS *

What is Shigellosis?

Shigellosis is an infection of the intestines caused by the shigella bacteria.

How is it spread?

Shigellosis is spread mainly by the fecal-oral route. People can become infected in several ways including: eating food or drinking liquids that are contaminated; touching contaminated surfaces and then placing their hand in their mouth; or having direct contact with another person who is infected and showing symptoms.

What are the signs and symptoms of Shigellosis?

The signs and symptoms of shigellosis may include headache, abdominal pain, diarrhea, fever, nausea and sometimes vomiting. Loss of appetite and loose stools often persist for several days. Dehydration, especially in infants and the elderly, may occur.

What is the incubation period and how long is it communicable?

The incubation period is usually one (1) to three (3) days but may range from 12 to 96 hours. It is communicable during the acute infection and until the shigella bacteria is no longer present in the feces, usually in about four weeks. Appropriate antibiotic treatment should reduce the carriage to a few days.

How can Shigellosis be prevented?

The best prevention is to wash your hands vigorously with soap and water especially:

After:
- Toilet visits
- Cleaning up vomitus or diarrhea (use gloves)
- Handling diapers (use gloves)
- Handling soiled clothes or linens (use gloves)
- Contact with a symptomatic person

Before:
- Eating
- Preparing Food

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 part of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?

Persons who have these symptoms should see their physicians.

This is a reportable disease and should be reported to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa). Students and adults with this illness should be free of symptoms for a minimum of 24 hours before returning to school/work.

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
STAPHYLOCOCCUS AUREUS

What is Staph?
Staphylococcus aureus or “staph” are bacteria that live on the skin and in the nose of healthy individuals.

What are the symptoms of a Staph infection?
A “staph” infection can appear as a pimple, rash, boil or an open wound that does not heal on its own. Symptoms of a staph infection may include redness, warmth, swelling, pus and tenderness of the skin. Some people may also have fever and chills.

How are Staph infections spread?
Anyone can get a staph infection. Staph is most commonly spread through direct physical contact (skin-to-skin) with an infected person. Poor hand washing plays an important role in the spread of the bacteria. A person can also become infected by touching or sharing objects that have been contaminated (such as towels, bed sheets, clothes, razors and even athletic equipment).

How can I prevent others and myself from getting a Staph infection?
- Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person
- Do not share personal items (such as: razors, towels, bed sheets, clothes, deodorant, sporting equipment)
- Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed
- Avoid contact with any open wounds and cuts
- Wash soiled towels, bed sheets and clothes in hot water with soap and bleach. Dry clothes in a hot dryer; heat helps kill the bacteria
- Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
- Keep all common areas, like bathrooms and kitchens clean. A water and bleach cleaning Solution (9 parts water, 1 part bleach prepared daily with cool water) will kill the bacteria.

What should I do if I think I have a Staph infection?
See a healthcare provider as soon as possible. Staph infections are treatable. Do not try to drain, pop or squeeze any boils, pimples or other pus-filled skin infections. Early treatment can help keep the infection from getting worse. Depending on how serious the infection is, your doctor may drain the fluid and send a sample for laboratory testing. The doctor will probably bandage the infected area and may prescribe antibiotics. Follow all of the doctor’s instructions, even if you begin to feel better or the infection looks like it is healing, to prevent the infection coming back or becoming worse. Student and adults should not be in school or at work until 24 hours after initiation of antibiotic treatment. In addition he/she must keep the lesions covered while in the facility.

Clusters of two or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa)

For more information on Staph, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
STREP THROAT
(STREPTOCOCCAL THROAT INFECTION)

What is Strep Throat?
Strep Throat is a throat infection caused by the streptococcal bacteria.

How is it spread?
Strep throat is spread through large respiratory droplets or direct contact with someone who has the disease. Nasal carriers are particularly likely to spread the disease.

What are the signs and symptoms of Strep Throat?
The symptoms of strep throat may include an elevated temperature, sore throat, and swollen neck glands.

What is the incubation period and how long is it communicable?
The incubation period is usually one to three days. It is communicable for ten to twenty-one days possibly weeks or months in untreated cases. Antibiotic therapy is usually given to prevent complications involving the heart and kidneys.

How can Strep Throat be prevented?
Good and frequent hand washing will help stop the spread of the virus. Also, children and adults should not share items such as cups, glasses, and utensils.

Preventive measures include covering mouth and nose when coughing or sneezing, blowing the nose into a tissue, and discarding the tissue into the trash. Avoid public places when sick and avoid eating or drinking from another’s plate, glass or utensils.

It is recommended to use spray bottles to apply the disinfectant (1 part bleach to 9 parts of cool water to be prepared daily) to contaminated surfaces such as toilets, sinks, floors, tables, water fountains or any areas where a sick individual has been.

What should I do about it?
Persons who have these symptoms should see their physicians. Contaminated articles and floors need to be disinfected.

Students can NOT attend school and may be readmitted 24 hours after the initiation of antibiotic treatment.

Clusters of five or more persons are considered a reportable disease to the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

For more information, please contact the DOH-Santa Rosa Epidemiology Program at 850-983-5200.
CDC STANDARD PRECAUTIONS FOR INFECTION CONTROL

The following standard precautions measures replace the old universal precaution system in the recently finalized patient isolation guidelines by the Centers for Disease Control and Prevention. Key tenets of the new standard infection control precautions are summarized as follows:

HANDWASHING – Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts and when otherwise indicated to avoid transfer of microorganisms to the other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross contamination of different body sites. Use a plain, non-antimicrobial soap for routine hand washing. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances such as outbreaks.

GLOVES – Wear clean, non-sterile gloves when touching blood, body fluids, secretions, excretions and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces and before going to another patient, wash hands immediately to avoid transfer of microorganisms to other patients or environments.

MASKS, EYE PROTECTION, FACE SHIELDS – Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.

APRONS/GOWNS – Wear a clean, non-sterile apron or gown to protect skin and to prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood, body fluids, secretions or excretions. Select a gown or apron appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown or apron as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

PATIENT CARE EQUIPMENT – Handle used patient care equipment soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing and transfer of microorganisms to other patients and environment. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately. Make sure single-use items are discarded properly.

LINEN – Handle transports and process used linen soiled with blood, body fluids, secretions and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing and that avoids transfer of microorganisms to other patients and environments.

OCCUPATIONAL HEALTH AND BLOODBORNE PATHOGENS – Take care to prevent injuries when using needles, scalpels and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Never recap used needles or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body. Instead use either a non-handed “scoop” technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand and do not bend, break or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used. Use mouthpieces, resuscitation bags or other ventilation
devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

For more information, please contact the Florida Department of Health in Santa Rosa County at 850-983-5200.

COHORTING

Cohorting is a term used to describe grouping sick individuals of like illness with caregiver(s) apart from the well individuals. It should only be done under the direction of the Florida Department of Health in Santa Rosa County (DOH-Santa Rosa).

Cohorting is an effective way to provide continuing childcare during outbreaks. Individuals will be cohorted and released from the cohort area only under the direction of the Santa Rosa County Health Department based on the disease in question and necessary control measures.

- Provide separate classroom/room.
- Provide separate restroom facilities.
- Provide separate eating facilities.

(Note: Do not allow ill students in the common eating area, even if well students are not there, unless the eating and serving areas are totally disinfected after each feeding.)

- Frequent hand washing and other sanitation measures implemented by the DOH-Santa Rosa.
- Surfaces and toys should be sanitized frequently.

At the end of the outbreak, as declared by the DOH-Santa Rosa, the room, furniture, and fixtures should be terminally disinfected.

A one-part bleach to nine-parts water solution is the recommended agent for sanitization purposes, because it has a short kill time (3-5 minutes) and works against common viruses and bacteria.

As a reminder under Section 381.0031, Florida Statutes, and Chapter 64-3.029, Florida Administrative Code, all cases of reportable disease and all outbreaks (two or more related cases) of both reportable and non-reportable disease in all settings, are reportable to the Florida Department of Health in Santa Rosa County Epidemiology Program at 850-983-5200. This is done for the purposes of epidemiologically-based intervention and education.
### Reportable Diseases/Conditions in Florida

**Practitioner List (Laboratory Requirements Differ)** Effective June 4, 2014

Did you know that you are required* to report certain diseases to your local county health department (CHD)?

You are an invaluable part of disease surveillance in Florida! Please visit [http://fbirchhealth.gov/diseasesreporting](http://fbirchhealth.gov/diseasesreporting) for more information. To report a disease or condition, contact your local CHD epidemiology program ([http://fbirchhealth.gov/chdspicontact](http://fbirchhealth.gov/chdspicontact)). If unable to reach your CHD, please call the Bureau of Epidemiology at (850) 245-4401.

*Report immediately 24/7 by phone upon initial suspicion or laboratory test order
*Report immediately 24/7 by phone
*Report next business day
*Other reporting timeframe

<table>
<thead>
<tr>
<th>Disease</th>
<th>Reporting Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Granuloma inguinale</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Haeomophilus influenzae invasive disease in children &lt;5 years old</strong></td>
<td></td>
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<tr>
<td><strong>Hansen's disease (leprosy)</strong></td>
<td></td>
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<tr>
<td><strong>Hantavirus infection</strong></td>
<td></td>
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<tr>
<td><strong>Hemolytic uremic syndrome (HUS)</strong></td>
<td></td>
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<tr>
<td><strong>Hepatitis A</strong></td>
<td></td>
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<tr>
<td><strong>Hepatitis B, C, D, E, and G</strong></td>
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</tr>
<tr>
<td><strong>Hepatitis B surface antigen in pregnant women or children &lt;2 years old</strong></td>
<td></td>
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<tr>
<td><strong>Herpes B virus, possible exposure</strong></td>
<td></td>
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<tr>
<td><strong>Herpes simplex virus (HSV) in infants &lt;60 days old with disseminated infection and liver involvement, encephalitis, and infections limited to skin, eyes, and mouth; anogenital HSV in children &lt;12 years old</strong></td>
<td></td>
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<tr>
<td><strong>Human immunodeficiency virus (HIV) infection</strong></td>
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<tr>
<td><strong>HIV, exposed infants &lt;18 months old born to an HIV-infected woman</strong></td>
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<tr>
<td><strong>Human papillomavirus (HPV), associated laryngeal papillomas or recurrent respiratory papillomatosis in children &lt;6 years old, anogenital papillomas in children &lt;12 years old</strong></td>
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<tr>
<td><strong>Influenza A, novel or pandemic strains</strong></td>
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<tr>
<td><strong>Influenza-associated pediatric mortality in children &lt;18 years old</strong></td>
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<tr>
<td><strong>Lead poisoning</strong></td>
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<tr>
<td><strong>Legionellosis</strong></td>
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<tr>
<td><strong>Leptospirosis</strong></td>
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<tr>
<td><strong>Listeriosis</strong></td>
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<tr>
<td><strong>Lyme disease</strong></td>
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<tr>
<td><strong>Lymphohgranuloma venereum (LVG)</strong></td>
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<tr>
<td><strong>Malaria</strong></td>
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<tr>
<td><strong>Measles (rubeola)</strong></td>
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<tr>
<td><strong>Melioidosis</strong></td>
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<tr>
<td><strong>Meningitis, bacterial or mycotic</strong></td>
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<tr>
<td><strong>Meningococcal disease</strong></td>
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<tr>
<td><strong>Mercury poisoning</strong></td>
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<tr>
<td><strong>Mumps</strong></td>
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<tr>
<td><strong>Neonatal abstinence syndrome (NAS)</strong></td>
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<tr>
<td><strong>Neurotoxic shellfish poisoning</strong></td>
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<tr>
<td><strong>Pertussis</strong></td>
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<tr>
<td><strong>Pesticide-related illness and injury, acute</strong></td>
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<tr>
<td><strong>Plague</strong></td>
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<tr>
<td><strong>Poliomyelitis</strong></td>
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<tr>
<td><strong>Psittacosis (ornithosis)</strong></td>
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<tr>
<td><strong>Q Fever</strong></td>
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<tr>
<td><strong>Rabies, animal or human</strong></td>
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<tr>
<td><strong>Rabies, possible exposure</strong></td>
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<tr>
<td><strong>Ricin toxin poisoning</strong></td>
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<tr>
<td><strong>Rocky Mountain spotted fever and other spotted fever rickettsioses</strong></td>
<td></td>
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<tr>
<td><strong>Rubella</strong></td>
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<tr>
<td><strong>St. Louis encephalitis</strong></td>
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<tr>
<td><strong>Salmonellosis</strong></td>
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<tr>
<td><strong>Saxitoxin poisoning (paralytic shellfish poisoning)</strong></td>
<td></td>
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<tr>
<td><strong>Severe acute respiratory disease syndrome associated with coronavirus infection</strong></td>
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<tr>
<td><strong>Shigellosis</strong></td>
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<tr>
<td><strong>Smallpox</strong></td>
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<tr>
<td><strong>Staphylococcal enterotoxin B poisoning</strong></td>
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<tr>
<td><strong>Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA)</strong></td>
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<tr>
<td><strong>Streptococcus pneumoniae invasive disease in children &lt;6 years old</strong></td>
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<tr>
<td><strong>Syphilis</strong></td>
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<tr>
<td><strong>Syphilis in pregnant women and neonates</strong></td>
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<tr>
<td><strong>Tetanus</strong></td>
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<tr>
<td><strong>Trichinellosis (trichinosis)</strong></td>
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<tr>
<td><strong>Tuberculosis (TB)</strong></td>
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<tr>
<td><strong>Tularemia</strong></td>
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<tr>
<td><strong>Typhoid fever (Salmonella serotype Typhi)</strong></td>
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<tr>
<td><strong>Typhus fever, epidemic</strong></td>
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<tr>
<td><strong>Vaccinia disease</strong></td>
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<tr>
<td><strong>Varicella (chickenpox)</strong></td>
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<tr>
<td><strong>Venezuelan equine encephalitis</strong></td>
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<tr>
<td><strong>Vibrio infections of Vibrio species and closely related organisms, excluding Vibrio cholerae type O1</strong></td>
<td></td>
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<tr>
<td><strong>Virala hemorrhagic fevers</strong></td>
<td></td>
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<tr>
<td><strong>West Nile virus disease</strong></td>
<td></td>
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<tr>
<td><strong>Yellow fever</strong></td>
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</tbody>
</table>

*Section 381.0031 (2), Florida Statutes (F.S.), provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida’s county health departments serve as the Department's representative in this reporting requirement. Furthermore, Section 381.0031 (4), F.S., provides that "The department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners."
Emergency Health Care Plan Procedure

Purpose: This procedure establishes guidelines for School Health Registered Nurses (RNs) in collaboration with School Health Clinic Staff and school personnel to develop or revise students Emergency Health Care Plans.

Definitions: 

- **Emergency Health Care Plan** – a written plan of action developed for students with emergency health conditions that require an action or a response of school personnel to protect and preserve the health and safety of that student during the school day
- **Emergency Health Condition** - any physical or mental health issue that would require emergency responses to protect and preserve the health and safety of the student
- **Accommodations** - modification of actions to meet the needs of the student

Procedure:

I. Identification of students with emergency health conditions
   A. Review previous year Emergency Health Care Plans to create a list of current students
   B. Review School Health Clinic medications and/or Medication Log
   C. Review student Emergency Health Card
   D. Request teachers submit list of students with emergency health conditions
   E. Request data entry list of students with health conditions
   F. Utilize kindergarten registration log to identify students
   G. Direct observation of student(s)

II. Contact parent/guardian
   A. Obtain contact information on student from:
      1. Student Emergency Health Card
      2. Santa Rosa County School District registration form
      3. Consult school district data entry for student demographics
   B. Initiate parent/guardian contact
      1. Schedule parent/guardian conference
         a. Hold a face to face parent/guardian conference with or without teacher and school staff.
         b. Conduct a telephone interview.
         c. Conduct a home visit.
      2. Send Health Problem letter home to parent/guardian
a. Initiate Emergency Health Care Plan procedure as indicated on parent/guardian response.
b. File letter in student Cumulative School Health Record.
c. Document in student Cumulative School Health Record attempts to contact parent/guardian.
III. For Emergency Health Care Plans that require emergency medications, health staff will make three (3) attempts to contact parent/guardian to collect the medication(s). If medication is not collected, the Emergency Health Care Plan can be revised to note “Contact EMS/911 as appropriate.”

IV. Emergency Health Care Plan completion note, this document is to be written by the School Health Registered Nurse (RN).

A. Student demographics
   1. Obtain from student Emergency Health Card
   2. Obtain demographic printout from data clerk
   3. Obtain from student registration form
   4. Obtain from parent/guardian interview

B. Health condition/length of time
   1. List chronic health condition(s)
   2. Utilize Emergency Health Care Plan template for:
      a. Asthma
      b. Allergy
      c. Diabetes
      d. General - Blank
      e. Insect allergy
      f. Migraines
      g. Nut allergy
      h. Peanut allergy
      i. Seizures
   3. Note time of onset or length of time existed
      a. Obtain from interview with parent/guardian
      b. Obtain from student Emergency Health Card

C. Allergies – check appropriate category and list allergy within that category
   1. None
   2. Food
   3. Medication(s)
   4. Other (environmental, animal, insects, etc.)

D. Medication
   1. Medication at home – list medications taken at home
   2. Medication at school – list medications to be taken at school and the medication storage location
      a. School Health Clinic
      b. Classroom
      c. Student backpack
      d. Other

E. Potential Emergency and Emergency Response
   1. Use Emergency Health Care Plan template (for asthma, allergy, diabetes, general - blank, insect allergy, migraines, nut allergy, peanut allergy, seizures).
   2. List the potential emergency situation.
   3. Note the symptoms that would be seen.
   4. Record the actions to be taken for each emergency situation or symptom listed.
   5. Verify dose with Medication Authorization Form.
F. Special needs and limitations
   1. Diet
      a. Describe any foods or items restricted from diet.
      b. List foods that may be allowed.
      c. Note if the student eats from school cafeteria or eats lunch from home.
   2. Activity level/physical restrictions
      a. Note any restriction in physical activity at recess or PE.
      b. Note activities that may not be allowed.
      c. Note any activities allowed to participate.
      d. Note any actions to be taken during physical activity such as water breaks, rest periods, etc.
   3. Accommodations needed in classroom
      a. Define teacher responsibilities for student during class.
      b. Define classroom accommodations for class parties, field trips, or class activities, etc.
      c. Define accommodations specific to child’s health condition.

G. Other considerations
   1. Define plan for field trips.
   2. Note anything that was not addressed above.
   3. Utilize Medical Procedures Addendum Form where applicable.

H. Send copies of the Emergency Health Care Plan to appropriate staff (see staff checked to receive copies of Emergency Health Care Plan)

I. Signature section
   1. Obtain parent/guardian signature if possible.
   2. Obtain signatures of school personnel attending health care plan meeting or involved in health care plan.

J. Updates
   1. Two annual updates allowed: check if done by person-to-person interview or by telephone interview.
   2. Obtain signatures of those involved in health care plan update.

K. Emergency Health Care Plan disposition
   1. File original form in student Cumulative School Health Record.
   2. Allow for individual communication with school personnel who need to be informed of Emergency Health Care Plan.
   4. It is recommended that the School Health Registered Nurse (RN) maintain a copy.
MEDICAL PROCEDURE ADDENDUM TO
EMERGENCY HEALTH CARE PLAN

Student: __________________________

Description of Procedure:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________.

Time/Frequency of Procedure:
___________________________________________________________________________
___________________________________________________________________________.

Equipment Needed:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________.

Person(s) Trained and Designated by School to Carry Out Procedure:
___________________________________________________________________________.

Adverse Signs/Symptoms or Potential Emergency Treatment:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________.

Additional Instructions/Other:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________.

