

# **SCHOOL HEALTH SERVICES HANDBOOK**

**Revised Fall 2006**



**Alachua County Public Schools  
Health Services Department  
Gainesville, Florida**

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## **PREFACE**

The School Health Services Handbook is designed to be a useful guide for school and school health services personnel in their every day health dealings with students in the Alachua County schools.

The handbook provides approved school health practices. It does not address all health issues in the schools, nor does it include all forms used in the various school health services programs.

The School Health Services Handbook was reviewed, revised and was approved for accuracy of practices and information by a sub-committee of the Alachua County School Health Advisory Committee.

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## EMERGENCY PHONE NUMBERS

NOTE: **When calling for emergency services clearly state:**  
**LOCATION (School and Room)**  
**NAME and approximate AGE OF STUDENT**  
**TYPE of emergency**  
**DO NOT HANG UP.**

All emergencies..... **911**

### Important Numbers for Use in Emergency Situations

Poison Control..... 911  
or 1-800-222-1222  
Gainesville Police Department..... 911  
or 334-2400  
Alachua County Sheriff's Department..... 911  
or 955-2500  
Florida Highway Patrol ..... 955-3181  
Alachua County Fire & Rescue Department..... 384-3101  
Alachua County Animal ...Control..... 955-2333

### Hospitals

Shands at Alachua General ..... 372-4321  
Shands ..... 265-0111  
North Florida Regional ..... 333-4000

### Others

Suicide Crisis Intervention..... 264-6789  
Meridian Mental Health Services..... 374-5600  
Corner Drug Store ..... 334-3800  
Shands @ Vista..... 265-5497  
Florida **Abuse** Hotline..... 1-800-96-ABUSE (1-800-962-2873)  
Child Advocacy Center..... 376-9161  
Child Protection Team ..... 334-1300  
Another Way..... (800) 500-1119  
Peaceful Paths..... 377-8255

## **EMERGENCY SITUATIONS FOR WHICH RESCUE UNIT IS CALLED**

*Rescue unit may request that a staff member ride or follow their unit if no parent is available. In such instances, an administrator or designee is best suited to accompany unit until parent is located.*

1. Breathing stopped or severely impaired.
2. Loss of pulse.
3. Unconsciousness (other than short fainting spell).
4. Semi-consciousness.
5. Paralysis of trunk or limbs.
6. Shock (pallor, faintness, rapid pulse, sweating, low blood pressure).
7. Head Injury (if injury is accompanied by unconsciousness, semi-consciousness, nausea or vomiting, unequal pupils or eye difficulties, bleeding from ears).
8. Severe bleeding.
9. Severe chest pain.
10. Severe back pain or injury.
11. Amputations.
12. Severe burns.
13. Severe eye injuries or hematoma.
14. Emergency childbirth.
15. Drug overdoses.
16. Accidents which lead to a situation in which the injured person is unable to get up or walk or move body parts after a period of observation (i.e., possible cervical spine fracture or other hidden injury).
17. Situations when in doubt.
18. Seizures lasting over five minutes or seizures in a child who has never experienced a seizure before.
19. Snake bite.
20. Gun shot.
21. Knife wound.
22. Anaphylactic shock.

## ALACHUA COUNTY SCHOOL HEALTH SERVICES PROGRAM

### 1. Health Services include:

- a. Emergency care, which means on-site management for illness or injury pending:
  - 1) Student return to the classroom, or
  - 2) Release to authorized parent/guardian/friend or health care provider.
- b. Health screening to identify those students who may have specific hearing, vision, dental, nutritional, BMI or scoliosis deficits. Types of screening and ages of students screened may vary from year to year, depending on recommendations by The School Health Advisory Committee, The Alachua County School Health Plan, the Alachua County School Board and Florida Statutes.
- c. Health assessments, evaluations, and recommendations are made by health care professionals and first aid trained school staff. Parent/guardians are notified of significant findings.
- d. Student referrals to health care facilities are initiated as appropriate.
- e. Health education where appropriate, either one-on-one or in the classroom.