_________________________________________________________                           ___________________   □ See attached Physician Order
Signature of Person Completing Form                    Date

_________________________________________________________   ___________________
Parent/Guardian Signature                              Date

_________________________________________________________   ___________________
Physician Signature                                    Date

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**Santa Rosa County Public Schools**
**Individual Emergency Health Care Plan**

**School**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent:</td>
<td>Phone#1</td>
</tr>
<tr>
<td>2nd Parent:</td>
<td>Phone#1</td>
</tr>
<tr>
<td>Emergency Contact:</td>
<td>Phone:</td>
</tr>
<tr>
<td>2nd Emergency Contact:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Physician Name:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Specialist Name:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

1. Health condition/ Length of time condition has existed: ________________________________

2. Allergies:
   - None
   - Food
   - Medication
   - Other

<table>
<thead>
<tr>
<th>3. Medications at home</th>
<th>Medications at school</th>
<th>Medication Storage Location</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>4. Potential Emergency Situation</th>
<th>Emergency Response</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>5. Special Needs/Limitations</th>
</tr>
</thead>
</table>

**Diet:**

Activity Level/Physical Restrictions:

Accommodations needed in classroom:

6. Other Considerations:

---

**Send Copies To:**
- Teacher
- Clinic
- Guidance
- PE
- Art
- Music
- Cafeteria
- Teacher Asst.
- Bus Driver
- School Nurse
- Media Center Specialist
- Athletic Director
- Other

---

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Student Name ________________________________

*By my signature on this form, I acknowledge receipt of the Notice of the Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.

Parent Signature ________________________________ Date ________________
☐ Obtained via telephone interview with parent School Year ________________

Administrator Signature Date ____________________ Guidance Signature Date ________________
Teacher Signature Date ____________________ School Health Technician Date ________________
Teacher Signature Date ____________________ Nurse Signature Date ________________

Year 2 review*: Update to Individual Emergency Health Care Plan School Year ________________

Status determined by:
☐ person-to-person interview
☐ telephone interview
☐ update letter

No changes to current plan

Parent Signature ________________________________ Date ________________

Administrator Signature Date ____________________ Guidance Signature Date ________________
Teacher Signature Date ____________________ Nurse Signature Date ________________

Year 3 review*: Update to Individual Emergency Health Care Plan School Year ________________

Status determined by:
☐ person-to-person interview
☐ telephone interview
☐ update letter

No changes to current plan

Parent Signature ________________________________ Date ________________

Administrator Signature Date ____________________ Guidance Signature Date ________________
Teacher Signature Date ____________________ Nurse Signature Date ________________

*Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.
2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.

Revised: June, 2012
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Student Name: ___________________________ DOB ________________
Parent: ___________________________ Phone#1 ___________________________ Phone#2 ___________________________
2nd Parent: ___________________________ Phone#1 ___________________________ Phone#2 ___________________________
Emergency Contact: ___________________________ Phone: ___________________________
2nd Emergency Contact: ___________________________ Phone: ___________________________
Physician Name: ___________________________ Phone: ___________________________
Specialist Name: ___________________________ Phone: ___________________________

1. Health condition/Length of time condition has existed: **Allergy**
   Reaction occurs if student has following type of contact: □ Ingestion □ Skin contact □ Inhalation □ Other: ____________
   2. Allergies:
   □ Food
   □ Medication
   □ Other

3. Medications at home
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Potential Emergency Situation
   • Swelling of the lips, tongue, or eyes
   • Swelling or tightness in throat
   • Difficulty talking/hoarse voice
   • Difficulty breathing or noisy breathing
   • Wheezing or persistent cough
   • Vomiting, stomach cramps, diarrhea
   • Rash, Hives or Welts
   • Loss of Consciousness and/or collapse
   • Blue Discoloration of lips or fingernails
   • Student becomes pale or floppy
   • Other: ____________________________________________

4. Emergency Response
   • Stay calm
   • Stay with student and escort student to the clinic
   • Give medications as ordered by doctor/parent
     Give **Benadryl** immediately for mild reactions
     Administer as directed
     Give **Epinephrine** immediately for severe reactions such as difficulty breathing etc.
     Route: __IM_____ Amount: ___1 Pen___________
   • Other

   **Call 9-1-1 immediately if:** Epinephrine given, lips or fingernails turn blue or gray, breathing worsens, continuous spasmodic coughing, continued swelling of lips, throat, or tongue, loss of consciousness/collapse, start CPR immediately if student stops breathing and has no pulse.

5. Special Needs/Limitations
   Diet: ____________________________________________
   ____________________________________________
   ____________________________________________

   Activity Level/Physical Restrictions:
   ____________________________________________
   ____________________________________________
   ____________________________________________

   Accommodations needed in classroom:
   ____________________________________________
   ____________________________________________
   ____________________________________________

6. Other Considerations: **Take emergency medication on all off campus activities**
   ____________________________________________
   ____________________________________________
   ____________________________________________

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver
School Nurse  Media Center Specialist  Athletic Director  Other

Student Name ____________________________________________

Administrator Signature ____________________________________________ Date __________________________
Teacher Signature ____________________________________________ Date __________________________
Teacher Signature ____________________________________________ Date __________________________

Parent Signature ____________________________________________ Date __________________________

Year 2 review*: Update to Individual Emergency Health Care Plan   School Year __________

Status determined by:
☐ person-to-person interview       ☐ No changes to current plan
☐ telephone interview
☐ update letter

Parent Signature ____________________________________________ Date __________________________

Administrator Signature ____________________________________________ Date __________________________
Teacher Signature ____________________________________________ Date __________________________

Year 3 review*: Update to Individual Emergency Health Care Plan   School Year __________

Status determined by:
☐ person-to-person interview       ☐ No changes to current plan
☐ telephone interview
☐ update letter

Parent Signature ____________________________________________ Date __________________________

Administrator Signature ____________________________________________ Date __________________________
Teacher Signature ____________________________________________ Date __________________________

*Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.
2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Student Name: ______________________ DOB ____________________
Parent: ___________________________ Phone#1 __________ Phone#2 __________
2nd Parent: ________________________ Phone#1 __________ Phone#2 __________
Emergency Contact: __________________________ Phone: __________
2nd Emergency Contact: ________________________ Phone: __________
Physician Name: ________________________ Phone: __________
Specialist Name: ________________________ Phone: __________

1. Health condition/Length of time condition has existed: Asthma

2. Allergies:
   - Food __________________________________________________________
   - Medication _________________________________________________
   - Other _______________________________________________________

3. Medications at home | Medications at school | Medication Storage Location
-----------------------|---------------------|---------------------
|                      |                     | Classroom  |
|                      |                     | Clinic     |
|                      |                     | Student Backpack |
|                      |                     | Other: ______________________

4. Potential Emergency Situation
   - Noisy breathing or wheezing
   - Excessive coughing
   - Shortness of breath
   - Complaining of tight feeling in chest or chest pressure
   - Difficulty breathing
   - Other: ______________________________________________________

   Triggers that may cause an asthma attack: cold weather, cigarette smoke, dust mites, exercise, respiratory infections, strong odors or fumes, pollen, mold foods, and
   Other: ______________________________________________________

   Emergency Response
   - Allow student to use inhaler if carried with student
   - Stay with student and escort student to the clinic
   - Keep student upright and encourage SLOW, deep breaths in through nose and out through puckered lips
   - Give Nebulizer Treatment in Clinic if ordered
   - Notify Parent immediately

   Call 9-1-1 immediately if: lips or fingernails turn blue or gray, breathing worsens, continuous spasmodic coughing, increased anxiety or confusion, struggling or gasping for air, cannot walk or talk, skin pulling around collar bones and ribs with breathing, and start CPR immediately if student stops breathing and has no pulse.

5. Special Needs/Limitations
   Diet: _______________________________________________________
   Activity Level/Physical Restrictions: ____________________________
   Accommodations needed in classroom: ____________________________

6. Other Considerations: Take emergency medication on all off campus activities
                           ______________________________________________________
                           ______________________________________________________
                           ______________________________________________________
                           ______________________________________________________
                           ______________________________________________________
                           ______________________________________________________

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver __School Nurse __Media Center Specialist __Athletic Director __Other ____________________
*By my signature on this form, I acknowledge receipt of the Notice of the Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.

Parent Signature ________________________________ Date ________________

☐ Obtained via telephone interview with parent

Year 2 review*: Update to Individual Emergency Health Care Plan School Year ________________

Status determined by:

☐ person-to-person interview
☐ telephone interview
☐ update letter

☐ No changes to current plan

Parent Signature ________________________________ Date ________________

Administrator Signature ________________________________ Date ________________

Teacher Signature ________________________________ Date ________________

School Health Technician ________________________________ Date ________________

Nurse Signature ________________________________ Date ________________

Year 3 review*: Update to Individual Emergency Health Care Plan School Year ________________

Status determined by:

☐ person-to-person interview
☐ telephone interview
☐ update letter

☐ No changes to current plan

Parent Signature ________________________________ Date ________________

Administrator Signature ________________________________ Date ________________

Teacher Signature ________________________________ Date ________________

Nurse Signature ________________________________ Date ________________

*Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.
   2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

School__________________________ Grade _____ Teacher ____________ Year _____

Student Name: ___________________ DOB __________________________

Parent: __________________________ Phone#1 ______________________ Phone#2 __________________

2nd Parent: _______________________ Phone#1 ______________________ Phone#2 __________________

Emergency Contact: __________________________ Phone: __________________

2nd Emergency Contact: ______________ Phone: __________________

Physician Name: ___________________ Phone: __________________

Specialist Name: __________________ Phone: __________________

1. Health condition/Length of time condition has existed: **Diabetes**

2. Allergies:  [ ] Food ____________________________ [ ] Medication ____________________________
   [ ] Other ____________________________

3. Medications at home | Medications at school | Medication Storage Location
----------------------|----------------------|----------------------
|                      |                      | Classroom
|                      |                      | Clinic
|                      |                      | Student Backpack
|                      |                      | Other

4. Potential Emergency Situation

Hypoglycemia (low blood sugar level) symptoms:
- Headache
- Nervousness
- Drowsiness
- Tremors
- Pale Skin
- Weakness
- Cold sweats
- Confusion
- Fatigue
- Hunger
- Uncooperativeness
- Dizziness
- Irritability
- Unconsciousness
- Poor coordination
- Slurred speech
- Combativeness
- Convulsions
- Unconscious

Hyperglycemia (high blood sugar level) symptoms:
- Increased urination
- Increased hunger
- Sleepiness
- Increased thirst
- Fruity breath
- Weakness
- Blurred vision
- Vomiting
- Stomach pains
- Difficulty breathing
- Unconscious

Other: ____________________________

Emergency Response
- Stay calm and remain with student
- Escort student to the clinic or call for help
- Give medication or food according to symptoms or student’s Diabetes action plan/doctor’s orders
- Give **Glucagon** immediately if: **student is unconscious**
  Route: SQ ______ Amount: ____________
  ***Call 9-1-1 immediately***
- Notify parents
- Other: ____________________________

Call 9-1-1 immediately if: Glucagon is given, student is unconscious, has breathing difficulties, has a seizure, or if student stops breathing or has no pulse start CPR immediately!

5. Special Needs/Limitations

Diet: ____________________________

Activity Level/Physical Restrictions: ____________________________

Accommodations needed in classroom: ____________________________

6. Other Considerations: **Take emergency medication on all off campus activities**

Send Copies To:  [ ] Teacher  [ ] Clinic  [ ] Guidance  [ ] PE  [ ] Art  [ ] Music  [ ] Cafeteria  [ ] Teacher Asst.  [ ] Bus Driver
[ ] School Nurse  [ ] Media Center Specialist  [ ] Athletic Director  [ ] Other: ____________________________

---

65
*By my signature on this form, I acknowledge receipt of the Notice of the Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.

Parent Signature ____________________________ Date ____________________

☐ Obtained via telephone interview with parent                     School Year ________________

Administrator Signature          Date                         Guidance Signature          Date

Teacher Signature                Date                         School Health Technician    Date

Teacher Signature                Date                         Nurse Signature            Date

Year 2 review*: Update to Individual Emergency Health Care Plan   School Year ________________

Status determined by:
☐ person-to-person interview   ☐ No changes to current plan
☐ telephone interview
☐ update letter

Parent Signature                Date

Administrator Signature            Date                         Guidance Signature          Date

Teacher Signature                Date                         Nurse Signature            Date

Year 3 review*: Update to Individual Emergency Health Care Plan   School Year ________________

Status determined by:
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☐ telephone interview
☐ update letter

Parent Signature                Date

Administrator Signature            Date                         Guidance Signature          Date

Teacher Signature                Date                         Nurse Signature            Date

*Note: 1. Significant changes to plan of care require a new Individual Health Care Plan be completed.
        2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.

Revised: June, 2012
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Student Name: ________________________ DOB ____________________
Parent: ___________________________ Phone#1 ___________________ Phone#2 ____________________
2nd Parent: ___________________________ Phone#1 ___________________ Phone#2 ____________________

Emergency Contact: ___________________________ Phone: ____________________
2nd Emergency Contact: ___________________________ Phone: ____________________
Physician Name: ___________________________ Phone: ____________________
Specialist Name: ___________________________ Phone: ____________________

1. Health condition/ Length of time condition has existed: **Insect Allergy**

2. Allergies:  
   □ Food  
   □ Medication  
   □ Other  

3. Medications at home  
   Medications at school  
   Medication Storage Location  
   □ Classroom  
   □ Clinic  
   □ Student Backpack  
   □ Other

4. **Potential Emergency Situation**
   - Swelling of the lips, tongue, or eyes  
   - Swelling or tightness in throat  
   - Difficulty talking/hoarse voice  
   - Difficulty breathing or noisy breathing  
   - Wheezing or persistent cough  
   - Vomiting, stomach cramps, diarrhea  
   - Rash, Hives or Welts  
   - Loss of Consciousness and/or collapse  
   - Blue Discoloration of lips or fingernails  
   - Student becomes pale or floppy  
   - Other: ________________________________

   **Emergency Response**
   - Stay calm  
   - Stay with student and escort student to the clinic  
   - Give **Benadryl** immediately for mild to moderate symptoms – Administer as directed  
   - Give **Epinephrine** immediately for severe symptoms such as difficulty breathing etc.  
     Route: IM Amount: 1 pen  
     □ Notify parents  
     □ Other  
     **Call 9-1-1 immediately if:** lips or fingernails turn blue or gray, breathing worsens, continued spasmodic coughing, continued swelling of lips, throat, or tongue, loss of consciousness/collapse, start **CPR immediately if student stops breathing and has no pulse.**

5. Special Needs/Limitations
   **Diet:** ________________________________
   **Activity Level/Physical Restrictions:** ________________________________
   **Accommodations needed in classroom:** ________________________________

6. Other Considerations: **Take emergency medication on all off campus activities**

---

Send Copies To:  __Teacher  __Clinic  __Guidance  __PE  __Art  __Music  __Cafeteria  __Teacher Asst.  __Bus Driver
Student Name ____________________________________________

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Parent Signature ______________________________________Date ________________
 成功通过电话与家长面试 □

School Year ____________________

Administrator Signature Date Guidance Signature Date

Teacher Signature Date School Health Technician Date

Teacher Signature Date Nurse Signature Date

Year 2 review*: Update to Individual Emergency Health Care Plan  School Year ____________

Status determined by:

□ person-to-person interview  _____ No changes to current plan
□ telephone interview
□ update letter

Parent Signature Date

Administrator Signature Date Guidance Signature Date

Teacher Signature Date Nurse Signature Date

Year 3 review*: Update to Individual Emergency Health Care Plan  School Year ____________

Status determined by:

□ person-to-person interview  _____ No changes to current plan
□ telephone interview
□ update letter

Parent Signature Date

Administrator Signature Date Guidance Signature Date

Teacher Signature Date Nurse Signature Date

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Revised: June, 2012
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Student Name: ___________________________ DOB: ________________

Parent: ___________________ Phone#1: ___________ Phone#2: ___________

2nd Parent: ___________________ Phone#1: ___________ Phone#2: ___________

Emergency Contact: ___________________ Phone: ____________________

2nd Emergency Contact: ___________________ Phone: ____________________

Physician Name: ___________________ Phone: ____________________

Specialist Name: ___________________ Phone: ____________________

1. Health condition/ Length of time condition has existed: **Migraines**

2. Allergies:
   - [ ] Food ______________________________
   - [ ] Medication ______________________________
   - [ ] Other ______________________________

3. | Medications at home | Medications at school | Medication Storage Location |
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<td>□ Student Backpack</td>
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<td></td>
<td>□ Other</td>
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</table>

4. **Potential Emergency Situation**
   - Symptoms of an aura:
     - Flashing lights
     - Visual disturbances
     - Speech difficulties
     - Tingling
     - Limb weakness
     - Abdominal pain
   - Light sensitivity
   - Sound sensitivity
   - Nausea, vomiting, diarrhea
   - Increased urination
   - Dizziness
   - Increased thirst
   - Odor sensitivity
   - Other: ____________________________________________________________

5. **Special Needs/Limitations**
   **Diet:** ____________________________________________________________

   **Activity Level/Physical Restrictions:** ____________________________________________________________

   **Accommodations needed in classroom:** ____________________________________________________________

6. **Other Considerations:** Take emergency medication on all off campus activities

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver __School Nurse __Media Center Specialist __Athletic Director __Other _____________
**By my signature on this form, I acknowledge receipt of the Notice of the Privacy Practices Act, and authorize designated Santa Rosa County School District personnel, Santa Rosa County Health Department School Health personnel, and any other contracted health care agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

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<td>Date</td>
</tr>
<tr>
<td>Teacher Signature</td>
<td>Date</td>
<td>Nurse Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**Year 2 review*: Update to Individual Emergency Health Care Plan  School Year ________________**

Status determined by:

- person-to-person interview
- telephone interview
- update letter

- No changes to current plan

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**Year 3 review*: Update to Individual Emergency Health Care Plan  School Year ________________**

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2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.

*Revised: June, 2012*
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Grade ___ Teacher ___________ Year ___

School ____________________________________________________________

Student Name: ___________________________ DOB ______________________

Parent: ___________________________ Phone#1 ______________________ Phone#2

2nd Parent: ___________________________ Phone#1 ______________________ Phone#2

Emergency Contact: ___________________________ Phone: ______________________

2nd Emergency Contact: ___________________________ Phone: ______________________

Physician Name: ___________________________ Phone: ______________________

Specialist Name: ________________________ Phone: ______________________

1. Health condition/Length of time condition has existed: Nut Allergy

Reaction to peanuts occurs if student has following type of contact: □ Ingestion □ Skin contact □ Inhalation □ Other:

2. Allergies:

□ Food

□ Medication

□ Other

3. Medications at home

Medications at school

Medication Storage Location

□ Classroom

□ Clinic

□ Student Backpack

□ Other

4. Potential Emergency Situation

• Swelling of the lips, tongue, or eyes
• Swelling or tightness in throat
• Difficulty talking/hoarse voice
• Difficulty breathing or noisy breathing
• Wheezing or persistent cough
• Vomiting, stomach cramps, diarrhea
• Rash
• Loss of Consciousness and/or collapse
• Blue Discoloration of lips or fingernails
• Student becomes pale or floppy
• Other:

5. Special Needs/Limitations

Diet: Avoid any of the following nuts in diet:

Activity Level/Physical Restrictions:

Accommodations needed in classroom: Assist student to avoid ingestion or skin contact with nut products. Notify parent volunteers assisting with class of student’s allergy.

6. Other Considerations: Take emergency medication on all off campus activities

Send Copies To: __Teacher __Clinic __Guidance __PE __Art __Music __Cafeteria __Teacher Asst. __Bus Driver

__School Nurse __Media Center Specialist __Athletic Director __Other

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Student Name ______________________________________________________

Administrator Signature ______________________ Date __________________
Teacher Signature ___________________________ Date __________________
Teacher Signature ___________________________ Date __________________

Year 2 review*: Update to Individual Emergency Health Care Plan  School Year __________

Status determined by:

☐ person-to-person interview  ☐ telephone interview  ☐ update letter

☐ No changes to current plan

Parent Signature ___________________________________________________________ Date __________________
Administrator Signature ___________________________ Date __________________
Teacher Signature ___________________________ Date __________________

Year 3 review*: Update to Individual Emergency Health Care Plan  School Year __________

Status determined by:

☐ person-to-person interview  ☐ telephone interview  ☐ update letter

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Parent Signature ___________________________________________________________ Date __________________
Administrator Signature ___________________________ Date __________________
Teacher Signature ___________________________ Date __________________

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Revised: June, 2012
Santa Rosa County Public Schools
Individual Emergency Health Care Plan

Student Name: ___________________________ DOB________________
Parent: ___________________________ Phone#1 ___________________________ Phone#2 ___________________________
2nd Parent: ___________________________ Phone#1 ___________________________ Phone#2 ___________________________
Emergency Contact: ___________________________ Phone: ___________________________
2nd Emergency Contact: ___________________________ Phone: ___________________________
Physician Name: ___________________________ Phone: ___________________________
Specialist Name: ___________________________ Phone: ___________________________

1. Health condition/ Length of time condition has existed: **Peanut Allergy**
   Reaction to peanuts occurs if student has following type of contact: ☐ Ingestion ☐ Skin contact ☐ Inhalation ☐ Other:

2. Allergies:
   - ☐ Food
   - ☐ Medication
   - ☐ Other

3. | Medications at home | Medications at school | Medication Storage Location |
<table>
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4. **Potential Emergency Situation**
   - Swelling of the lips, tongue, or eyes
   - Swelling or tightness in throat
   - Difficulty talking/hoarse voice
   - Difficulty breathing or noisy breathing
   - Wheezing or persistent cough
   - Vomiting, stomach cramps, diarrhea
   - Rash
   - Loss of Consciousness and/or collapse
   - Blue Discoloration of lips or fingernails
   - Student becomes pale or floppy
   - Other: ___________________________

   **Emergency Response**
   - Stay calm
   - Stay with student and escort student to the clinic
   - Give **Benadryl** immediately for mild to moderate symptoms – Administer as directed
   - Give **Epinephrine** immediately for severe symptoms such as difficulty breathing etc.
     Route: IM Amount: 1 pen
   - Notify parents
   - Other
   - **Call 9-1-1 immediately if:** lips or fingernails turn blue or gray, breathing worsens, continuous spasmodic coughing, continued swelling of lips, throat, or tongue, loss of consciousness/collapse, start CPR immediately if student stops breathing and has no pulse.

5. Special Needs/Limitations
   Diet: Avoid peanuts and peanut products in diet: ___________________________

   Activity Level/Physical Restrictions:

   Accommodations needed in classroom: Assist student to avoid ingestion or skin contact with peanuts or peanut products. Notify parent volunteers assisting with class of student’s allergy.

6. Other Considerations: Take emergency medication on all off campus activities

Send Copies To:  __Teacher  __Clinic  __Guidance  __PE  __Art  __Music  __Cafeteria  __Teacher Asst.  __Bus Driver
                  __School Nurse  __Media Center Specialist  __Athletic Director  __Other ____________

76
**Student Name ________________________________**

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<td>Teacher Signature</td>
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**Year 2 review*: Update to Individual Emergency Health Care Plan  School Year ________________**

Status determined by:
- ☐ person-to-person interview
- ☐ telephone interview
- ☐ update letter

☐ Obtained via telephone interview with parent  School Year ________________

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2. At the beginning of the 4th school year based on the inception date of this plan a new plan will be written.*

*Revised: June, 2012*
Santa Rosa County Public Schools  
Individual Emergency Health Care Plan

Student Name: _______________________  DOB __________
Parent: ____________________________  Phone#1 ____________________  Phone#2 ____________________
2nd Parent: ________________________  Phone#1 ____________________  Phone#2 ____________________
Emergency Contact: __________________  Phone: _____________________
2nd Emergency Contact: ______________  Phone: _____________________
Physician Name: ____________________  Phone: _____________________
Specialist Name: ____________________  Phone: _____________________

1. Health condition/ Length of time condition has existed: **Seizures**
2. Allergies: 
   - [ ] None
   - [ ] Food
   - [ ] Medication
   - [ ] Other

### 3. Medications at home

<table>
<thead>
<tr>
<th>Medications at home</th>
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### 4. Potential Emergency Situation

<table>
<thead>
<tr>
<th>Tonic Clonic / Generalized</th>
<th>Partial Complex</th>
<th>Absence/Petit Mal</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Convulsing</td>
<td>*Muscle twitching or jerking on one side of body</td>
<td>*Stares</td>
</tr>
<tr>
<td>*Shaking</td>
<td>*May see, hear or smell things that are not there</td>
<td>*Appears dazed</td>
</tr>
<tr>
<td>*Jerking</td>
<td>*Confused or dazed</td>
<td>*Repetitive blinking or chewing</td>
</tr>
<tr>
<td>*Stiffness</td>
<td>*Unable to talk</td>
<td>*Unresponsive</td>
</tr>
<tr>
<td>*Loss of consciousness</td>
<td>*Picks at things or clothing</td>
<td>*Blank stare</td>
</tr>
<tr>
<td>*Loss of bowel or bladder function</td>
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<tr>
<td>*Falls or collapses</td>
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</tr>
</tbody>
</table>

*Student’s usual signs/symptoms of seizure:

Triggers that may cause seizures:

### 5. Special Needs/Limitations

Diet:

Activity Level/Physical Restrictions:

Accommodations needed in classroom:

### 6. Other Considerations: **Take emergency medications on all off campus activities**

Send Copies To:  
- [ ] Teacher  
- [ ] Clinic  
- [ ] Guidance  
- [ ] PE  
- [ ] Art  
- [ ] Music  
- [ ] Cafeteria  
- [ ] Teacher Asst.  
- [ ] Bus Driver  
- [ ] School Nurse  
- [ ] Media Center Specialist  
- [ ] Athletic Director  
- [ ] Other ______________
Student Name ____________________________________________

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</table>

Year 2 review*: Update to Individual Emergency Health Care Plan    School Year ________________

Status determined by:

- [ ] person-to-person interview
- [ ] telephone interview
- [ ] update letter

- [ ] No changes to current plan

Parent Signature ____________________________________________ Date ________________________

Administrator Signature ____________________________ Date ____________________________ Guidance Signature ____________________________ Date ____________________________

Teacher Signature ____________________________ Date ____________________________ Nurse Signature ____________________________ Date ____________________________

Year 3 review*: Update to Individual Emergency Health Care Plan    School Year ________________

Status determined by:

- [ ] person-to-person interview
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- [ ] update letter

- [ ] No changes to current plan

Parent Signature ____________________________________________ Date ________________________

Administrator Signature ____________________________ Date ____________________________ Guidance Signature ____________________________ Date ____________________________

Teacher Signature ____________________________ Date ____________________________ Nurse Signature ____________________________ Date ____________________________

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Revised: June, 2012
# SCHOOL HEALTH CARE PLAN LOG SHEET

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Grade</th>
<th>Teacher</th>
<th>Health Concern</th>
<th>Date Written</th>
<th>Distributed</th>
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Section XVI: Health Screenings

Procedure for Providing and Conducting Health Screenings in the School Setting (Vision, Hearing, Height, Weight, Body Mass Index (BMI), Scoliosis)

Purpose: This procedure establishes guidelines for providing health screenings in the school environment as mandated by the Florida Administrative Code, Chapter 64F-6.003. The screenings will allow the School Health Nurse to identify students with suspected abnormalities who will subsequently be referred for appropriate follow-up care.

Definitions: **Body Mass Index** - (BMI) is a number calculated from a person’s weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problem.

**CDC** - Centers for Disease Control and Prevention

**Myopia** - a vision abnormality commonly known as “near-sightedness”; the student will readily see things that are near, but may have trouble seeing objects at a distance (i.e. the board, road signs, etc.)

**Hyperopia** - a vision abnormality commonly known as “far-sightedness”; the student will be able to see things at a distance, but will have difficulty clearly seeing objects that are near (i.e. words in a book, on a computer screen, etc.)

**Strabismus** - the deviation of an eye from its axis so the eyes are not focused together on the same object; this is due to an eye muscle imbalance

**Scoliosis** - a disorder in which there is a sideways curve of the spine, or back bone; curves are often S-shaped or C-shaped

Procedure: (Procedures for specific screening will follow on subsequent pages)

I. Parent/Guardian should be notified of general population screenings via letter, student handbook, newsletter, school website, student Emergency Health Card, etc.

II. Parents/Guardians and students have the right to refuse screenings and may “opt” out of screenings by notifying the school; documentation of the refusal should be kept in the student Cumulative School Health Record.

III. Screenings are provided to students in response to the Florida Mandate as well as by referral for a suspected abnormality or as a routine part of evaluating students for special services.

IV. Students may be referred for screening by:
   A. Guidance Counselor or other school administration or designee
   B. Teacher
   C. School Health Clinic Staff
   D. Parent/Guardian
   E. Self-referred
V. The School Health Registered Nurse (RN) may also decide that screening is appropriate based on the assessment of the student.
Growth and Development Screening: Height, Weight, and BMI

Procedure: I. Students to be screened:

A. All first, third, and sixth grade students
B. Any student referred by the guidance counselor or teachers for screening
C. A student may be self-referred or referred by parent/guardian for a screening

II. Screening set-up:

A. Screenings should be performed on a flat, level, and hard surface.
B. If possible, screenings should take place in an area/room that allows for privacy.
C. Utilize a standard floor scale for weight and a stadiometer or wall-mounted measuring tape for height.
   1. Locate the electronic scale near an electrical outlet as needed for power or ensure that batteries are charged.
   2. Equipment should be calibrated and maintained as recommended by the manufacturer or as determined by the Department of Health.
D. When screening large numbers of students, volunteers may be needed to help perform the screenings. Ensure that volunteers are appropriately trained in the use of the equipment.
E. The student’s gender and date of birth will be needed for Body Mass Index (BMI) calculation. Obtain this information from student records or utilize screening forms with labels printed with appropriate demographic information.
   1. Student labels for grade level screenings may typically be obtained from the Santa Rosa County School Districts’ Data Processing Department located in the County Complex on Canal Street.

III. Performing the height and weight screenings

A. Prepare students for the screenings by explaining the procedures.
B. Have the students remove bulky jackets or sweaters. Students should be weighed in minimal indoor clothing.
C. If practical, have the student remove shoes. Otherwise, adjust the height recording if needed to reflect an accurate measurement.
D. Student may need to remove hair accessories for measurement.
E. Measuring the student
   1. Instruct the student to stand with back as straight as possible, with feet slightly apart, and arms relaxed. The heels, buttocks and shoulder blades should touch the wall or measuring surface being used.
   2. Lower the measuring bar or paddle to the crown of the head.
   3. Record the height on the screening form.
F. Weighing the student
   1. Instruct the student to stand in the middle of the scale or as indicated for the equipment being used.
2. Student should remain still until the measurement is recorded.
3. Record the weight on the screening form.

IV. Determining BMI

A. The CDC’s Body Mass Index (BMI) calculator may be used to obtain the BMI. This can be found at: [http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx](http://apps.nccd.cdc.gov/dnpabmi/calculator.aspx)
   1. The date of measurement, date of birth, gender, height and weight data should be entered into the calculator.
   2. Record the BMI on the screening form.
   3. Record the BMI-for-age percentile on the screening form.

B. Other acceptable WEB calculators or programs may be used (with approval from the School Health Nurse) to determine BMI.
   1. Record calculated BMI and BMI-for-age percentile on the screening form.

C. BMI may be determined by manual calculation.
   1. Use the formula: weight (in pounds) divided by height (in inches) times height (in inches), and then multiply by 703.

   \[
   \text{weight (lb)} \div \text{height (in)} \times \text{height (in)} \times 703
   \]

   2. The result of the calculation is the student’s BMI.
   3. Next, plot the BMI on the growth chart/graph to determine the BMI-for-age percentile.
   4. Record the BMI and the BMI-for-age percentile on the screening form.

V. Interpreting BMI results and appropriate follow-up

A. The following are the CDC’s categories for BMI-for-age percentiles:
   1. Underweight: less than the 5th percentile
   2. Healthy weight: 5th percentile up to the 85th percentile
   3. Overweight: 85th percentile to less than the 95th percentile
   4. Obese: equal to or greater than the 95th percentile

B. School Health Nurse discretion: according to the Florida School Health Administrative Guidelines, in special situations, “consideration should be made for environmental and genetic influences in determining the average size of children in various populations”.

C. Based on the percentile categories and nursing discretion, a referral letter recommending a medical assessment will be sent to the parent/guardian of any student in the underweight or obese categories.

D. If no parental response is received, additional follow-up phone calls or letters may be sent to the parent/guardian.

E. A BMI referral with no parental response or medical assessment is considered an incomplete referral.

F. All information concerning the referral, follow-up, and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student’s Cumulative School Health Record when the process is complete.
Dear Parent or Guardian,

Nurses from the Santa Rosa County Health Department will be at ___________________________ to conduct a sixth grade health screening on ___________________________. The State of Florida’s Department of Health mandates these screenings on students at various grade levels.

The health screenings will consist of:
- **Hearing and Vision Screenings**
- **Height and Weight checks** (With Body Mass Index [done with respect to privacy])
- **Spine check for Scoliosis** (Curvature of the spine)

The School Health Nurse will notify you if a problem is suspected as a result of any of the screenings. Initial failed hearing and vision screenings will receive a re-check by the School Health Nurse. **Please make sure that your child brings or wears any corrective lenses on the day of the health screenings.**

Scoliosis checks are extremely important in early adolescence, as this is the time when children are growing rapidly. A chiropractor, nurse practitioner, volunteer physician or experienced school nurse performs these exams. Every effort is made to insure your child’s modesty and privacy during these screenings; therefore, **boys and girls are screened separately and in different locations.** To insure a proper exam, the back area must be exposed. Therefore, we recommend that female students wear an undergarment, halter, or bathing suit top under their shirt, which can be kept on during the check.

Please send a note to school by ___________________________ if you do not want your child to participate in all or any portion of these health screenings.

As always, if you have questions or concerns please feel free to contact your School Health Nurse, ___________________________ at _______________

Sincerely,

______________________________

______________________________

Principal

School Nurse
Frequently Asked Questions about BMI for Children

What is BMI?
- BMI stands for Body Mass Index. It is a number that shows body weight adjusted for height. BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is graphed on a boy or girl growth chart and given a percentile ranking. BMI can be figured with this equation:

\[
\text{BMI} = \left( \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703
\]

How is BMI used?
- Body mass index is used to see how a child is growing. BMI is NOT a diagnostic tool. If your child’s BMI is below the 5th percentile or above the 85th percentile, it is recommended that he/she be seen by a doctor.
- BMI is an indirect measure of body fatness. Studies have shown that a high BMI indicates a high percentage of body fat in most, but not all, cases.
- BMI relates to health risks including high cholesterol, high blood sugar, and high blood pressure. Children with high BMI's are at risk for conditions that can lead to heart disease and diabetes.
- BMI can be used to track body size throughout the life cycle. This is important because BMI-for-age in childhood predicts adulthood BMI.

What do the BMI percentiles mean?
- Health care professionals use the following established percentile cutoffs for children age 2 to 20:
  - Underweight: BMI less than the 5th percentile
  - Normal: BMI 5th percentile to the 85th percentile
  - At risk for overweight: BMI 85th percentile to the 95th percentile
  - Overweight: BMI greater than or equal to the 95th percentile

For more information about BMI for children, visit the Center for Disease Control’s website at http://www.cdc.gov/nccdphp/dnpa/bmi.
Student Name: ________________________ Grade ______
Date: ____________________

The Santa Rosa County Health Department wants to work with your family, community health care providers, and our school district to help our students become healthier. Our School District is working hard to provide healthier classrooms and healthier meal choices such as:

▪ Salad bars and/or chef salad. A variety of fruits and dark green/orange vegetables
▪ Lean meats that include turkey, turkey ham, chicken breast, and reduced fat hamburger
▪ Whole grain pastas, bread, and dessert choices
▪ Only 1% or less low fat flavored and unflavored milk and 100% juice

BMI (Body Mass Index) is a measurement tool used to help identify students who are at risk for weight-related health problems such as osteoporosis, type I diabetes, or possibly an eating disorder.

Your child was weighed and measured along with all students in their grade.*

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>BMI Percentile</th>
</tr>
</thead>
</table>

Based on your child’s height, weight, and gender, his/her BMI was found to be lower than recommended for his/her age (less than the 5th percentile).

Please share this result with your health care provider. If you do not have a health care provider you can seek additional insurance information at: www.FloridaKidCare.org

Consider this…

\[ \text{Juice} + \text{Water} + \text{Juice} = 450 \text{ calories} \]

This amount of juice is 1/3 of the calories that most kids should have in a day.

Food is the most important part of a balanced diet.

5 Servings of fruits and vegetables every day
2 Less than 2 hours of screen time every day
1 One hour of physical activity every day
0 Zero soda or sugar sweetened beverages every day

PARENT/GUARDIAN REPLY

Please complete the following and return this entire form to the school nurse.

Health Care Provider comments: ____________________________________________________________

Parent comments: ______________________________________________________________________

Parent/Guardian Signature: ___________________________ Date: ______________________

*required by the Florida Administrative Code, Chapter 64F-6.003.
The Santa Rosa County Health Department wants to work with your family, community health care providers, and our school district to help our students become healthier. Our School District is working hard to provide healthier classrooms and healthier meal choices such as:

- Salad bars and/or chef salad. A variety of fruits and dark green/orange vegetables
- Lean meats that include turkey, turkey ham, chicken breast, and reduced fat hamburger
- Whole grain pastas, bread, and dessert choices
- Only 1% or less low fat flavored and unflavored milk and 100% juice

BMI (Body Mass Index) is a measurement tool used to help identify students who are at risk for many weight-related health problems including high blood pressure, high cholesterol, type 2 diabetes, fatty liver, and heart disease. Each year, Santa Rosa County students are becoming more overweight and obese.

Your child was weighed and measured along with all students in their grade.*

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>BMI Percentile</th>
</tr>
</thead>
</table>

Based on your child’s height, weight, and gender, his/her BMI was found to be higher than recommended for his/her age (equal to or greater than the 95th percentile).

**Please share this result with your health care provider. If you do not have a health care provider you can seek additional insurance information at:** www.FloridaKidCare.org

Consider this…

```
Juice + Juice + Juice = 450 calories
Water + Water + Water = 0 calories
```

This amount of juice is almost 1/3 of the calories that most kids should have in a day.
Food is the most important part of a balanced diet.

5 Servings of fruits and vegetables every day
2 Less than 2 hours of screen time every day
1 One hour of physical activity every day
0 Zero soda or sugar sweetened beverages every day

**PARENT/GUARDIAN REPLY**

Please complete the following and return this entire form to the school nurse.

Health Care Provider comments:

Parent comments:

Parent/Guardian Signature: ___________________________ Date: _______________

*required by the Florida Administrative Code, Chapter 64F-6.003.
# BMI Coding Summary Sheet

<table>
<thead>
<tr>
<th>School:</th>
<th>School Nurse:</th>
<th>Date Screened:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male E1</td>
</tr>
<tr>
<td>O521 Normal 5%-85%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O522 Underweight &lt;5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O523 Overweight 85%-94%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O524 Obese &gt;95%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total by Category</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total by Grade</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Vision Screening

Procedure:  I. Students to be screened:

A. All sixth grade students
B. Any student referred by the guidance counselor or teachers for screening
C. A student may be self-referred or referred by parent/guardian for a screening.

II. Screening set-up:

A. Screening should take place in a well lit area with minimal glare.
B. Depending on available space and age of student, a wall chart, lighted chart, or Titmus machine may be utilized to perform the screening.
   Using a Wall chart and light box
   1. Place the eye chart or light box at eye level for the student. The chart should be attached to an uncluttered wall.
   2. Measure a 10 to 20 foot distance (depending on chart), and mark the area with a line of tape to indicate where the student will need to stand to perform the screening.
   3. The distance between the line and the chart should be free of objects, and the electrical cord from the light box should not pose a safety hazard.
   Using a Titmus machine
   1. If utilizing a Titmus machine, position the machine on a table or counter at a comfortable viewing height for student.
   2. Clean lenses as needed so that they are clear and free of smudges.
   3. Plug in the power cord for the machine, assuring that the cord will not be a safety hazard for the student. Turn on the machine.
   4. Assure that there is space for the School Health Nurse to remain near the student and to adjust the machine controls as needed.
C. For screening a large number of students, volunteers may be needed to help administer the screenings. Ensure that volunteers are appropriately trained in the use of the Titmus or wall chart/light box.
D. During any screening procedure, the School Health Nurse should take note of any eye abnormality (i.e. eye deviation, “lazy eye”, etc.).
E. Notify school to have student wear or bring corrective lens as appropriate.