### 2. Personnel:

- a. District: Health Services is a division of Student Support Services, and is under the direction of the Health Services Supervisor, who is a Registered Nurse.
- b. School-Based Personnel:
  - 1) A Licensed Nurse is assigned to each school during student hours.
  - 2) School health clinic aides/ techs or are first aid and medication trained to “substitute” in nurse’s absence. Their duties may include:
    - a) Administer to the needs of the ill or injured child including administration of prescribed emergency drugs such as Epinephrine, insulin, albuterol etc. Specific procedures such as listed above required separate training by the nurse. This training will be documented & filed in the school clinic.
    - b) Maintain sanitary, healthful and neat conditions of health room and equipment. Maintain supplies.
    - c) Change linens and/or paper on cots after each student.
    - d) Be responsible for record keeping and health files in health room. Records and reports may include Health Room Log, Clinic Passes, Parent Request for Giving Medication at School, and Student Data and Emergency Information Card, monthly and yearly reports.
  - e) Important: The following are NOT functions of health room

personnel, secretary or other school personnel:

- Giving any medications other than according to procedure (see Medication Policy). NOTE: VOLUNTEERS DO NOT GIVE ANY MEDICATIONS
  - Diagnosing or prescribing treatment (this includes advising X-rays).
  - Using any treatment or procedure not outlined in this handbook for illness or injuries.
  - Discussing health problems of students with non-authorized school personnel or others.
- 3) The principal at each school approves all significant health-related decisions after consulting with the school nurse or Health Services Supervisor.
  - 4) School nurses pursue individual student health problems with the child's parent, and physician.

c. Referral Personnel:

- 1) Health Services provides the services of experienced physicians, psychiatrists and psychologists to all students who qualify in our school system on a referral basis. Parental permission must be obtained prior to a professional evaluating the child.
- 2) Health Services staff will assist the parent or guardian in obtaining referrals for dental, vision, hearing, and spinal abnormalities.

## **SCHOOL HEALTH REGULATIONS AND POLICIES**

### **ACCIDENT REPORTS**

Accident reports must be completed for all accidents, injuries to students and staff by parties involved (may or may not be health services staff) and sent to the principal, then district Risk Management office. Copies of this form are **NOT** left in child's cumulative folder.

### **MEDICAL ERROR REPORTING**

Medical errors are errors made by medical personnel and personnel functioning in a health provider role during the course of administering health care. The specific *Health Services Medical Error Form* will be used to report all medical errors (not accidents). Form is to be sent directly to the Health Supervisor. Medical errors which have occurred in schools are reviewed by School Health Advisory Council on a quarterly basis. Information is used to improve health practices, not for personnel counseling purposes. Student and staff names are **NOT** to be listed on the Medical Error forms. No copies left in students cum or employee's file.

## HEALTH RECORDS

1. **Student Data and Emergency Information Card**: Upon enrollment and at the beginning of each school year, an emergency card will be given to each student for parent completion. These cards are filed in the school office and **clinic**, and they are used for health emergencies, illnesses, or accidents. It is the parent's responsibility to keep the card current. Health personnel will attach instructions for specific health care. Nurses are to highlight disabilities, conditions and allergies that will affect health care provided. and should stamp upper right corner of ER card with red HEALTH CONDITION stamp.

Parental permission for student to receive health services is on back of card.

2. **Cumulative School Health Record**: Significant health information is entered on the white State of Florida, Cumulative School Health Record (DH 3041), which is to be filed in a separate manila folder. It is desirable to keep this health record, with all of its health data, (physical examination form, Florida 680 immunization form, student health history review form, any physician orders needed for care), at the nurses' station in a locked file cabinet. This is an ongoing record maintained by school health personnel.

School health services personnel will transcribe the following information on the CUMULATIVE SCHOOL HEALTH RECORD (DH 3042):

- Health screening follow-up for referrals and compliance will be documented on page 3 in the narrative record section.
- Pertinent medical information and services required after a review of student health files will be charted on page 2 in the Disease, Injuries, Allergies and Operations section. Use a red pen to either make a check mark or write common abbreviations (such as ADD, DM) in the upper right hand corner of page 1 of the CUMULATIVE HEALTH RECORD to let other health care providers know there is a significant medical condition.
- Chart review is required for ALL NEW students as well as those requiring immunization follow-up or health screening. Chart review involves confirming the presence of a physical examination and immunization record which meet the state requirements (see next section: Health-Related Requirements for School Attendance) and noting any significant medical conditions. Document chart review by dating and initialing under "Records Review" for the appropriate grade level on pages 1 or 2 or by dating and documenting on page 3 in the Narrative Record. It is not necessary to repeat information documented by previous health care providers. It may be helpful to highlight conditions or concerns and document that previous concerns have been noted.
- Immunization review is required for ALL NEW students as well as those requiring immunization follow-up based on state requirements for their grade level. The official state requirements can be referenced at [http://www.doh.state.fl.us/Disease\\_ctrl/immune/schoolguide.pdf](http://www.doh.state.fl.us/Disease_ctrl/immune/schoolguide.pdf)

Use the following stamps on the CUMULATIVE SCHOOL HEALTH RECORD on page 1 at the line labeled "Special Immunization Programs".