III. Administering the vision screening (using an eye chart)

A. Position the student at the measured and marked distance from the chart.
B. If the student wears glasses, ask student to put on his/her glasses before performing the screening.
C. Have the student occlude one eye using their hand (or other occluding device) and have the student read the appropriate line of the chart (20/40, 20/30, etc.).

D. Have the student occlude the other eye and repeat the process.

E. To pass the screening, students age six (6) and over must correctly read one more than half of the letters or pictures on the 20/30 line, for students five (5) and under, they must correctly read one more than half of the letters or pictures on the 20/40 line.

F. Record visual acuity for each eye (i.e. the smallest line correctly read) on the screening form.

G. Rescreen student at a later date if necessary (i.e. if student forgot glasses, had an eye infection/problem on the day of screening, if the School Health Nurse feels rescreening is appropriate, etc.).

H. Alert teacher/appropriate school personnel as needed to provide preferential seating for those students who fail the screening, until results of a professional evaluation are received.

I. A referral letter recommending follow-up with a professional provider is sent to the parent/guardian of those students with screening failures.

J. If no parental response is received, a phone call or a second letter should be sent to the parent/guardian.

K. A third attempt is made to follow-up on the referral as needed.

L. A vision failure with no parental response or professional evaluation is considered an incomplete referral.

M. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student’s Cumulative School Health Record when the process is complete.

IV. Administering the vision screening (using the Titmus machine)

A. Position the student in front of the Titmus machine at a comfortable viewing height for the student.

B. If the student wears glasses, ask student to put on his/her glasses before performing the screening.

C. Instruct the student to look into the machine, keeping both eyes open throughout the test.

D. Ask the student to read the letters on the 20/30 line. If the student is unable to read the 20/30 line, instruct him/her to move up to the 20/40, 20/50, etc.

E. The right column indicates the visual acuity for the right eye. The left column indicates the visual acuity for the left eye. The center column is a test of visual acuity in both eyes.

F. The student may miss one letter in each column and pass for that acuity level. Record visual acuity for each eye (i.e. the smallest line correctly read) on the screening form. 20/30 acuity in each eye is needed to pass the screening.

G. Rescreen student at a later date if necessary (i.e. if student forgot glasses, had an eye infection/problem on the day of screening, if the School Health Nurse feels rescreening is appropriate, etc.).
H. Alert teacher/appropriate school personnel as needed to provide preferential seating for those students who fail the screening, until results of a professional evaluation are received.
I. A referral letter recommending follow-up with a professional provider is sent to the parent/guardian of those students with screening failures.
J. If no parental response is received, a phone call or a second letter should be sent to the parent/guardian.
K. A third attempt is made to follow-up on the referral as needed.
L. A vision failure with no parental response or professional evaluation is considered an incomplete referral.
M. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student’s Cumulative School Health Record when the process is complete.
Dear Parent/Guardian of ____________________________ attending
_________________________ Grade _____.

Your child’s Vision Screen results _____________ done on ____________ indicate
a need for an additional medical evaluation. Since a screening test is not diagnostic, it is
suggested that your child be given a further vision examination by a family physician, eye
doctor, or other specialist.

Your child is qualified to participate in the Jeppesen Vision Quest (JVQ) vision program,
which provides free eye exams and glasses to eligible children. A referral will be faxed to the
JVQ program with your child’s information and vision results upon notification by you of your
desire to participate in the program. Please call your School Health Nurse to inform them of
your decision.

Upon agreement to participate in the JVQ program you will be receiving notification from JVQ
on the program and the doctor assigned to your child’s care.

Upon receipt of the doctor’s name and phone number, please make an appointment for your
child. Tell the doctor’s staff that you are with Jeppesen Vision Quest program. If glasses are
required, JVQ will manufacture quality new glasses and send them to the doctor for
dispensing.

If you have further questions or concerns please feel free to contact your School Health
Nurse.

_________________________________________  Phone Number

Sincerely,

Santa Rosa County School Health Nurse
Santa Rosa County School Health - Vision Follow-up

Name: ___________________________________ Grade: _____ Date: ________
School: ________________________________ Teacher: ____________________

Dear Parent / Guardian:

Your child did not pass the vision screening administered on ______________ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

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**Parent’s Comments:**
----------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------

Parent’s Signature: __________________________ Date: ____________

----------------------------------------------------------------------------------------

**Doctor’s Comments**

Diagnosis: __________________________________________

Comments: _________________________________________
----------------------------------------------------------------------------------------

Doctor’s Signature: __________________________ Date: ____________
Hearing Screening

Procedure:  I. Students to be screened:
   A. All kindergarten, first, and sixth grade students
   B. Any student referred by the guidance counselor or teachers for screening
   C. A student may be self-referred or referred by parent/guardian for a screening

II. Screening set-up:
   A. Audiometers should be calibrated and maintained as recommended by the manufacturer or as determined by the Department of Health.
   B. Screening should take place in a quiet area or room, taking care to control the level of surrounding noise as much as possible.
   C. Audiometers may operate with batteries or the screening area should be located near an electrical outlet for its power source. Ensure that power cords will not be a safety hazard.
   D. For screening a large numbers of students, volunteers may be needed to help perform the screenings. Ensure that the volunteers are appropriately trained in the use of the audiometer.

III. Administering the hearing screening
   A. Explain to the student how the audiometer will be used to screen hearing.
      1. Instruct the student to raise and lower the appropriate hand when the tone is heard in the right or the left ear.
      2. Remind the student that the headphones fit snugly.
   B. If the student wears hearing aids, perform the screening with the devices on if indicated.
   C. Have the student put the earphones on or place the earphones on the student (depending on the student’s age, abilities, and nurse preference).
      1. The red ear piece is placed on the right ear, and the blue ear piece is placed on the left ear.
      2. Be sure that the earphones are snug over the ears and that nothing interferes with the placement (i.e. earrings, glasses, barrettes, etc.).
   D. Have the student face away from the audiometer or ensure that the student is unable to see the audiometer during the screening.
   E. The hearing threshold should be set at 25db, and the hearing should be tested at frequencies of 4000Hz, 2000Hz, and 1000Hz in both ears.
   F. If necessary, vary the tones from right to left to prevent an established pattern that the student may recognize.
   G. To pass the screening, the student must correctly respond to tones at 25dB and at levels of 4000/2000/1000Hz in both the right and the left ear.
H. Record the results on the screening form.
I. Rescreen students at a later date as needed for possible failures due to ambient noise in the screening area, the presence of nasal congestion, etc.
J. Alert teacher/appropriate school personnel to provide preferential seating near the source of sound for those students who fail the hearing screening.
K. After any necessary rescreening is accomplished, a referral letter recommending follow-up with a professional provider is sent to the parent/guardian of those students with screening failures.
L. If no parental response is received, a phone call or a second letter should be sent to the parent/guardian.
M. A third attempt is made to follow-up on the referral as needed.
N. A hearing failure with no parental response or professional evaluation is considered an incomplete referral.
O. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student's Cumulative School Health Folder when the process is complete.
Santa Rosa County School Health - Hearing Follow-up

Name: __________________________________________ Grade: ______ Date: _______
School: ________________________________________ Teacher: __________________

Dear Parent / Guardian:

Your child did not pass the hearing screening administered on ____________ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

--------------------------------- --------------------------------- ---------------------------------

Parent’s Comments:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Parent’s Signature: __________________________ Date: __________

Doctor’s Comments

Diagnosis: ___________________________________________________________________________

Comments: ___________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Doctor’s Signature: __________________________ Date: __________
Scoliosis Screening

Procedure: I. Students to be screened:

A. All sixth grade students
B. Any student referred by the guidance counselor or teachers for screening
C. A student may be self-referred or referred by parent/guardian for a screening

II. Screening set-up:

A. This screening is best done by a School Health Registered Nurse (RN) or other medical professional.
B. Screening should take place in an area/room that allows for privacy.
C. Boys and girls must be screened separately.
D. Ideally, two adults should be present during screenings.

III. Performing the scoliosis screening

A. Prepare the student for the screening by explaining the procedure.
B. Have the student remove his/her shirt as appropriate to best visualize the back area. Girls should wear a bathing suit top, bra, or other appropriate clothing. Screening may be performed with light weight clothing on if necessary, taking care to identify the curvature and landmarks of the back as much as possible.
C. First, have the student stand erect, with feet slightly apart, and arms hanging loosely at their sides. (A mark can be placed on the floor to indicate where the student should stand). The examiner should be several feet behind the student to best visualize the appearance of the back. Make note of any of the following abnormalities:
   1. One shoulder is higher than the other.
   2. One shoulder blade is higher or more prominent than the other.
   3. The spine has an S-shaped or C-shaped curve.
   4. One hip is higher than the other.
   5. The space between the area and the body is greater on one side than the other side.
   6. The head does not appear centered directly over the pelvis.
D. Next view the student in a forward-bending position. The student should bend forward at the waist 90 degrees. Palms of the hands are held together or can be facing each other as the arms hand down. The head should be down. Make note of any of the following possible abnormalities:
   1. One side of the rib cage is not symmetrical with the other.
   2. One side of the lower back is not symmetrical with the other.
   3. A curve in the alignment of the spinous processes
E. Record observations and results on the screening form. Additionally, make note of any student complaint of back pain or history of scoliosis.
F. Rescreen students at a later date if needed.
G. A student found to have a possible abnormal spinal curve should be referred to a physician for further evaluation. A referral letter recommending this follow-up is sent to the parent/guardian of those students identified.

H. If no parental response is received, a phone call or a second letter should be sent to the parent/guardian.

I. A third attempt is made to follow-up on the referral as needed.

J. A scoliosis referral with no parental response or professional evaluation is considered an incomplete referral.

K. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student’s Cumulative School Health Record when the process is complete.
Santa Rosa County School Health - Scoliosis Follow-up

Name: _______________________________ Grade: _______ Date: ________
School: ______________________________ Teacher: __________________

Dear Parent / Guardian:

Your child was screened for scoliosis during the 6th grade health screening day at school on ____________________. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school health nurse listed below to discuss this screening.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

---------------------------------------------------------------

**Parent’s Comments:**
---------------------------------------------------------------

Parent’s Signature: ___________________________ Date: __________

**Doctor’s Comments**

Diagnosis: _______________________________________________________

Comments: _______________________________________________________

Doctor’s Signature: ___________________________ Date: __________
Santa Rosa County Health Department  
School Health Nursing

Student: __________________________ Date: ___________ Grade____
Teacher: __________________________ School: ______________________

<table>
<thead>
<tr>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wears glasses: Yes___ No___</td>
</tr>
<tr>
<td>Initial test Date: __________</td>
</tr>
<tr>
<td>Pass: ____ Fail: ____</td>
</tr>
<tr>
<td>R eye: 20/____ L eye: 20/____</td>
</tr>
<tr>
<td>Time In: _____ Nurse Signature: ________________________ Time out: ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test @ 25 dB</td>
</tr>
<tr>
<td>Initial Test Date________</td>
</tr>
<tr>
<td>Pass: ____ Fail: ____</td>
</tr>
<tr>
<td>R</td>
</tr>
<tr>
<td>1000 Hz _____</td>
</tr>
<tr>
<td>2000 Hz _____</td>
</tr>
<tr>
<td>4000 Hz _____</td>
</tr>
<tr>
<td>Time In: _____ Nurse Signature: ________________________ Time out: ______</td>
</tr>
</tbody>
</table>

Follow-up:  No: ___ Yes: ___
Comments:____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Kg screening sheet
Rev6/13dp
Santa Rosa County Health Department  
School Health Nursing  

Student: __________________________ Date: ___________ Grade____
Teacher: __________________________ School: _______________________

<table>
<thead>
<tr>
<th>Vision</th>
</tr>
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<tbody>
<tr>
<td>Wears glasses: Yes___ No___</td>
</tr>
<tr>
<td>Tested with glasses: Yes___ No ___</td>
</tr>
<tr>
<td>Note: 20/30 = Pass</td>
</tr>
<tr>
<td>Initial test Date: ____________</td>
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<tr>
<td>Retest: Date: ________________</td>
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<tr>
<td>Pass: ____ Fail: ____</td>
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<tr>
<td>R eye: 20/____ L eye: 20/____</td>
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<td>R eye 20/____ L eye: 20/____</td>
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<tr>
<td>Time In: _____ Nurse Signature: ____________________________ Time out: ____</td>
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<table>
<thead>
<tr>
<th>Hearing</th>
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<tbody>
<tr>
<td>Test @ 25 dB</td>
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<tr>
<td>Initial Test Date __________</td>
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<tr>
<td>Retest: Date: ____________</td>
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<tr>
<td>Pass: ____ Fail: ____</td>
</tr>
<tr>
<td>Pass: ____ Fail: ____</td>
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<tr>
<td>1000 Hz _____ _____</td>
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<tr>
<td>2000 Hz _____ _____</td>
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<tr>
<td>4000 Hz _____ _____</td>
</tr>
<tr>
<td>Time In: _____ Nurse Signature: ____________________________ Time out: ____</td>
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</table>

Height: _______ Weight:_______ BMI:_______ Percentile:_______  
<5% Underweight  
5% - <85% Normal  
85% - <95% Overweight  
>95% Obese  
| Time In: _____ Nurse Signature: ____________________________ Time out: ____ |

Follow-up: No: ___ Yes: ___  
Comments: ________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

1st grade screening sheet  
Rev6/13dp
Santa Rosa County Health Department
School Health Nursing

Student: __________________________ Date: ___________ Grade_____

Teacher: __________________________ School: _______________________

Vision

Wears glasses: Yes___ No___  Tested with glasses: Yes___ No ___
Note: 20/30 = Pass

Initial test Date: ___________  Retest: Date: ______________

Pass: ___ Fail: ___  Pass: ___ Fail: ___

R eye: 20/____  L eye: 20/____  R eye 20/____  L eye: 20/____

Time In: _____ Nurse Signature: ___________________________ Time out: _____

Height: ______ Weight: ______ BMI:_______ Percentile:_______

<5% Underweight  5% - <85% Normal

85% - <95% Overweight  >95% Obese

Time In: _____ Nurse Signature: ___________________________ Time out: _____

Follow-up:  No: ___ Yes: ___
Comments:______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

3rd grade screening sheet  Rev6/13dp
Santa Rosa County Health Department  
School Health Nursing

| Student: __________________________ Date: ___________ Grade____ |
| Teacher: __________________________ School: __________________ |

### Vision

- **Wears glasses:** Yes___ No___  
  - **Tested with glasses:** Yes___ No___  
  - **Note:** 20/30 = Pass
- **Initial test Date:** __________  
  - **Retest Date:** ________________

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<thead>
<tr>
<th>R eye</th>
<th>L eye</th>
<th>R eye</th>
<th>L eye</th>
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<td>20/70</td>
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</table>

- **Time In:** ______  
  - **Nurse Signature:** ______________________________  
  - **Time out:** ______

### Hearing

- **Test @ 25 dB**

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<td>1000 Hz</td>
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<td>4000 Hz</td>
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</table>

- **Time In:** ______  
  - **Nurse Signature:** ____________________  
  - **Time out:** ______

### Physical Measurements

- **Height:** _______  
  - **Weight:** _______  
  - **BMI:** _______  
  - **Percentile:** _______

  - **<5% Underweight**  
  - **5% - <85% Normal**
  - **85% - <95% Overweight**  
  - **>95% Obese**

- **Time In:** ______  
  - **Nurse Signature:** ____________________  
  - **Time out:** ______

### Follow-up

- **No:** ___  
  - **Yes:** ___

### Comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
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6th grade screening sheet  
Rev6/13dp
Santa Rosa County School Health Referral Form
(From School to Parent/Guardian)

The 1974 Florida School Health services Act mandated that height/weight measurements, vision, hearing and scoliosis screenings be proved cooperatively by school personnel and County Health Department personnel. This service will be provided at designated grade levels and upon request by teachers, guidance counselors, parent/guardians or students, if a problem is suspected.

A ______________________ screening was done on ________________________________

(Type Screening) (Student Name)

A student at ________________________________ on ________________________________

(School) Dates(s)

Your child was in one of the targeted screening grades for this year (Yes ___ ) or was referred for screening (Yes ___ ) by ________________________________ . The result of the screening is as follows:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

It is suggested that your child be given further examination by a family physician, eye doctor or other specialist. If such an examination or follow-up will be a financial burden, please contact your School Health Nurse ________________________________ at ________________________________ as there are community resources available to assist eligible students. Please call if you have additional questions or concerns.

PLEASE HAVE THIS PORTION COMPLETED BY THE PHYSICIAN, EYE DOCTOR, ETC. RETURN TO THE SCHOOL HEALTH CLINIC.

TO BE PLACED IN YOUR CHILD’S SCHOOL HEALTH FOLDER

Doctor’s finding and/or treatment(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

_____________________________  ________________________________

Doctor Signature Date
## STUDENT HEALTH SCREENING LOG SHEET

School: __________________________  School Nurse: __________________________
School Year: __________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Grade</th>
<th>Teacher</th>
<th>Screening &amp; Result</th>
<th>Comments</th>
<th>Coded</th>
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</table>
# Screening Referral Follow-Up Sheet

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<th>YEAR:</th>
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<table>
<thead>
<tr>
<th>Student Name</th>
<th>Teacher/Grade</th>
<th>Referral date</th>
<th>contact #1</th>
<th>contact #2</th>
<th>contact #3</th>
<th>Comments</th>
<th>Outcome</th>
<th>coded on EARS</th>
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**Contact Codes:**
- LS - Letter Sent
- LM - Letter mailed
- PC - Phone Call
- TC - Teacher contact

**Outcome Codes**
- MET - Medical eval./Tx
- MEN - Medical eval. No TX
- AP - Appointment pending
- WD - Withdrawn
- NC - Non-Compliant

Rev May 2013
Santa Rosa County School Health Policy and Procedure Manual

Forms For:

Pediatric Services of America

May 2013
## SANTA ROSA DISTRICT SCHOOLS DAILY HEALTH ROOM ACTIVITY LOG

<table>
<thead>
<tr>
<th>TIME IN</th>
<th>STUDENT NAME</th>
<th>GR</th>
<th>M/F</th>
<th>H/C</th>
<th>COMPLAINTS OF &amp; REFERRED BY</th>
<th>ACTION TAKEN</th>
<th>INIT</th>
<th>DISPOSITION</th>
<th>TIME OUT</th>
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### H/C – HEALTH CODES:

1. RX Meds Administered
2. Non-RX Meds Administered
3. Minor Injuries
4. Major Injuries
5. Physical Complaints
6. Intentional Injuries
7. Chronic Conditions
8. Head lice/Scabies (Screening)
9. Head lice/Scabies (Positive)
10. Other
11. Medication Intake (to the clinic)

### DISPOSITION:

- RC: Return to Class
- SH: Sent Home
- MI: Medication Intake (to the clinic)
- ER: Emergency Response (911)

**Total Disposition**

*Refer to addendum for approved abbreviations

**Total Paraprofessional Visits (Totals of #1 thru-11)**

<table>
<thead>
<tr>
<th>Initials</th>
<th>Printed Name</th>
<th>Signature</th>
<th>Title</th>
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Rev 05/15/2013
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<th>STUDENT NAME</th>
<th>GR</th>
<th>M/F</th>
<th>H/C</th>
<th>COMPLAINTS OF &amp; REFERRED BY</th>
<th>ACTION TAKEN</th>
<th>INIT</th>
<th>OUTCOME</th>
<th>TIME OUT</th>
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ABBREVIATION ADDENDUM TO DAILY HEALTH ROOM ACTIVITY LOG

ADM - Administration
Aq - Water
B/A - Band-Aid Applied
B/P - Blood Pressure
C/C - Cleansed and Covered
C/O – Complains of
ER - Emergency Response
FSBS - Finger-Stick Blood Sugar
GR - Grade
H/A – Headache
H/C - Health-Code
INI - Initial
L - Left
M/F - Male/Female
Med - Medication
N/V - Nausea and Vomiting
P/C - Parent Called
R/C - Return to Class
R - Right
RX – Prescription
S/A - Stomach Ache
S/H - Sent Home
S/T - Sore Throat
T – Temperature
# SCHOOL HEALTH PROGRESS NOTES

Page ____ of

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Comments/Signature</th>
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## WEEKLY ACTIVITY SUMMARY

School Site: __________________________  Week of: ___ / ___ / ___ thru: ___ / ___ / ___

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<tr>
<th>Health Codes:</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
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<th>Fri</th>
<th>Weekly Total</th>
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<td>#1 RX Meds Administered</td>
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<td>#2 Non-RX Meds Administered</td>
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<td><strong>Total Medications Administered (#1-#2)</strong></td>
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<td>#3 Minor Injuries</td>
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<td><strong>Total First Aid Administered (#3-#4)</strong></td>
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<td>#5 Physical Complaints</td>
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<td>#6 Intentional Injuries</td>
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<td>#7 Chronic Conditions</td>
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<td>#8 Head lice / Scabies (Screening)</td>
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<td>#9 Head lice / Scabies (Positive)</td>
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<td>#10 Other</td>
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<td>#11 Medication Intake (to the Clinic)</td>
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<td><strong>Total Paraprofessional Visits</strong></td>
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</tbody>
</table>

### DISPOSITION:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RC</td>
<td>Return to Class</td>
</tr>
<tr>
<td>SH</td>
<td>Sent Home</td>
</tr>
<tr>
<td>MI</td>
<td>Medication Intake (to the Clinic)</td>
</tr>
<tr>
<td>ER</td>
<td>Emergency Response (911)</td>
</tr>
</tbody>
</table>

**Total Disposition**

AED Check (Weekly)
## MONTHLY ACTIVITY SUMMARY

### Health Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>RX Meds Administered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>#2</td>
<td>Non-RX Meds Administered</td>
<td></td>
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</tr>
</tbody>
</table>

**Total Medications Administered (#1-#2)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#3</td>
<td>Minor Injuries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#4</td>
<td>Major Injuries</td>
<td></td>
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</tr>
</tbody>
</table>

**Total First Aid Administered (#3-#4)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>#5</td>
<td>Physical Complaints</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>#6</td>
<td>Intentional Injuries</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>#7</td>
<td>Chronic Conditions</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>#8</td>
<td>Head Lice / Scabies (Screening)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#9</td>
<td>Head Lice / Scabies (Positive)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>#10</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>#11</td>
<td>Medication Intake (to the Clinic)</td>
<td></td>
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</tr>
</tbody>
</table>

**Total of #5 thru #11**

**Total Paraprofessional Visits**

**DISPOSITION:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>RC</td>
<td>Return to Class</td>
<td></td>
<td></td>
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<td>Sent Home</td>
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</tr>
<tr>
<td>MI</td>
<td>Medication Intake (to the Clinic)</td>
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</tr>
<tr>
<td>ER</td>
<td>Emergency Response (911)</td>
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</tbody>
</table>

**Total Disposition**

**AED Check (Weekly)**

School Health Technician: ____________________________  Date: _____

School Site Representative: __________________________  Date: _____

Necessary only if unable to generate monthly computer spreadsheet

Rev 05/15/2013
HEALTH TECHNICIAN SUPERVISORY VISIT

Name: ____________________________  EE = Exceeds Expectations
Date: ____________________________  CME = Consistently Meets Expectations
School: ____________________________  DME = Does Not Meet Expectations

<table>
<thead>
<tr>
<th>PERFORMANCE STANDARDS:</th>
<th>EE</th>
<th>CME</th>
<th>DME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appearance is neat and professional</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates well with students and parents</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Performs duties within a timely manner</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Notifies parents of illness or injury on a timely basis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides adequate information to parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work environment maintained in a neat and orderly manner</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Works well with other school staff</td>
<td></td>
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<tr>
<td>Deals well with conflict/promoting win-win situations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to school board policies</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Maintains universal precautions/good hand-washing technique</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Utilizes computer availability (Excel/E-Mail)</td>
<td></td>
<td></td>
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<tr>
<td>Documents medication administration appropriately</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Paperwork is completed and submitted as requested</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Keeps supervisor informed of problematic situations</td>
<td></td>
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</tr>
<tr>
<td>Dedicated and Dependable</td>
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</table>

Comments:
________________________________________________________________________

Problem Identified:
________________________________________________________________________

Action:
________________________________________________________________________

Resolution:
________________________________________________________________________

__________________________________________  ______________________________
Supervisor Signature                        Employee Signature

Rev 05/15/2013
# L.P.N./R.N. SUPERVISORY VISIT

Name: __________________________
Date: __________________________
School: __________________________

<table>
<thead>
<tr>
<th>PERFORMANCE STANDARDS:</th>
<th>EE</th>
<th>CME</th>
<th>DME</th>
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</thead>
<tbody>
<tr>
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</tr>
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<tr>
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<tr>
<td>Notifies parents of illness or injury on a timely basis</td>
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<tr>
<td>Provides adequate information to parents</td>
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<td></td>
</tr>
<tr>
<td>Work environment maintained in a neat and orderly manner</td>
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<tr>
<td>Works well with other school staff</td>
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<td>Deals well with conflict/promoting win-win situations</td>
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<tr>
<td>Adheres to school board policies</td>
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<tr>
<td>Keeps supervisor informed of problematic situations</td>
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<tr>
<td>Dedicated and Dependable</td>
<td></td>
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<tr>
<td>Performs treatments and/or procedures with skill and competence</td>
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</tbody>
</table>

Comments: ____________________________________________________________________________

Problem Identified: ____________________________________________________________________

Action: ______________________________________________________________________________

Resolution: ___________________________________________________________________________

__________________________________________  ________________________________
Supervisor Signature  Employee Signature

Rev 05/15/2013
Pediatric Services of America, Inc.
Location Job Description
Health Technician: School Program

Description of Responsibilities:
The School Health Technician is responsible for providing various client related services to assist in meeting health needs of students and reducing absenteeism in the schools.

Reporting Relationship:
Nursing Supervisor, School Principal or School Designee

FLSA Status: Non-Exempt

Responsibilities:

1. Maintains neat and professional appearance. Reports for work at designated time assigned by employer and School Administration or their designee.
2. Uses verbal and written communications to obtain specific data from the client and the family, regarding the student’s health needs.
3. Attends the student’s Health Plan development meeting when applicable. Assists with and follows the plan of care under the direction of the Nursing Supervisor and /or the assigned Health Department Nurse. Participates in parent contacts as needed.
4. Demonstrates legal and ethical behavior within the scope of responsibilities of the School Health Technician.
5. Follows School Board Policy and Procedures affecting the health safety, and well-being of students. Reports any charges in the student’s mental, physical or environmental conditions or any incidents to the Nursing Supervisor and the School Administration or their designee.
6. Recognizes and reports signs of substance abuse, physical abuse or neglect.
7. Exhibits behavior supporting and promoting students’ rights. Notifies Nursing Supervisor, Health Department Nurse or School Guidance for additional resources.
8. Provides a clean and safe environment within the school, including the safe use of equipment.
9. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.
10. Identifies appropriate methods for medication storage.
11. Obtains and records oral and axillary temperatures, pulse, respiration, and blood pressure readings, as well as height and weight when indicated.
12. Enforces and follows School Board Policy for head lice screenings, detection, school dismissal, and clearance for returning to school.
13. Assist in screening for hearing and vision impairments as clinic flow allows.
14. Administers basic and minor first aid as needed.
15. Assist as time allows with immunization records in collaboration with school officials and the Department of Health.
16. Accurately documents services provided in accordance with agency policies and procedures on the day the services are rendered. Utilizes computer software, spreadsheets and e-mail as per agency guidelines. Stores documentation in a neat and orderly manner. Participates in Medicaid Billing per School Board requests.
17. Submits timesheet on a weekly basis and submits cumulative monthly reports promptly and efficiently at the end of every month.
18. Attends in-services, trainings and meetings or seeks appropriate continuing education programs, totaling no less than twelve hours per calendar year.
19. Maintains a current certification in Adult, Child and Infant CPR.

Rev 05/15/2013
Minimum Qualifications:
1. Holds a High School Diploma, or has successfully completed the GED test.
2. Completion of a state approved Certified Nursing Assistant Training program. (Certification as EMT or MA can be substituted)
3. Successful completion of a School Health Technician Competency Evaluation Program.
4. Completion of a current CPR Course.
5. Documentation of good physical condition to allow standing, bending, stretching, walking, pulling, pushing, and lifting.
6. Satisfactory clearance of a criminal background check, including fingerprinting and a pre-employment drug screen.

Physical Requirements:
1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
7. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
8. Must be able to discern changes in temperature or texture by touch.
9. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances.
10. Must be able to function in a wide variety of environments which may involve exposure to communicable disease, latex, or other sources of allergic response and that cannot always be controlled by the employer.

__________________________________________________________  __________________________
Employee Signature                                                          Date

__________________________________________________________  __________________________
Supervisor Signature                                                       Date

Rev 05/15/2013
Description of Responsibilities:
The LPN is responsible for providing the delivery of safe, comprehensive care to students in an effort to promote medical management and academics.

Reporting Relationship:
Nursing Supervisor, School Principal or School Designee

FLSA Status: Non- Exempt

Responsibilities:
1. Maintain a neat and professional appearance, dress attire to portray self as a health care provider including intact nametag.
2. Report for work in designated time frames and maintain a reliable/dependable work ethic.
3. Work well with others and resolve conflict in a professional manner that promotes a win-win situation.
4. Work as a team player with flexible work ethics in order to meet the need of the school program.
5. Utilize good verbal and written communication skills to obtain specific data from the nursing supervisor, student, family, physician and/or school designee regarding the student’s health needs.
6. Attend Health Plan meetings and school conferences when applicable; assisting with the plan of care under the direction of a physician, registered nurse, school designee and/or parent.
7. Attend appropriate continuing education programs as per licensure requirements and participate in PSA in-servicing and training as offered.
8. Demonstrate legal and ethical behavior within the scope of practice and the responsibilities of an LPN.
9. Exhibit behavior supporting and promoting student’s rights and overall well-being.
10. Follow PSA and school board policies and procedures that affect the health, safety, and well-being of students in the school health setting. Report any changes in the student’s mental, physical, or environmental condition (including any incidents) to the physician, nursing supervisor, school designee and parent as applicable.
11. Recognize and report signs of substance abuse, physical abuse or neglect.
12. Provide a clean and safe environment within the school, including the safe use of equipment. Maintain a neat and orderly workspace.
13. Identify appropriate methods for storage of equipment, supplies, and medications.
14. Maintain universal precautions and good hand-washing technique.
15. Maintain standards of nursing while providing care under the supervision of a registered nurse.
16. Perform treatments and/or procedures with skill and competence.
17. Maintain and follow physician order for any invasive procedure and/or skill. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.
18. Provide individual teaching and training with student and/or others in an effort to encourage and promote student independence when applicable.
19. Collaborate, coordinate and supervise services with others in order to promote academics and individualized student needs.
20. Perform duties within a timely and proficient manner.
21. Accurately document services provided in accordance with agency policies and procedures on the day the services are rendered.
22. Submit nursing documentation, logs, reports and timesheets within a timely manner.
**Minimum Qualifications:**

1. Hold a State approved licensure for Practical Nursing or higher.
2. Maintain a current CPR certification.
3. Possess documentation of good physical condition to allow standing, bending, stretching, walking, pulling, pushing and lifting.
4. Complete a satisfactory criminal background check clearance, including fingerprinting and a pre-employment drug screen.

**Physical Requirements:**

1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
7. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
8. Must be able to discern changes in temperature or texture by touch.
9. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances.
10. Must be able to function in a wide variety of environments which may involve exposure to communicable disease, latex, or other sources of allergic response and that cannot always be controlled by the employer.

_________________________________________           ___________________________
Employee Signature                                      Date

_________________________________________           ___________________________
Supervisor Signature                                    Date

Rev 05/15/2013
Description of Responsibilities:

Under the direction of an area Clinical Care Coordinator, The RN is responsible for providing direct school nursing services in an effort to promote prevention, medical management and academics.

Reporting Relationship:

Nursing Supervisor, School Principal or School Designee

Responsibilities:

1. Provides school nursing services to direct service school districts.
2. Assesses and evaluates the health and developmental status of the pupil in order to make a nursing diagnosis and establish a priority for action.
3. Interprets the health and developmental status of the pupil to school personnel, parents, and the pupil as appropriate.
4. Serves as a health resource person in the health instruction curriculum and takes leadership with faculties in planning and implementing a health education programs.
5. Provides parent education related to student needs.
6. Maintain a neat and professional appearance; Dress attire to portray self as a health care provider including intact nametag.
7. Report for work in designated time frames; while maintaining a reliable and dependable work ethic.
8. Work well with others and resolve conflict in a professional manner that promotes a win-win situation.
9. Work as a team player with flexible work ethics in order to meet the need of the school program.
10. Utilize good verbal and written communication skills to obtain specific data from the nursing supervisor, student, family, physician and/or school designee regarding the student’s health needs.
11. Participation in the development of Health Plans and attend school conferences when applicable. Provide care, delegate and teach care to others under the established plan of care while following the direction of a physician, nursing supervisor, school designee and/or parent.
12. Attend appropriate continuing education programs as per licensure requirements and participate in PSA in-servicing and training as offered.
13. Demonstrate legal and ethical behavior within the scope of practice and the responsibilities of an RN.
14. Exhibit behavior supporting and promoting student’s rights and overall well-being.
15. Follow PSA and school board policies and procedures that affect the health, safety, and well-being of students in the school health setting. Report any changes in the student’s mental, physical, or environmental condition (including any incidents) to the physician, nursing supervisor, school designee and parent as applicable.
16. Recognize and report signs of substance abuse, physical abuse or neglect.

17. Provide a clean and safe environment within the school, including the safe use of equipment. Maintain a neat and orderly workspace.

18. Identify appropriate methods for storage of equipment, supplies, and medications.

19. Maintain universal precautions and good hand-washing technique.

20. Maintain and coordinate standards of nursing while managing a comprehensive school health program.

21. Provide preventive and rehabilitative measures while assisting/providing nursing assessments and screenings in an effort to promote safety and health for all.

22. Perform treatments and/or procedures with skill and competence.

23. Maintain and follow physician order for any invasive procedure and/or skill. Administers medication per School Board Policy, MD order and/or parental consent and observes for adverse reactions.

24. Provide individual teaching and training with student and/or others in an effort to encourage and promote student independence when applicable.

25. Collaborate, coordinate and supervise services with others in order to promote academics and individualized student needs.

26. Perform duties within a timely and proficient manner.

27. Accurately document services provided in accordance with agency policies and procedures on the day the services are rendered.

28. Submit nursing documentation, logs, reports and timesheets within a timely manner and per policy.

29. Performs other duties as assigned by supervisor.
Minimum Qualifications:
1. Hold a State approved licensure for Registered Nursing or higher.
2. Current, active professional nursing license in good standing in state of practice.
3. Maintain a current CPR certification.
4. One year of pediatric/neonatal experience preferred.
5. Health requirements as per Company policies and state law and regulation.
6. Satisfactorily complete a criminal background check clearance to include fingerprinting and a pre-employment drug screen.
7. Valid Driver’s License and MVR.

Physical Requirements:
1. Frequent walking, climbing stairs.
2. Repeated or prolonged standing, bending, stooping, kneeling, or crouching.
3. Occasional rapid movement and physical agility in response to the spontaneity of children and those patients with neurological impairment.
4. Frequent lifting, carrying, pushing, or pulling, up to 25 lbs.
5. Occasional lifting, carrying, pushing, or pulling up to 50 lbs.
6. Transferring, or repositioning patients, alone or with assistance, for feeding, dressing, bathing, or rendering treatment.
7. Must be able to see and hear to monitor lights, sounds and alarms on equipment.
8. Must have sufficient strength and manual dexterity to safely operate equipment, including grasping and manipulating small objects.
9. Must be able to discern changes in temperature or texture by touch.
10. May be required to provide care while riding in a vehicle.
11. Must be able to respond to emergency situations. This may require physical strength, agility, and ability to function under stressful circumstances to evacuate a patient, to provide physical support to the suddenly weak or disabled patient, or to perform one-man CPR for a prolonged period.

Employee Signature ___________________________________________ Date ____________

Supervisor Signature __________________________________________ Date ____________
PERFORMANCE EVALUATION

PLEASE USE THE FOLLOWING SCALE WHEN EVALUATING PERFORMANCE.

EE-Exceeds Expectations
CME-Consistently Meets Expectations
DME-Does Not Meet Expectations

Thank you for your time and consideration, your feedback is greatly appreciated.

Angela Lay, RN
School Health Coordinator
Pediatric Services of America, Inc.
SCHOOL HEALTH TECHNICIAN PERFORMANCE APPRAISAL

EMPLOYEE NAME: ________________________________

APPRaisal PERIOD: From: _________ To: __________

<table>
<thead>
<tr>
<th>PERFORMANCE STANDARDS</th>
<th>E</th>
<th>C</th>
<th>M</th>
<th>E</th>
<th>D</th>
<th>M</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performs general clinic support services.</td>
<td></td>
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</tr>
<tr>
<td>a. Keeps working environment neat, clean and well stocked.</td>
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<tr>
<td>b. Maintains equipment in operating condition.</td>
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<tr>
<td>c. Orders supplies as needed, allowing ample time for delivery.</td>
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<tr>
<td>2. Provides client services as delegated and supervised by a registered nurse.</td>
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<tr>
<td>a. Maintains a Daily Log of all clients receiving clinical services. Documents</td>
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<tr>
<td>arrival and departure times on log, as well as disposition.</td>
<td></td>
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</tr>
<tr>
<td>b. Monthly summary reports are submitted within a designated time frame.</td>
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</tr>
<tr>
<td>c. Maintains record keeping and documentation on all logs, forms and</td>
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<tr>
<td>spreadsheets in a neat, legible and timely manner.</td>
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</tr>
<tr>
<td>d. Follows school board procedures in logging and verification of medication</td>
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<td></td>
</tr>
<tr>
<td>intake, recording medication as administered, and documenting any waste.</td>
<td></td>
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</tr>
<tr>
<td>e. Performs head-lice screenings, documenting results of screening and disposition</td>
<td></td>
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<tr>
<td>of student. Performs head lice clearance according to school policy.</td>
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</tr>
<tr>
<td>3. Attends training and meetings as required.</td>
<td></td>
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</tr>
<tr>
<td>4. Weekly time sheets are submitted correctly and within a designated time frame.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. Dress attire is neat, clean and within established dress code (wears name tag).</td>
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<tr>
<td>6. Accepts responsibility for personal and professional dependability and</td>
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<tr>
<td>accountability.</td>
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</tr>
</tbody>
</table>
7. Maintains client confidentiality by providing privacy regarding client information and clinic services provided.

8. Possesses good communication skills. Shows consideration and respect for students, parents, school staff and other agency representatives.

9. Demonstrates an attitude of caring in dealing with clients, families and co-workers.

10. Assist student in the administration of medication according to School Board Policy. Notifies parents of any concerns, lack of compliancy, or other issues.