"K COMPLETE" stamped in BLUE means the State of Florida required immunizations were given: 5 DPT, 4 Polio, 2 MMR, 2 or 3 Hep B., Varicella.

"7<sup>th</sup> COMPLETE" stamped in GREEN means the State of Florida required immunizations were given: All kindergarten requirements PLUS a Tetanus Booster. By the academic year 2008-2009, all students entering 7<sup>th</sup> grade must also have received their Varicella vaccination. At that time, the "7<sup>th</sup> COMPLETE" stamp will mean the student has received all kindergarten requirements PLUS the tetanus booster PLUS the varicella vaccine.

**State required physical exam and immunization record do not require that parent sign a release of information to doctor's office in order to send information to the school as, these documents are required by statutes.**

**NOTE: The Cumulative School Health Record and all medical reports are confidential information. Do not exhibit the material, copy it, or discuss in with unauthorized personnel. Medical records initiated and maintained in the school health clinic and school health services program fall under FERPA (school version of HIPPA) confidentiality laws.**

4. **Clinic Log**: A written log of date, student name, complaint and intervention(s) and disposition will be kept on all students receiving medical care in clinics.
5. **Clinic Slips**: Written in three part NCR, clinic slips with name, date, complaint, interventions, description of services and health staff signatures will be used as legal documentation and accepted procedure for notifying parents of non-emergent or life threatening medical treatment. The first page is filed in school clinic for 7 years, the second page is sent to the Health Services Department for billing and filing, the last page is sent to parents for informational purposes. Teachers may read and return it to the child for parent receipt. Teachers are *not* to keep a copy.

## **HEALTH-RELATED REQUIREMENTS FOR SCHOOL ATTENDANCE**

1. **Immunization Record**: Florida Law (F.S. 232.032) requires children entering school to be immunized against numerous communicable diseases. Children will **NOT** be enrolled in school without documented proof of these immunizations. Acceptable forms include the HRS 680, or a signed doctor's record of immunizations and dates. Immunizations may be obtained at a private physician's office, or the Alachua County Public Health Unit, where immunizations are given free of charge. Call for more information. If, for religious or medical reasons, the child is exempt from getting these required immunizations, a Certificate of Exemption must be given to school authorities. These can be obtained for qualified children from a doctor or the Alachua County Public Health Unit.

IN-STATE TRANSFERS ARE ALLOWED 30 DAYS FOR RECORDS TO BE TRANSFERRED. *School nurses may transcribe immunizations to a HRS 680 form and attach copies of proof of immunizations.*

2. **Physical Examinations:** Florida Law (F.S. 232.0315) requires that first-time entrants into public schools, including preschoolers, have a physical examination within twelve (12) months prior to enrollment. The school entrance physical examination should be documented on HRS form 3040 (or a reasonable substitute covering all body systems). **If a student has ever been in a Florida school, public or private, and a physical is on file, a new physical is not required. All in-state transfers are allowed 30 days for records to be obtained. If records fail to arrive on time or are incomplete, parent is responsible, and child may be temporarily excluded.**

*Some special programs such as Head Start have different physical exam requirements and those program guidelines should be followed.*

*A health exam given prior to enrollment into a Head Start program in an Alachua County School will be accepted as a “first time required” physical exam for entry.*

3. **Documented Proof of Name and Age:** Documented proof of name and age, in order of preference, are:
  - a. Certified copy of birth certificate.
  - b. Baptismal certificate showing date of birth and place of baptism accompanied by parent’s sworn affidavit.
  - c. Insurance policy on child which has been in force at least two years.
  - d. Bible record of child’s birth accompanied by parent’s sworn affidavit.
  - e. Passport or certificate of arrival in the United States showing the age of child.
  - f. School record, at least four-years prior, showing date of birth.
  - g. Parent’s sworn affidavit accompanied by a certificate of examination from a health officer or physician verifying the child’s age.

A parent may request a birth certificate for a child born in Florida by mailing the required fee, along with a written request stating the child’s name at birth, place of birth, date of birth, father’s name, and mother’s maiden name. Mail requests to:

Vital Statistics  
PO Box 210  
Jacksonville, FL 32311

For students born in Alachua County, a birth certificate can be issued from the Alachua County Public Health Unit.