11. Maintains current CPR, First Aid and AED training.

12. Keeps supervisor and school site administration staff informed of any problematic situation that occurs.

13. Deals with conflict in a positive manner, promotes a win-win situation.

Employee Signature: ___________________________________________ Date:

Principal/Supervisor Signature: ______________________________ Date:
SCHOOL HEALTH LPN PERFORMANCE APPRAISAL

EMPLOYEE NAME: ________________________________

APPRAISAL PERIOD: From: _________ To: _________

<table>
<thead>
<tr>
<th>PERFORMANCE STANDARDS</th>
<th>E</th>
<th>C</th>
<th>M</th>
<th>D</th>
<th>E</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performs general support services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Keeps working environment neat, clean and well stocked.</td>
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</tr>
<tr>
<td>b. Maintains equipment in operating condition.</td>
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</tr>
<tr>
<td>c. Orders and/or notifies parents of needed supplies and equipment.</td>
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</tr>
<tr>
<td>2. Provides client services as delegated and supervised by a registered nurse.</td>
<td></td>
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</tr>
<tr>
<td>a. Maintains documentation of all clients receiving clinical services.</td>
<td></td>
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</tr>
<tr>
<td>b. Follows MD order and Health Care Plan when performing procedures and/or treatments.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>c. Recognizes alterations in client needs requiring intervention and MD/parent notification.</td>
<td></td>
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<tr>
<td>d. Performs treatments and/or procedures with skill and competence.</td>
<td></td>
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<tr>
<td>3. Demonstrates collaborative behavior with other personnel.</td>
<td></td>
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</tr>
<tr>
<td>a. Flexible to assist with clinic/School Health Technician as schedule permits.</td>
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</tr>
<tr>
<td>b. Demonstrates flexibility in scheduling and/or client needs.</td>
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</tr>
<tr>
<td>c. Promotes client/student independence with skill and/or procedure as permits.</td>
<td></td>
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<tr>
<td>Assists with learning appropriate self-care techniques.</td>
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<tr>
<td>d. Attends Health Care Plan Meetings as applies.</td>
<td></td>
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<tr>
<td>4. Attends annual in-services/training and any additional meetings as required.</td>
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</tr>
<tr>
<td>5. Weekly time sheets are submitted correctly and within designated time frame.</td>
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</tbody>
</table>
6. Monthly summary reports are submitted within a designated time frame.

7. Dress attire is neat, clean and within established dress code (wears name tag).

8. Accepts responsibility for personal and professional dependability and accountability.

9. Maintains client confidentiality by providing privacy regarding client information and clinic services provided.

10. Possesses good communication skills. Shows consideration and respect for students, parents, school staff and other agency representatives.

11. Demonstrates an attitude of caring in dealing with clients, families and co-workers.

12. Maintains current CPR training and continuing education within the guidelines of nursing license.


14. Deals with conflict in a positive manner, promotes a win-win situation.

Employee Signature: ___________________________________________ Date:

Principal/Supervisor Signature: _______________________________ Date:
SCHOOL HEALTH RN PERFORMANCE APPRAISAL

EMPLOYEE NAME: ____________________________

APPRAISAL PERIOD: From: _________ To: _________

<table>
<thead>
<tr>
<th>PERFORMANCE STANDARDS</th>
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<tr>
<td>3. Demonstrates collaborative behavior with other personnel.</td>
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<td></td>
</tr>
<tr>
<td>a. Communicates with parents/MD to collaborate and develop an individualized plan of care.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b. Demonstrates flexibility in scheduling and/or client needs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Promotes client/student independence with skill and/or procedure as permits. Assists with learning appropriate self-care techniques.</td>
<td></td>
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<tr>
<td>d. Attends Health Care Plan Meetings as applies.</td>
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14. Deals with conflict in a positive manner, promotes a win-win situation.

Employee Signature: ____________________________ Date: ____________________________

Principal/Supervisor Signature: ____________________________ Date: ____________________________
# DIABETES SKILLS CHECKLIST

**Trainee’s Name:**

**Date:**

(Please Print)

**Trainee’s Signature:**

**Trainee’s Initials:**

## DOCUMENTATION

<table>
<thead>
<tr>
<th>Authorization for Diabetes Management Form</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Health Care Plan (EHCP)</td>
<td></td>
</tr>
<tr>
<td>Blood Glucose Monitoring Log</td>
<td></td>
</tr>
<tr>
<td>Insulin/Carbohydrate Worksheet</td>
<td></td>
</tr>
<tr>
<td>Dispersion of Medication Form</td>
<td></td>
</tr>
</tbody>
</table>

## AUTHORIZATION FOR BLOOD GLUCOSE MONITORING

<table>
<thead>
<tr>
<th>Knowledge and understanding of action plan for glucose levels</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician and parent/guardian signature</td>
<td></td>
</tr>
</tbody>
</table>

## HYPOGLYCEMIA/HYPERGLYCEMIA

<table>
<thead>
<tr>
<th>Signs and symptoms of low blood glucose (symptoms vary from person to person but generally remain consistent for an individual): hunger, anxiety, flushing, sweating, palpitations, fast heartbeat, tremors, shaking, impaired or blurred vision, dizziness, weakness/fatigue, headache, irritability, personality change, uncharacteristic behavior, introverted behavior, and/or aggressive behavior. Symptoms can progress to unconsciousness, coma or seizures if left untreated</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Treatment: refer to <em>Procedure &amp; Guidelines for Managing Diabetes in the School</em></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signs and symptoms of high blood glucose: extreme thirst, frequent urination, dry skin, hunger, blurred vision, drowsiness, and/or decreased healing Treatment refer to <em>Procedure &amp; Guidelines for Managing Diabetes in the School Setting</em></th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signs and symptoms of untreated ketonuria: nausea, vomiting, abdominal pain, rapid breathing, dehydration, lethargy, and ultimately ketoacidosis Treatment refer to <em>Procedure &amp; Guidelines for Managing Diabetes in the School Setting</em></th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
</table>

## PROCEDURE FOR BLOOD GLUCOSE MONITORING

<table>
<thead>
<tr>
<th>Wash hands and have the student wash their hands</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather equipment (lancet, gloves, cotton ball, monitor, strips, and sharps)</td>
<td></td>
</tr>
<tr>
<td>Put on disposable gloves if assisting/performing student care</td>
<td></td>
</tr>
<tr>
<td>Turn on monitor; ensure test strip code matches if applicable</td>
<td></td>
</tr>
<tr>
<td>Obtain blood specimen by finger-stick; encourage using side of finger near finger pad</td>
<td></td>
</tr>
<tr>
<td>Place blood on test strip, then cover finger with cotton ball to stop bleeding</td>
<td></td>
</tr>
<tr>
<td>Allow monitor to determine reading and if needed, assist student with treating blood sugar results by following guidelines on the Diabetic Authorization/Emergency Health Care Plan</td>
<td></td>
</tr>
<tr>
<td>If student is independent with skill, allow him/her to remove and dispose of lancet in sharps container. If student is assist care or dependent care, cautiously remove lancet and place in sharps container</td>
<td></td>
</tr>
<tr>
<td>Document findings and treatment on the Diabetic Monitoring Log and on the Daily Activity Log</td>
<td></td>
</tr>
</tbody>
</table>

*Rev 05/15/2013*
<table>
<thead>
<tr>
<th>INSULIN</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommended storage for insulin pens at room temperature:</td>
<td></td>
</tr>
<tr>
<td>Humalog</td>
<td>Opened – 29 Days</td>
</tr>
<tr>
<td>Novolog</td>
<td>Opened – 28 Days</td>
</tr>
<tr>
<td>Recommended storage for vials:</td>
<td></td>
</tr>
<tr>
<td>Vials</td>
<td>Opened – 28 Days</td>
</tr>
<tr>
<td>Refrigerate when possible</td>
<td></td>
</tr>
<tr>
<td>Verify insulin dosage prior to self- administration / nurse-administration</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEEDLES</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needles to be disposed of in sharps container</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>GLUCAGON</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observe student for signs of unresponsiveness</td>
<td></td>
</tr>
<tr>
<td>Call 911 and parent/guardian; notify school site administration staff</td>
<td></td>
</tr>
<tr>
<td>Place student on his/her side</td>
<td></td>
</tr>
<tr>
<td>Prepare Glucagon Injection according to directions</td>
<td></td>
</tr>
<tr>
<td>Withdraw Glucagon from vial</td>
<td></td>
</tr>
<tr>
<td>Cleanse area of skin with alcohol</td>
<td></td>
</tr>
<tr>
<td>Administer subcutaneous Injection</td>
<td></td>
</tr>
<tr>
<td>Provide snack as soon as student is able to eat safely</td>
<td></td>
</tr>
<tr>
<td>Document on appropriate form</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>URINE KETONE TESTING</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refer to Authorization for Blood Glucose Monitoring for guidelines</td>
<td></td>
</tr>
<tr>
<td>Verify expiration date on bottle</td>
<td></td>
</tr>
<tr>
<td>Date bottle when opened</td>
<td></td>
</tr>
<tr>
<td>For open bottles, do not use past the expiration date on the label instructions</td>
<td></td>
</tr>
<tr>
<td>Do not remove desiccant from bottle</td>
<td></td>
</tr>
<tr>
<td>Do not touch test area of test strip</td>
<td></td>
</tr>
<tr>
<td>Replace bottle cap immediately and tightly</td>
<td></td>
</tr>
<tr>
<td>Read results fifteen (15) seconds after urine applied</td>
<td></td>
</tr>
<tr>
<td>Compare test area of strip to color chart on bottle for results</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISCONNECTING THE INSULIN PUMP</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash hands</td>
<td></td>
</tr>
<tr>
<td>Follow guidelines on Diabetic Authorization/Emergency Health Care Plan</td>
<td></td>
</tr>
<tr>
<td>Review insulin pump instructions/booklet for guidelines on student specific pump</td>
<td></td>
</tr>
<tr>
<td>Disconnect pump</td>
<td></td>
</tr>
<tr>
<td>Gather Glucagon for immediate availability in case student becomes unconscious or unable to eat by mouth</td>
<td></td>
</tr>
<tr>
<td>Notify parent/guardian of pump disconnection and review blood glucose readings</td>
<td></td>
</tr>
<tr>
<td>Document findings and treatment on Diabetic Monitoring Log and on Daily Activity Log</td>
<td></td>
</tr>
</tbody>
</table>

Instructor’s Name: ________________________________
(Please Print)

Instructor’s Signature: ________________________________

Rev 05/15/2013
### DIASTAT and DIASTAT ACUDIAL SKILLS CHECKLIST

<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observe student for signs/symptoms of seizure activity (Note time of onset)</td>
<td></td>
</tr>
<tr>
<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.</td>
<td></td>
</tr>
<tr>
<td>3. Check medication expiration date, physician’s order, and student’s <em>Emergency Health Care Plan</em></td>
<td></td>
</tr>
<tr>
<td>4. Place student on left side</td>
<td></td>
</tr>
<tr>
<td>5. Provide privacy</td>
<td></td>
</tr>
<tr>
<td>6. Prepare Diastat for administration (If using Diastat AcuDial confirm dosage is visible and correct in display window and the green ‘ready’ band is visible)</td>
<td></td>
</tr>
<tr>
<td>- Remove cap</td>
<td></td>
</tr>
<tr>
<td>- Lubricate tip with gel if not self-lubricating</td>
<td></td>
</tr>
<tr>
<td>- Separate buttock</td>
<td></td>
</tr>
<tr>
<td>- Insert tip into rectum</td>
<td></td>
</tr>
<tr>
<td>- Inject Diastat slowly – count 1-2-3</td>
<td></td>
</tr>
<tr>
<td>- Hold applicator still – slowly count 1-2-3</td>
<td></td>
</tr>
<tr>
<td>- Remove applicator slowly</td>
<td></td>
</tr>
<tr>
<td>- Hold buttocks together – slowly count 1-2-3</td>
<td></td>
</tr>
<tr>
<td>7. Stay with student until help arrives</td>
<td></td>
</tr>
<tr>
<td>- Monitor respiratory status</td>
<td></td>
</tr>
<tr>
<td>- Monitor seizure activity</td>
<td></td>
</tr>
<tr>
<td>- Clear immediate area to prevent harm</td>
<td></td>
</tr>
<tr>
<td>8. Report the following to EMS</td>
<td></td>
</tr>
<tr>
<td>- Appearance of seizure activity</td>
<td></td>
</tr>
<tr>
<td>- Time seizure began and ended</td>
<td></td>
</tr>
<tr>
<td>9. Give the Diastat container with the time of administration to EMS</td>
<td></td>
</tr>
<tr>
<td>10. Document on appropriate form: time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived/transport</td>
<td></td>
</tr>
</tbody>
</table>

Instructor’s Name: __________________________________________ (Please Print)

Instructor’s Signature: ________________________________________

Rev 05/15/2013
**EPIPEN/EPIPEN JR. INJECTION SKILLS CHECKLIST**

Trainee’s Name: ____________________________ Date: ____________________________

(Please Print)

Trainee’s Signature: ____________________________ Trainee’s Initials: _____________

<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observe student for signs/symptoms of anaphylactic reaction</td>
<td></td>
</tr>
<tr>
<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff</td>
<td></td>
</tr>
<tr>
<td>3. Check medication expiration date, physician's order and student’s <em>Emergency Health Care Plan</em></td>
<td></td>
</tr>
<tr>
<td>4. Immobilize student prior to injection</td>
<td></td>
</tr>
<tr>
<td>5. Determine appropriate injection site</td>
<td></td>
</tr>
<tr>
<td>6. Prepare Epipen/Epipen Jr. for administration</td>
<td></td>
</tr>
<tr>
<td>- Carefully remove auto-injector from the carrier tube or case</td>
<td></td>
</tr>
<tr>
<td>- Grasp the auto-injector in your fist with the orange tip pointing downward</td>
<td></td>
</tr>
<tr>
<td>- With the other hand, remove the blue safety release by pulling straight up without bending or twisting it</td>
<td></td>
</tr>
<tr>
<td>- <strong>NOTE</strong> that the needle comes out of the orange tip. <strong>NEVER</strong> put your thumb, finger or hand over the orange tip</td>
<td></td>
</tr>
<tr>
<td>7. Administer injection intramuscularly (<em>Injection can be given through clothing</em>)</td>
<td></td>
</tr>
<tr>
<td>- Hold the auto-injector with the orange tip near the outer thigh</td>
<td></td>
</tr>
<tr>
<td>- Swing and firmly push the orange tip against the outer thigh until it clicks</td>
<td></td>
</tr>
<tr>
<td>- Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh</td>
<td></td>
</tr>
<tr>
<td>- Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication</td>
<td></td>
</tr>
<tr>
<td>- Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered</td>
<td></td>
</tr>
<tr>
<td>- Gently massage the injection site</td>
<td></td>
</tr>
<tr>
<td>8. Stay with student until EMS arrives</td>
<td></td>
</tr>
<tr>
<td>- Send Epipen/Epipen Jr. with EMS upon transfer</td>
<td></td>
</tr>
<tr>
<td>9. Continuously monitor student’s: breathing, color, hives, swelling, and vomiting</td>
<td></td>
</tr>
<tr>
<td>10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student</td>
<td></td>
</tr>
</tbody>
</table>

Instructor’s Name: ____________________________

(Please Print)

Instructor’s Signature: ____________________________

Rev 05/15/2013
**AUVI-Q AUTO-INJECTOR SKILLS CHECKLIST**

Trainee’s Name: _______________________________ Date: _______________________________

(Please Print)

Trainee’s Signature: _______________________________ Trainee’s Initials: __________

<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Observe student for signs/symptoms of anaphylactic reaction</td>
<td></td>
</tr>
<tr>
<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff</td>
<td></td>
</tr>
<tr>
<td>3. Check medication expiration date, physician’s order and student’s <em>Emergency Health Care Plan</em></td>
<td></td>
</tr>
<tr>
<td>4. Immobilize student prior to injection</td>
<td></td>
</tr>
<tr>
<td>5. Determine appropriate injection site</td>
<td></td>
</tr>
<tr>
<td>6. Prepare Auvi-Q for administration</td>
<td></td>
</tr>
<tr>
<td>- Pull Auvi-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process)</td>
<td></td>
</tr>
<tr>
<td>- Pull firmly to remove the Red safety guard</td>
<td></td>
</tr>
<tr>
<td>- <strong>NOTE</strong> that the needle comes out of the black base. <strong>NEVER</strong> put your thumb, finger or hand over the black base</td>
<td></td>
</tr>
<tr>
<td>7. Administer injection intramuscularly or subcutaneously (<em>Injection can be given through clothing</em>)</td>
<td></td>
</tr>
<tr>
<td>- Place black end against the middle of the outer thigh</td>
<td></td>
</tr>
<tr>
<td>- Press firmly and hold in place for 5 seconds</td>
<td></td>
</tr>
<tr>
<td>- Auvi-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates Auvi-Q is working correctly. Do not pull Auvi-Q away from the student’s leg when you hear the click and hiss sound</td>
<td></td>
</tr>
<tr>
<td>8. Following complete administration of the Auvi-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm Auvi-Q has been used and the LED lights will blink red</td>
<td></td>
</tr>
<tr>
<td>- Stay with student until EMS arrives</td>
<td></td>
</tr>
<tr>
<td>- Send Auvi-Q with EMS upon transfer</td>
<td></td>
</tr>
<tr>
<td>9. Continuously monitor student’s: breathing, color, hives, swelling, and vomiting</td>
<td></td>
</tr>
<tr>
<td>10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student</td>
<td></td>
</tr>
</tbody>
</table>

Instructor’s Name: ____________________________________________

(Please Print)

Instructor’s Signature: _________________________________________

Rev 05/15/2013
ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee’s Name: ________________________________  Date: ________________________________

(Please Print)

Trainee’s Signature: ________________________________  Trainee’s Initials: ____________

I hereby acknowledge that I have received training concerning medication administration in the school environment. I understand that I must follow the seven (7) rights of medication administration and the guidelines provided by the Santa Rosa County School District Board and any other contracted health care agency in accordance with State Law 323.46 and School Board Policy 5.62.