## **MEDICATION ADMINISTRATION INSTRUCTIONS**

Administration of medication during school hours will occur only when medication schedules cannot be adjusted to provide for administration at home. Administration of the medication at school is in the best interest of the child or on an emergency basis. As per Florida Statute, school personnel may not require a child to obtain a prescription for substances covered by Section 202 of the Controlled substances act as a condition of attending school or receiving services. This means school staff cannot prevent students from attending school or school activities if they are not receiving medication treatment.

### 1. Procedure for administering to a student by school personnel:

- a. Medication administration at school should primarily be considered a support service provided when a student requires it in order to access an appropriate education. Therefore, in most instances, this support or “related” service should be incorporated into a student’s Section 504 accommodation plan or Individualized Education Plan (IEP) relating to his/her disability. An exception might be when a drug is medically necessary for an acute problem (e.g., an antibiotic required during school hours for infection).
- b. The standard forms developed by the Alachua County School Health Services will be completed and signed by the parent, prior to administration of the medication. Medication forms will be renewed at the beginning of every school year and as the medication prescription changes.
  - 1) Parental Request for Administering Medication At School or Medication Self-Administration Permit is to be completed for all medication therapy.
  - 2) School Record for Student Medication Administration is to be used for recording dates medication is administered and person administering medication.
  - 3) Original prescription label or a physician’s order is required to administer medications.
  - 4) All prescription pills will be counted by health staff and parents and signed for upon receipt.
- c. Parents of those students receiving medication from school personnel will furnish the school with a separate supply of the medication, in its original (pharmacy or store labeled) bottle. Parents are required to bring medication directly to the school health room for elementary school students. At middle and high schools, this practice is also desirable, as students are not permitted to carry medication except in specific cases (i.e., Asthma, Insulin, Epi-Pen®)
- d. At the time medication is administered, the person dispensing medication will:

## CHECK THE “5” RIGHTS:

- 1) Check Parental Request form, Medication Administration Form and prescription bottle for:
    - 2) Ask student to identify him/herself.
    - 3) Pour/place the appropriate dose into clean paper cup or student’s hand.
    - 4) Document administration on appropriate form at time of administration.
    - 5) Be aware of monitor for report & document any possible side effects.
  - e. All medications to be administered by school personnel will be kept in a securely locked cabinet, preferably in the health room or office area. Perishable medicines will be kept refrigerated in a locked box. No student may carry medication in his/her pocket, purse, or lunch during school hours. (Exceptions; inhalers, insulin, Epi-Pen®.)
  - f. The school health room personnel will maintain a separate file of records of students needing medication during school hours (including name, dosage, purpose of medication, the usual time of administration, and any reactions), and will document by date, and initial each time the medication is given, using the Medication Administration Form.
  - g. If a student is scheduled to be off campus or not available at the time when his/her medication is regularly scheduled, medication may be given up to one hour early or one hour late. Nurses can train staff to administer medication during field trips.
  - h. Every attempt will be made to provide medication under the guidelines above, including times when the student is off campus on school business (field trips, etc.). However, the school cannot accept responsibility for omitted doses due to such circumstances or due to temporary absence of trained personnel.
  - i. Injectable medications may be administered to students by non-medical personnel who have been ***trained by nurse and or parent*** to administer. Such medications are insulin, glucagons and an Epi-Pen.
  - j. Medication Administration Training will be provided and documented annually by licensed school health personnel (nurses), as per Florida Statute.
2. Self-administration students may self-administer medication if so authorized by their parent/guardian. Safety and efficiency of this will be determined by school nurse. The Medication Self-Administration Permit will be completed for this.
    - a. Students should medicate themselves in the health room under guidance. Exceptions may be for older more independent students.
    - b. No forms, other than the Permit form, will be kept or required for this type of medication administration.
    - c. No medication will be carried by a child except as in 3.d. below.
    - d. If child is not effectively self-administering medication, the school nurse reserves the right to revoke permission.