<table>
<thead>
<tr>
<th>THE SEVEN (7) RIGHTS</th>
<th>EXAMPLE</th>
<th>INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Student</td>
<td>Never give the medication if there is any doubt as to the student’s identity. Ask the name, then compare to the bottle label and paperwork.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Medication</td>
<td>Do not ever substitute a student’s medication with another person’s medication.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Dosage</td>
<td>Check the dosage on the label carefully. Compare paperwork with the medicine container label. Always administer as per medication label. Administer exactly as called for; no more, no less.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Time</td>
<td>Check the time with the label and written orders. A grace period of thirty minutes before or after the stated time is allowed. Certain abbreviations may be used.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Route</td>
<td>There are different routes or methods to administer medications. Follow the label orders precisely.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Form</td>
<td>There are different forms of medication, for example: tablets, capsules, caplets, syrup, suppositories, etc.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Documentation</td>
<td>Document date, time, and initial/sign the Medication Administration Record when medication is administered.</td>
<td>__________</td>
</tr>
</tbody>
</table>

Instructor’s Name: ________________________________

(Please Print)

Instructor’s Signature: ________________________________

Rev 05/15/2013
**This form must be completed and submitted to your immediate supervisor within 24 hours**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Date of Event</th>
<th>Time of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Student</th>
<th>D.O.B</th>
<th>Prescribed Medication/Dosage/Route/Time on Dispersion of Medication Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name and Position of Person Witnessing Event</th>
<th>Medication/Dosage/Route/Time Given</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Describe event and circumstances leading to error:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Describe Action Taken:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Medication Error Codes (Circle all that apply):

1. Wrong Student
2. Wrong Dose
3. Wrong Time
4. Wrong Medication
5. Missed Medication
6. Parent Error
7. Pharmacy Error
8. Other

Signature (Person Completing Report)  Date Completed

**DO NOT** place this information in the student’s Cumulative Health Folder.
Please click the link below to access the PSA Employee Report of Injury or Near Injury. PSA

Employee report of Injury or Near Injury
Santa Rosa County School Health Policy and Procedure Manual

Forms For:

May 2013
Basic Information About Schools

School: ___________________________  Date: ________________________________

Address: __________________________ Phone: ______________________________

Principal: ________________________  Assistant Principal: __________________

Secretary: _________________________  Data Entry Clerk: ____________________

School Health Technician: _______________________

Counselor: _________________________  Phone: ______________________________

Total Number Students: ______________  Total Number Teachers: _____________

Faculty Meeting Day: _______________  Time: _____________________________

PTO Meeting Day: _________________  Time: _____________________________

PTO Contact: ________________________  Phone: ____________________________

Regular School Health Nurse Visit: ________________________________________
<table>
<thead>
<tr>
<th>School Name</th>
<th>6 Digit FSS DAU Number</th>
<th>6 Digit Comprehensive DAU</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVALON MIDDLE SCHOOL</td>
<td>012S92</td>
<td>012S52</td>
</tr>
<tr>
<td>GULF BREEZE MIDDLE SCHOOL</td>
<td>012S82</td>
<td>012S53</td>
</tr>
<tr>
<td>HOBBS MIDDLE SCHOOL</td>
<td>012S74</td>
<td>012S54</td>
</tr>
<tr>
<td>JAY ELEMENTARY</td>
<td>012S98</td>
<td>012S45</td>
</tr>
<tr>
<td>KING MIDDLE</td>
<td>012S75</td>
<td>012S55</td>
</tr>
<tr>
<td>SIMS MIDDLE</td>
<td>012S88</td>
<td>012S57</td>
</tr>
<tr>
<td>CHUMUCKLA ELEMENTARY</td>
<td>012S79</td>
<td>012S42</td>
</tr>
<tr>
<td>WOODLAWN MIDDLE</td>
<td>012S96</td>
<td>012S58</td>
</tr>
<tr>
<td>CENTRAL SCHOOL</td>
<td>012S99</td>
<td>012S59</td>
</tr>
<tr>
<td>S.S. DIXON PRIMARY</td>
<td>012S80</td>
<td>012S37</td>
</tr>
<tr>
<td>S.S. DIXON INTERMEDIATE</td>
<td>012S76</td>
<td>012S50</td>
</tr>
<tr>
<td>HOLLEY NAVARRE PRIMARY</td>
<td>012S66</td>
<td>012S36</td>
</tr>
<tr>
<td>EAST MILTON ELEMENTARY</td>
<td>012S73</td>
<td>012S43</td>
</tr>
<tr>
<td>W. H. RHODES</td>
<td>012S77</td>
<td>012S49</td>
</tr>
<tr>
<td>BAGDAD ELEMENTARY</td>
<td>012S78</td>
<td>012S39</td>
</tr>
<tr>
<td>GULF BREEZE ELEMENTARY</td>
<td>012S81</td>
<td>012S44</td>
</tr>
<tr>
<td>WEST NAVARRE PRIMARY</td>
<td>012S83</td>
<td>012S38</td>
</tr>
<tr>
<td>ORIOLE BEACH ELEMENTARY</td>
<td>012S86</td>
<td>012S46</td>
</tr>
<tr>
<td>PEA RIDGE ELEMENTARY</td>
<td>012S87</td>
<td>012S47</td>
</tr>
<tr>
<td>PACE HIGH</td>
<td>012S89</td>
<td>012S64</td>
</tr>
<tr>
<td>NAVARRE HIGH</td>
<td>012S93</td>
<td>012S63</td>
</tr>
<tr>
<td>MILTON HIGH</td>
<td>012S95</td>
<td>012S62</td>
</tr>
<tr>
<td>GULF BREEZE HIGH</td>
<td>012S97</td>
<td>012S60</td>
</tr>
<tr>
<td>JAY HIGH</td>
<td>012S98</td>
<td>012S61</td>
</tr>
<tr>
<td>WEST NAVARRE INTERMEDIATE</td>
<td>012S91</td>
<td>012S51</td>
</tr>
<tr>
<td>BERRYHILL ELEMENTARY</td>
<td>012S72</td>
<td>012S41</td>
</tr>
<tr>
<td>T.R. JACKSON PK</td>
<td>012S90</td>
<td>012S48</td>
</tr>
<tr>
<td>BENNETT RUSSELL ELEMENTARY</td>
<td>012S65</td>
<td>012S40</td>
</tr>
</tbody>
</table>
Dear Parent,

This letter is intended to inform you of the variety of services provided to your child by the school health nursing team of the Santa Rosa County Health Department. Our staff provides a wide range of nursing and health-related education and assistance to all children in Santa Rosa County School District.

The guidance that directs the services to be provided can be found in “The School Health Services Act,” s381.0056, F.S., s.402.3026, F.S., s.381.0057, F.S. and the Department of Health Florida Administrative Code Ch. 64B9-14, and 64F-6. These services include, but may not be limited to:

- Conducting health appraisals, counseling and referrals upon request of the school staff, students or parents;
- Conducting vision, hearing, and scoliosis screens for targeted grades;
- Calculating Body Mass Index [BMI] on 1st, 3rd, and 6th Grade students;
- Reviewing new student health records for school entrance compliance related to immunization and physical exam requirements;
- Providing in-service training annually to school staff and volunteers who administer medications to students;
- Collaborating on the referral and/or follow-up of suspected or confirmed student health problems;
- Performing regular school site visits; and
- Making limited presentations for the purpose of health education or for Career Days.

While the services above are mandated by the State of Florida, the Santa Rosa County Health Department’s school nursing team is always seeking ways to improve the services we provide. Therefore, we welcome your feedback on our performance, and we invite you to contact your school’s administrative office or the Santa Rosa County Health Department directly at 850-983-5200 to provide comments and suggestions. In addition, if you do not wish for your child to receive school health services by the Santa Rosa County Health Department, please notify us in writing to your school.

We look forward to serving the school health needs of your children in the coming year!

Sincerely,

Debbie Price, RN, BSN, NCSN
Nursing Program Specialist
Santa Rosa County Health Department

Sherry Smith
Director of Student Services
Santa Rosa County School District
Dear Fifth Grade Parent/Guardian,

In accordance with Florida Law, schools are required to teach human growth and development. To meet this requirement we will be offering a program on puberty and hygiene to our fifth grade students. This program is presented through a video for both girls and boys with a question and answer session following. The boys and girls will attend separate sessions.

(Fill in name)________________________ will be presenting the session to the boys.

(Fill in name)________________________ will be presenting the session to the girls.

Each presentation will be approximately 45 minutes long.

We feel that a program of this nature will help give our students a better understanding of themselves and the changes experienced in adolescence. If you would like to view the video prior to the presentation please contact your guidance counselor to arrange a viewing.

The program is scheduled for: ____________________________

(Date and Time)

Sincerely,

Principal

Santa Rosa County School Health Nurse

-------------------------------

(Opt-Out)

I do not want ____________________ to attend the Growth and Development presentation.

(Name of student)

(Parent/Guardian Signature)
Dear Parent or Guardian,

Nurses from the Santa Rosa County Health Department will be at ________________ to conduct a sixth grade health screening on _________________. The State of Florida’s Department of Health mandates these screenings on students at various grade levels.

The health screenings will consist of:

- **Hearing and Vision Screenings**
- **Height and Weight checks** (With Body Mass Index [done with respect to privacy])
- **Spine check for Scoliosis** (Curvature of the spine)

The School Health Nurse will notify you if a problem is suspected as a result of any of the screenings. Initial failed hearing and vision screenings will receive a re-check by the School Health Nurse. Please make sure that your child brings or wears any corrective lenses on the day of the health screenings.

Scoliosis checks are extremely important in early adolescence, as this is the time when children are growing rapidly. A chiropractor, nurse practitioner, volunteer physician or experienced school nurse performs these exams. Every effort is made to insure your child’s modesty and privacy during these screenings; therefore, boys and girls are screened separately and in different locations.

Please send a note to school by ________________ if you do not want your child to participate in all or any portion of these health screenings.

As always, if you have questions or concerns please feel free to contact your School Health Nurse, ______________________ at ____________

Sincerely,

______________________________

______________________________

Principal                       School Nurse
Santa Rosa County Health Department  
School Health Nursing

Student: __________________________ Date: ___________ Grade____

Teacher: ___________________ School: ____________________

## Vision

<table>
<thead>
<tr>
<th>Wears glasses:</th>
<th>Yes ___ No ___</th>
<th>Tested with glasses:</th>
<th>Yes ___ No ___</th>
</tr>
</thead>
</table>

Note: 20/40 = Pass

Initial test Date: ___________ Retest: Date: ___________

Pass: ___ Fail: ___  Pass: ___ Fail: ___

R eye: 20/____ L eye: 20/____  R eye 20/_____ L eye: 20/_____ 

Time In: _____ Nurse Signature: ______________________________ Time out: _____

## Hearing

**Test @ 25 dB**

<table>
<thead>
<tr>
<th>Initial Test Date</th>
<th>Retest: Date:</th>
</tr>
</thead>
</table>

Pass: ___ Fail: ___  Pass: ___ Fail: ___

<table>
<thead>
<tr>
<th>Hz</th>
<th>R</th>
<th>L</th>
<th>Hz</th>
<th>R</th>
<th>L</th>
<th>Hz</th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>_____</td>
<td>_____</td>
<td>1000</td>
<td>_____</td>
<td>_____</td>
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<td>2000</td>
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<td>4000</td>
<td>_____</td>
<td>_____</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Time In: _____ Nurse Signature: ______________________________ Time out: _____

## Follow-up:

<table>
<thead>
<tr>
<th>No: ___</th>
<th>Yes: ___</th>
</tr>
</thead>
</table>

Comments:____________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Kg screening sheet  Rev6/13dp
Santa Rosa County Health Department  
School Health Nursing

Student: __________________________ Date: ___________ Grade____

Teacher: ___________________ School: ____________________________

### Vision

Wears glasses: Yes___ No___  
Tested with glasses: Yes___ No___  
Note: 20/30 = Pass

Initial test Date: ___________  
Retest: Date: ________________

Pass: ___ Fail: ___  
Pass: ___ Fail: ___

R eye: 20/_____  L eye: 20/_____  
R eye 20/_____ L eye: 20/_____  

Time In: _____ Nurse Signature: _________________________ Time out: ______

### Hearing

Test @ 25 dB

Initial Test Date___________  
Retest: Date: _____________

Pass: ____ Fail: ____  
Pass: ____ Fail: ____

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th></th>
<th>R</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Hz</td>
<td>_____</td>
<td>1000 Hz</td>
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<td></td>
</tr>
<tr>
<td>2000 Hz</td>
<td>_____</td>
<td>2000 Hz</td>
<td>_____</td>
<td></td>
</tr>
<tr>
<td>4000 Hz</td>
<td>_____</td>
<td>4000 Hz</td>
<td>_____</td>
<td></td>
</tr>
</tbody>
</table>

Time In: _____ Nurse Signature: __________________________ Time out: ______

### Height: ______  Weight:______  
BMI:______ Percentile:______

<5% Underweight  
5% - <85% Normal

85% - <95% Overweight  
>95% Obese

Time In: _____ Nurse Signature: ___________________________ Time out: ______

Follow-up:  No: ___ Yes: ___

Comments:______________________________________________________

______________________________________________________________

1st grade screening sheet  
Rev6/13dp
Santa Rosa County Health Department  
School Health Nursing  

Student: __________________________ Date: ___________ Grade_____
Teacher: __________________________ School: __________________________

**Vision**

Wears glasses: Yes___ No___  
Tested with glasses: Yes___ No___  

Note: 20/30 = Pass

Initial test Date: ____________  
Retest: Date: _______________

Pass: ____ Fail: ____  
Pass: ____ Fail: ____

R eye: 20/____ L eye: 20/____  
R eye 20/_____ L eye: 20/____

Time In: ______ Nurse Signature: ______________________________ Time out: ______

**Height: _____ Weight:_____ BMI:_______ Percentile:______**

<5% Underweight  
5% - <85% Normal  
85% - <95% Overweight  
>95% Obese

Time In: _____ Nurse Signature: __________________________ Time out: ______

Follow-up:  
No: ___ Yes: __

Comments:______________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

3rd grade screening sheet  
Rev6/13dp
Santa Rosa County Health Department  
School Health Nursing

Student: __________________ Date: ________ Grade______

Teacher: __________________ School: __________________

### Vision

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Wears glasses: Yes___ No___  
Tested with glasses: Yes___ No___  
Note: 20/30 = Pass

Initial test Date: __________  
Retest: Date: ______________

Pass: ___ Fail: ___  
Pass: ___ Fail: ___

R eye: 20/_____  L eye: 20/_____  
R eye 20/_____  L eye: 20/_____  

Time In: _____ Nurse Signature: _____________________ Time out: _____

### Hearing

Test @ 25 dB

<table>
<thead>
<tr>
<th></th>
<th>R</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>2000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
<tr>
<td>4000 Hz Pass</td>
<td>___</td>
<td>___</td>
</tr>
</tbody>
</table>

Initial Test Date___________  
Retest: Date: __________

Pass: ___ Fail: ___  
Pass: ___ Fail: ___

R L  
1000 Hz ___ ___  
2000 Hz ___ ___  
4000 Hz ___ ___

Time In: _____ Nurse Signature: _____________________ Time out: _____

### Height: ______ Weight:_______ BMI:_______ Percentile:_______

<5% Underweight  
5% - <85% Normal  
85% - <95% Overweight  
>95% Obese

Height: _______ Weight:_______  
BMI:________  Percentile:_______

Time In: _____ Nurse Signature: _____________________ Time out: _____

Follow-up: No: ___ Yes: ___

Comments:________________________________________

___________________________________________________

6th grade screening sheet  
Rev6/13dp
STUDENT HEALTH SCREENING LOG SHEET

School: ______________________  School Nurse: ______________________
School Year: __________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Grade</th>
<th>Teacher</th>
<th>Screening &amp; Result</th>
<th>Comments</th>
<th>Coded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<th>Teacher/Grade</th>
<th>Referral date</th>
<th>contact #1</th>
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**Contact Codes:**
- LS - Letter Sent
- LM - Letter mailed
- PC - Phone Call
- TC - Teacher contact

**Outcome Codes**
- MET - Medical eval./Tx
- MEN - Medical eval. No Tx
- AP - Appointment pending
- WD - Withdrawn
- NC - Non-Compliant

Rev May 2013
Santa Rosa County School Health Referral Form  
(From School to Parent/Guardian)

The 1974 Florida School Health Services Act mandated that height/weight measurements,  
vision, hearing and scoliosis screenings be provided cooperatively by school personnel and  
County Health Department personnel. This service will be provided at designated grade levels  
and upon request by teachers, guidance counselors, parents, or students, if a problem is  
suspected.

A __________________ screening was done on  
____________________,  
(type of screening)  
(student name)

a student at ______________________________________ on __________________________________  
(school)  
(date/dates)

Your child: ___________________________ was in one of the targeted screening grades for this year  
_________________________ was referred for screening by __________________________.  
.

The result of the screening is as follows:

________________________________
________________________________
________________________________
________________________________
________________________________
________________________________

**(Note: Normal vision = 20/30 and Normal hearing = 25dB)

It is suggested that your child be given further examination by a family physician, eye doctor or  
other specialist. If such an examination or follow-up will be a financial burden, please contact  
your school nurse: __________________________ at __________________________ as there are community  
resources that may be available to assist eligible students. Please call if you have additional  
questions or concerns.

PLEASE HAVE THIS PORTION COMPLETED BY THE PHYSICIAN, EYE DOCTOR, ETC  
RETURN TO THE SCHOOL CLINIC TO BE PLACED IN YOUR CHILD’S SCHOOL HEALTH FOLDER.

Doctor’s findings and / or treatment(s):

________________________________
________________________________
________________________________

(Doctor Signature)  
(Date)

Parent Comments:

________________________________
________________________________
Dear Parent of ____________________ Grade _____ Teacher________________________
School: __________________________________________

Upon review of the Student Emergency Health Card we have found that you identified the following health concern _______________________

We are seeking additional information from you:

Does your child require medication at school for this condition? _____ Yes _____ No

Would you like a phone call from the school nurse to discuss this health concern? _____ Yes _____ No
If yes, how can you best be reached?
________________________ Primary Phone# ______________________ Alternate Phone#

Parent/guardian to be called: Name: __________________________

Does your child need an Emergency Health Care Plan written for this condition to guide school personnel in the management of the emergency health care needs? _____ Yes _____ No

Please give us a little more detail on this health condition __________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Parent/Guardian Signature: ___________________________ Date ________________

Thank you in advance for your assistance.

Sincerely,

School Health Nurse
Date: _______________   ___________  
Month   Year

Dear Parent/Guardian of ____________________________ attending ____________________________ Grade ___.

Name of School

Your child’s Vision Screen results _______________ done on _______________ indicate a need for an additional medical evaluation. Since a screening test is not diagnostic, it is suggested that your child be given a further vision examination by a family physician, eye doctor, or other specialist.

Your child is qualified to participate in the Jeppesen Vision Quest (JVQ) vision program, which provides free eye exams and glasses to eligible children. A referral will be faxed to the JVQ program with your child’s information and vision results upon notification by you of your desire to participate in the program. Please call your School Health Nurse to inform them of your decision.

Upon agreement to participate in the JVQ program you will be receiving notification from JVQ on the program and the doctor assigned to your child’s care.

Upon receipt of the doctor’s name and phone number, please make an appointment for your child. Tell the doctor’s staff that you are with Jeppesen Vision Quest program. If glasses are required, JVQ will manufacture quality new glasses and send them to the doctor for dispensing.

If you have further questions or concerns please feel free to contact your School Health Nurse.

________________________  ______________________
School Health Nurse        Phone Number

Sincerely,

Santa Rosa County School Health Nurse
Santa Rosa County School Health - Vision Follow-up

Name: _______________________________ Grade: _______ Date: __________
School: ______________________________ Teacher: ______________________

Dear Parent / Guardian:

Your child did not pass the vision screening administered on ____________ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

--------------------------------- ---------------------------------

Parent’s Comments:

________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

Parent’s Signature: ___________________ Date: __________

Doctor’s Comments

Diagnosis: ______________________________
Comments: ______________________________
________________________________________________________________________
________________________________________________________________________

Doctor’s Signature: ___________________ Date: __________
Santa Rosa County School Health - Hearing Follow-up

Name: _______________________________ Grade: ______ Date: __________
School: _______________________________ Teacher: ________________

Dear Parent / Guardian:

Your child did not pass the hearing screening administered on ______________ by the school health nurse. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school nurse listed below to discuss this screening.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

Parent’s Comments:
________________________________________________________
________________________________________________________
________________________________________________________

Parent’s Signature: __________________________ Date: __________

Doctor’s Comments
Diagnosis: ____________________________________________________
Comments: __________________________________________________
________________________________________________________
________________________________________________________

Doctor’s Signature: __________________________ Date: __________
Frequently Asked Questions about BMI for Children

What is BMI?
- BMI stands for Body Mass Index. It is a number that shows body weight adjusted for height. BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI-for-age is graphed on a boy or girl growth chart and given a percentile ranking. BMI can be figured with this equation:

\[ \text{BMI} = \left( \frac{\text{Weight in Pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703 \]

How is BMI used?
- Body mass index is used to see how a child is growing. BMI is NOT a diagnostic tool. If your child’s BMI is below the 5th percentile or above the 85th percentile, it is recommended that he/she be seen by a doctor.
- BMI is an indirect measure of body fatness. Studies have shown that a high BMI indicates a high percentage of body fat in most, but not all, cases.
- BMI relates to health risks including high cholesterol, high blood sugar, and high blood pressure. Children with high BMI’s are at risk for conditions that can lead to heart disease and diabetes.
- BMI can be used to track body size throughout the life cycle. This is important because BMI-for-age in childhood predicts adulthood BMI.

What do the BMI percentiles mean?
- Health care professionals use the following established percentile cutoffs for children age 2 to 20:
  - Underweight: BMI less than the 5th percentile
  - Normal: BMI 5th percentile to the 85th percentile
  - At risk for overweight: BMI 85th percentile to the 95th percentile
  - Overweight: BMI greater than or equal to the 95th percentile

For more information about BMI for children, visit the Center for Disease Control’s website at http://www.cdc.gov/nccdphp/dnpa/bmi.
The Santa Rosa County Health Department wants to work with your family, community health care providers, and our school district to help our students become healthier. Our School District is working hard to provide healthier classrooms and healthier meal choices such as:

- Salad bars and/or chef salad. A variety of fruits and dark green/orange vegetables
- Lean meats that include turkey, turkey ham, chicken breast, and reduced fat hamburger
- Whole grain pastas, bread, and dessert choices
- Only 1% or less low fat flavored and unflavored milk and 100% juice

BMI (Body Mass Index) is a measurement tool used to help identify students who are at risk for weight-related health problems such as osteoporosis, type I diabetes, or possibly an eating disorder.

Your child was weighed and measured along with all students in their grade.*

Based on your child’s height, weight, and gender, his/her BMI was found to be lower than recommended for his/her age (less than the 5th percentile).

Please share this result with your health care provider. If you do not have a health care provider you can seek additional insurance information at: [www.FloridaKidCare.org](http://www.FloridaKidCare.org)

Consider this…

<table>
<thead>
<tr>
<th>Juice</th>
<th>Water</th>
<th>=</th>
<th>calories</th>
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<tbody>
<tr>
<td>1/3 of the calories that most kids should have in a day.</td>
<td>0</td>
<td></td>
<td>450</td>
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</tbody>
</table>

This amount of juice is 1/3 of the calories that most kids should have in a day. Food is the most important part of a balanced diet.

5 Servings of fruits and vegetables every day

2 Less than 2 hours of screen time every day

1 One hour of physical activity every day

0 Zero soda or sugar sweetened beverages every day

PARENT/GUARDIAN REPLY

Please complete the following and return this entire form to the school nurse.

Health Care Provider comments:__________________________________________________________

Parent comments:______________________________________________________________________

Parent/Guardian Signature:________________________________________________________Date:____

*required by the Florida Administrative Code, Chapter 64F-6.003.
Student Name: ___________________________ Grade _____
Date: ________________________________

The Santa Rosa County Health Department wants to work with your family, community health care providers, and our school district to help our students become healthier. Our School District is working hard to provide healthier classrooms and healthier meal choices such as:

- Salad bars and/or chef salad. A variety of fruits and vegetables including, dark green and orange vegetables
- Lean meats that include turkey, turkey ham, chicken breast, and reduced fat hamburger
- Whole grain pastas, bread, and dessert choices
- Only 1% or less low fat flavored and unflavored milk and 100% juice

BMI (Body Mass Index) is a measurement tool used to help identify students who are at risk for many weight-related health problems including high blood pressure, high cholesterol, type 2 diabetes, fatty liver, and heart disease. Each year, Santa Rosa County students are becoming more overweight and obese.

Your child was weighed and measured along with all students in their grade.*

<table>
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<tr>
<th>Height</th>
<th>Weight</th>
<th>BMI</th>
<th>BMI Percentile</th>
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</thead>
</table>

Based on your child’s height, weight, and gender, his/her BMI was found to be higher than recommended for his/her age (equal to or greater than the 95th percentile).

Please share this result with your health care provider. If you do not have a health care provider you can seek additional insurance information at: www.FloridaKidCare.org

Consider this…

- Juice + + = 450 calories
- Water + + = 0 calories

This amount of juice is almost 1/3 of the calories that most kids should have in a day.

Food is the most important part of a balanced diet.

5 Servings of fruits and vegetables every day
2 Less than 2 hours of screen time every day
1 One hour of physical activity every day
0 Zero soda or sugar sweetened beverages every day

PARENT/GUARDIAN REPLY

Please complete the following and return this entire form to the school nurse.

Health Care Provider comments: _______________________________________________________

Parent comments: _________________________________________________________________

Parent/Guardian Signature: ___________________________ Date: _______________________

*required by the Florida Administrative Code, Chapter 64F-6.003.
## BMI Coding Summary Sheet

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<th>School:</th>
<th>School Nurse:</th>
<th>Date SCREENED:</th>
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<td>Male E1</td>
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<tr>
<td>O521 Normal 5%-85%</td>
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<tr>
<td>O522 Underweight &lt;5%</td>
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<td>O523 Overweight 85%-94%</td>
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<td>O524 Obese &gt;95%</td>
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<td><strong>Total by Category</strong></td>
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<td><strong>Total by Grade</strong></td>
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</table>
Santa Rosa County School Health - Scoliosis Follow-up

Name: ____________________________ Grade: _____ Date: ________
School: ____________________________ Teacher: __________________

Dear Parent / Guardian:

Your child was screened for scoliosis during the 6th grade health screening day at school on ______________________. Please let us know if your child has been seen by a doctor or if an appointment has been made to follow-up on this screening.

If finances are a problem, community resources may be available. Please contact your school health nurse.

Return this slip with parent’s and/or doctor’s comments to the school health clinic, or feel free to call the school health nurse listed below to discuss this referral.

Thanks for your assistance.

School Health Nurse
Santa Rosa County Health Department

--------------------------------- --------------------------------- ---------------------------------

**Parent’s Comments:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Parent’s Signature: ____________________________ Date: ____________

**Doctor’s Comments**

Diagnosis: __________________________________________________________________

Comments: __________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Doctor’s Signature: ____________________________ Date: ____________
Dear Parent/Guardian of:_________________________________

Your child has been evaluated in the School Health Clinic by a School Health Nurse from the Santa Rosa County Health Department and has a suspicious skin infection. Some skin infections are caused by Methicillin-Resistant Staphylococcus Aureus (MRSA). You do not need to be alarmed about this, but the Health Department would like to provide you with information about this type of infection.

Staphylococcus aureus (“staph”) is a type of bacteria found in the environment and on the skin or in the nose of 25% to 30% of healthy individuals. It is a common cause of bacterial skin lesions, such as impetigo, furuncles, carbuncles, abscesses and infected cuts and is most commonly spread through direct physical contact (skin-to-skin) with an infected person. In the past 25 years, more and more of these staph infections have become resistant to the antibiotics commonly prescribed to treat them – penicillin and methicillin. These MRSA infections therefore require more persistence to treat and more vigilance to prevent.

It is neither practical nor necessary to bar children with MRSA infections from attending school; however, precautions need to be taken to prevent the spread to other persons. MRSA infections are treatable, and early treatment can help keep the infection from getting worse. We ask that you consult with your health care provider as soon as possible. Depending on the severity of the infection, he or she may send a sample for laboratory testing and may prescribe antibiotics. The infected area must remain bandaged until the wound is dry, especially if your student is involved in contact sports. Remember, even if the infection appears to be healing, the treatment instructions should continue to be followed to prevent the infection from coming back or becoming worse.

The following are the best ways to prevent MRSA infections:

❖ Wash hands frequently with soap and warm water, especially after changing your own bandages or the bandages of another person.
❖ Do not share personal items such as razors, towels, bed sheets, clothes, deodorant, sporting equipment.
❖ Wash all cuts, scratches and abrasions with soap and water. Keep them covered with a clean, dry bandage until healed.
❖ Avoid contact with open wounds and cuts.
❖ Wash soiled towels, bed sheets, and clothes in hot water with soap and bleach. Dry clothes in a hot dryer, heat helps kill the bacteria.
❖ Never touch, squeeze or pop any boils. This can spread the bacteria to other parts of your body or to other people. The pus is full of bacteria.
❖ Keep all common areas, like bathrooms and kitchens clean. A 1:10 bleach solution or chemical germicide will kill the bacteria.

If you have any questions, please contact your physician, or your School Health Nurse at 983-5200.
### KINDERGARTEN REGISTRATION

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<th>Parent Name</th>
<th>Phone #</th>
<th>Allergies</th>
<th>Shots</th>
<th>CP</th>
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# DIASTAT and DIASTAT ACUDIAL SKILLS CHECKLIST

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<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
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<tbody>
<tr>
<td>1. Observe student for signs/symptoms of seizure activity (Note time of onset)</td>
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<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff.</td>
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<td>3. Check medication expiration date, physician’s order, and student’s <em>Emergency Health Care Plan</em></td>
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<td>4. Place student on left side</td>
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<td>5. Provide privacy</td>
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| 6. Prepare DIASTAT for administration (If using DIASTAT AcuDial confirm dosage is visible and correct in display window and the green (ready) band is visible)  
- Remove cap  
- Lubricate tip with gel if not self-lubricating  
- Separate buttock  
- Insert tip into rectum  
- Inject DIASTAT slowly – count 1-2-3  
- Hold applicator still – slowly count 1-2-3  
- Remove applicator slowly  
- Hold buttocks together – slowly count 1-2-3 |                     |
| 7. Stay with student until help arrives  
- Monitor respiratory status  
- Monitor seizure activity  
- Clear immediate area to prevent harm |                     |
| 8. Report the following to EMS  
- Appearance of seizure activity  
- Time seizure began and ended |                     |
| 9. Give the DIASTAT container with the time of administration to EMS |                     |
| 10. Document on appropriate form: time of onset, symptoms observed, time medication administered, response to medication, time EMS arrived/transport |                     |

Instructor’s Name: ____________________________ (Please Print)

Instructor’s Signature: ____________________________
**EPIPEN/EPIPEN JR. INJECTION SKILLS CHECKLIST**

<table>
<thead>
<tr>
<th>EXPLANATION/RETURN DEMONSTRATION</th>
<th>TRAINEE’S INITIALS</th>
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<tbody>
<tr>
<td>1. Observe student for signs/symptoms of anaphylactic reaction</td>
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<tr>
<td>2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff</td>
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<tr>
<td>3. Check medication expiration date, physician’s order and student’s <em>Emergency Health Care Plan</em></td>
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<tr>
<td>4. Immobilize student prior to injection</td>
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<tr>
<td>5. Determine appropriate injection site</td>
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</tbody>
</table>
| 6. Prepare Epipen/Epren Jr. for administration  
   - Carefully remove auto-injector from the carrier tube or case  
   - Grasp the auto-injector in your fist with the orange tip pointing downward  
   - With the other hand, remove the blue safety release by pulling straight up without bending or twisting it  
   - **NOTE** that the needle comes out of the orange tip. **NEVER** put your thumb, finger or hand over the orange tip |                   |
| 7. Administer injection intramuscularly (*Injection can be given through clothing*)  
   - Hold the auto-injector with the orange tip near the outer thigh  
   - Swing and firmly push the orange tip against the outer thigh until it clicks  
   - Keep the auto-injector firmly pushed against the thigh at a 90 degree angle (perpendicular) to the thigh  
   - Hold firmly against the thigh for approximately 10 seconds to deliver the full dose of medication  
   - Remove the auto-injector from the thigh. The orange tip will extend to cover the exposed needle if the correct/full dosage has been administered  
   - Gently massage the injection site |                   |
| 8. Stay with student until EMS arrives  
   - Send Epipen/Epren Jr. with EMS upon transfer |                   |
| 9. Continuously monitor student’s: breathing, color, hives, swelling, and vomiting |                   |
| 10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student |                   |

Instructor’s Name:  
(Please Print)

Instructor’s Signature:  
(Please Print)
# AUVI-Q AUTO-INJECTOR SKILLS CHECKLIST

| Trainee’s Name: ____________________________ | Date: ____________________________ |

(Please Print)

| Trainee’s Signature: ____________________________ | Trainee’s Initials: ____________ |

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**EXPLANATION/RETURN DEMONSTRATION**

<table>
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<tr>
<th><strong>TRAINEE’S INITIALS</strong></th>
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1. Observe student for signs/symptoms of anaphylactic reaction

2. Call or delegate someone to call 911 and parent/guardian; notify school site administration staff

3. Check medication expiration date, physician’s order and student’s *Emergency Health Care Plan*

4. Immobilize student prior to injection

5. Determine appropriate injection site

6. Prepare AUVI-Q for administration
   - Pull AUVI-Q from the outer case (once the outer case is off voice instructions will guide you step by step through the injection process)
   - Pull firmly to remove the Red safety guard
   - **NOTE** that the needle comes out of the black base. **NEVER** put your thumb, finger or hand over the black base

7. Administer injection intramuscularly or subcutaneously (*Injection can be given through clothing*)
   - Place black end against the middle of the outer thigh
   - Press firmly and hold in place for 5 seconds
   - AUVI-Q makes a distinct sound (click and hiss) when activated. This is normal and indicates AUVI-Q is working correctly. Do not pull AUVI-Q away from the student’s leg when you hear the click and hiss sound

8. Following complete administration of the AUVI-Q, the black base will lock into place, the needle will retract, the voice instruction system will confirm AUVI-Q has been used and the LED lights will blink red
   - Stay with student until EMS arrives
   - Send AUVI-Q with EMS upon transfer

9. Continuously monitor student’s: breathing, color, hives, swelling, and vomiting

10. Document on appropriate form: onset time of the reaction, symptoms observed, time and dosage of medication administered, response to medication, time EMS arrived, time EMS transported student

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**Instructor’s Name:** ____________________________

(Please Print)

**Instructor’s Signature:** ____________________________

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Rev 05/15/2013

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Trainee’s Initials: ____________
### School Health Care Plan Log Sheet

- **School:** ____________________
- **School Nurse:** ____________________
- **School Year:** ________________

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Refer to Section XV to access the Health Care Plan Forms:

Medical Procedure Addendum to ECHP .... Page 4

General Health Care Plan .................. Page 5-6

Allergy Health Care Plan .................. Page 7-8

Asthma Health Care Plan .................. Page 9-10

Diabetes Health Care Plan ................. Page 11-12

Insect Allergy Health Care Plan .......... Page 13-14

Migraines Health Care Plan ............... Page 15-16

Nut Allergy Health Care Plan ............. Page 17-18

Peanut Allergy Health Care Plan .......... Page 19-20

Seizures Procedure Addendum to ECHP... Page 21-22

For Emergency Health Care Plans that require emergency medications, health staff will make three (3) attempts to contact parent/guardian to collect the medication(s). If medication is not collected, the Emergency Health Care Plan can be revised to note “Contact EMS/911 as appropriate.”
## Employee Activity Record

Submit at the end of the day to Lisa_Schofield@doh.state.fl.us and cc Deborah_Price@doh.state.fl.us and Kristie_Beckstrom@doh.state.fl.us

**Employee Name**

<table>
<thead>
<tr>
<th>Position Number</th>
<th>Service Unit</th>
<th>Date</th>
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<tr>
<th>Services Provided</th>
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<th>Service Code</th>
<th># of Services</th>
<th>FTTY</th>
<th>Location</th>
<th>Time</th>
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</table>

**Total Time Worked**

I hereby certify that I have accurately recorded time worked on the attached Employee Activity Record (EAR) and that this record reconciles to my official timesheet. The EAR is being emailed for data entry by the designated CHD staff since I have not had access to the DOH intranet during the EAR submission timeframe for this pay period.
<table>
<thead>
<tr>
<th></th>
<th>Activity Description</th>
<th>Title I/X Students:</th>
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<tbody>
<tr>
<td>1</td>
<td>Total School Visits:</td>
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<td>2</td>
<td>Health Care Plans (5053):</td>
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<td>Title I/X students: _______</td>
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<td>3</td>
<td>Vision Screenings:(0510):</td>
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<td>Title I/X students: _______</td>
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<td>4</td>
<td>Vision Referrals:</td>
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<td>a. # VSP-Sight for Student certificates issued:</td>
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<td>Hearing Screenings (0515):</td>
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<td>a. # SRCSD Audiology clinic referrals</td>
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<td>Scoliosis Screens (0561):</td>
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<td>Record Reviews (0598):</td>
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<td>Immunization Records review/follow-up (5033):</td>
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<td>Nursing Consults/Referrals (5051):</td>
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<td>Title I/X students: _______</td>
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<td>Nursing Assessments (5000):</td>
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<td>Title I/X students: _______</td>
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<td>School presentations/#/attendees (8020):</td>
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<td>b. # Attended:</td>
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<td>Other: Community Presentation (7500):</td>
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<td>Conference/Meeting (8070):</td>
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<td>Child Specific Training (8080):</td>
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<td>Title I/X students: _______</td>
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<td>Health Literacy reading (8025) #classes/#participants</td>
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<td>Refusals for health services-#</td>
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<td>21</td>
<td># Births to teens</td>
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<td>22</td>
<td>Miscellaneous:</td>
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</tbody>
</table>
ACKNOWLEDGEMENT OF MEDICATION ADMINISTRATION TRAINING

Trainee’s Name: ___________________________ Date: ______________________
(Please Print)

Trainee’s Signature: _________________________ Trainee’s Initials: _____________

I hereby acknowledge that I have received training concerning medication administration at the school. I understand that I must follow the guidelines provide by the Santa Rosa County School District Board and Pediatric Services of America in accordance with State Law 323.46 and School Board Policy 5.62.

<table>
<thead>
<tr>
<th>THE SEVEN (7) RIGHTS</th>
<th>EXAMPLE</th>
<th>INITIALS</th>
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</thead>
<tbody>
<tr>
<td>Right Student</td>
<td>Never give the medication if there is any doubt as to the student’s identity. Ask the name, then compare to the bottle label and paperwork.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Medication</td>
<td>Do not ever substitute a student’s medication with another person’s medication.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Dosage</td>
<td>Check the dosage on the label carefully. Compare paperwork with the medicine container label. Always administer as per medication label. Administer exactly as called for; no more, no less.</td>
<td>__________</td>
</tr>
<tr>
<td>Right Time</td>
<td>Check the time with the label and written orders. A grace period of thirty minutes before or after the stated time is allowed. Certain abbreviations may be used.</td>
<td>__________</td>
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<tr>
<td>Right Route</td>
<td>There are different routes or methods to administer medications. Follow the label orders precisely.</td>
<td>__________</td>
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<tr>
<td>Right Form</td>
<td>There are different forms of medication, for example: tablets, capsules, caplets, syrup, suppositories, etc.</td>
<td>__________</td>
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<tr>
<td>Right Documentation</td>
<td>Document date, time, and initial/sign the Medication Administration Record when medication is administered.</td>
<td>__________</td>
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</tbody>
</table>

Instructor’s Name: ___________________________ (Please Print)

Instructor’s Signature: ___________________________
### EPIPEN/EPIPEN JR. AND AUVI-Q ADMINISTRATION TRAINING

**SCHOOL:** ________________________________

<table>
<thead>
<tr>
<th>Trainee’s Name (Printed)</th>
<th>Trainee’s Signature</th>
<th>Instructor’s Name</th>
<th>Instructor’s Signature</th>
<th>Date</th>
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<tbody>
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Santa Rosa County School District

Medication Error Report

** This form must be completed and submitted to your immediate supervisor within 24 hours**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Date of Event</th>
<th>Time of Error</th>
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<table>
<thead>
<tr>
<th>Name of Student</th>
<th>D.O.B</th>
<th>Prescribed Medication/Dosage/Route/Time on Dispersion of Medication Form</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Name and Position of Person Witnessing Event</th>
<th>Medication/Dosage/Route/Time Given</th>
</tr>
</thead>
</table>

Describe event and circumstances leading to error:

- 
- 
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- 

Describe Action Taken:

- 
- 
- 
- 

Medication Error Codes (Circle all that apply):
1. Wrong Student
2. Wrong Dose
3. Wrong Time
4. Wrong Medication
5. Missed Medication
6. Parent Error
7. Pharmacy Error
8. Other

Signature (Person Completing Report) Date Completed

** DO NOT place this information in the student’s Cumulative Health Folder.**

Rev 05/15/13
Please complete this form and submit to Debbie Price, RN, BSN, NCSN at: priced@mail.santarosa.k12.fl.us no later than

<table>
<thead>
<tr>
<th>Date of Class</th>
<th>Class Code</th>
<th>School Type (Elem., Middle, or High)</th>
<th>School</th>
<th>Class Title</th>
<th># of classes</th>
<th>Grade</th>
<th># of students FTTY</th>
<th># of parents FTTY</th>
<th># of staff FTTY</th>
<th>Presenter</th>
<th>Curriculum Book or Video Used</th>
</tr>
</thead>
</table>

Codes:

100 Dental
200 General
300 Injury Prevention/ Safety
400 Mental Health

500 Nutrition
600 Physical Activity
700 Violence Prevention/ Conflict Resolution
702 Date Rape

703 Child Abuse
801 Alcohol, Tobacco & other Drug use
804 Suicide Prevention
805 HIV/STD

806 Pregnancy Prevention
808 Human Sexuality
900 Staff Wellness
901 Staff Inservice

902 Parenting Skills
Appendices