### 3. Special Circumstances:

- a. If unavoidable circumstances prohibit the student from getting medication within the timeframe described above, every effort must be made to alert the parent or guardian by phone. This would include such circumstances as the absence of trained personnel or special events which disrupt scheduling at school.
- b. If incorrect medication or incorrect dose is inadvertently given, notify the principal, school nurse, and poison control as needed. Corrective measures will be based on the professional judgment of these individuals and may include:
  - 1) Emergency medical intervention (calling 911 for transport to an emergency room);
  - 2) Notification of parent;
  - 3) Filing of appropriate medical error and accident reports; or
  - 4) Other interventions as proposed by the principal and/or nurse.
- c. If an adverse reaction is suspected, 911 will be called.
- d. Allergic reaction kits, asthma inhalers, and diabetic care kits with insulin may be carried by a student unless and until he/she is found to be unreliable. Appropriate parent consent form must be on file. If other emergency medications are carried and self-administered by students, this will be initiated with school nurse intervention. In the case of young children, each case should be evaluated as to the child's maturity, independence & frequency of usage of medication. For example, if an elementary student uses their asthma inhaler frequently, he or she should carry it with him and the school nurse will determine student ability and knowledge. This rule will apply to Epi Pen and insulin use.
- e. If children are to receive medication during the Extended Day Enrichment Program, they will be summoned to the clinic by the health/office person at that time. Every effort will be made to accommodate medication administration while clinic is open (approximately 2 p.m.). After 2 p.m., EDEP staff will provide First Aid and medication administration. Some schools may require EDEP to keep separate medications under lock & key, outside the school clinic. In this case, parents should supply separate, labeled medication for use after school.
- f. No aspirin will be given over-the-counter. The only exception will be with written doctor's orders.
- g. Naturopathic substances will not be administered at school unless safe parameters have been established for pediatric use by The American Academy of Pediatrics. Physician prescriptions will be required.
- h. School Board of Alachua County provides a physician's **standing order** for school **nurses** to administer "***Epinephrine s.q. injection prn***" to students experiencing anaphylactic shock. School nurse will note signs of anaphylaxis and act accordingly. See page 25.
- i. Suppositories will be administered only with physician prescription. Every

attempt will be made to have prescription changed to an oral route medication which may also reach the desired effect. In the event a Diastat (Valium) suppository is prescribed for use with long lasting or multi focal seizures, the following procedure will be carried out by the NURSE:

1. 911 called
2. students' safety secured
3. room cleared of by-standers
4. suppository administered (If EMS arrives prior to administration of suppository, nurse will follow EMS guidelines & relinquish medical care to paramedic.

**If no nurse is available to administer suppository, non-medical staff are to call 911 and secure student safety and privacy. Non-medical staff are NOT to assess student health status or administer suppository.**

### **COMMUNICABLE DISEASE: STUDENT HEALTH SERVICES AND REQUIREMENTS GUIDELINES**

1. Communicable Disease Immunization: A valid Florida Immunization Certificate, or an exemption, is required for each student, Pre-K through grade 12, who is enrolled in a Alachua County school. School personnel will:
  - a. Request the parents of each student provide a Certificate of Immunization or exemption upon enrollment.
  - b. Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public school, who is not in compliance with the compulsory immunization law. In-state transfer students will be given 30 days to produce valid up-to-date certification. *(Students who declare homelessness will not be prevented from school entry until they can provide immunization status. School staff & health staff will contact prior school or doctor for information).*
  - c. Review all immunization documents for validity, and file them in the student's cumulative health record.
  - d. Periodically review the school records of students to identify those who are not in compliance with the compulsory immunization law and notify the parents.
  - e. Alachua County Health Department and Florida statutes state that school officials must temporarily exclude from attendance any student whom is not in compliance with the compulsory immunization law.
2. Communicable Disease Detection and Reporting: School staff members are encouraged to take an active role in early detection of communicable diseases. Teachers shall report any child with suspicious medical symptoms to the principal or school nurse, who will contact the Supervisor of Health Services for further investigation.

In cases or suspected reportable diseases, the school nurse or Supervisor of Health Services will request the Alachua County Public Health Unit to

investigate presence of disease and to advise the Supervisor of Health Services, principal, and district administrators on course of action for student population. Parental notification of presence & possible exposure of a communicable disease exposure will only occur when Alachua County Health Dept. and health services supervisor instruct school to do so.

3. Communicable Disease Prevention: The Health Services Department promotes frequent hand washing with soap and water for at least 10 seconds (sing "Happy Birthday" song). Health Services does not promote the use of antibacterial soap vs. standard liquid soap. It is a fact that friction is the action that removes virus and bacteria from our hands. Health Services does promote the use of waterless hand cleaner, however, this should NOT take the place of regular hand washing with soap and water. Hand washing prevents spread of diseases.
4. Communicable Disease Management
  - a. Students with a suspected communicable disease will be temporarily excluded from school by the school nurse and the principal. They may seek advice of the Supervisor of Health Services or ACPHU Epidemiology Dept.
  - b. Notices will be sent to the parents of all students enrolled in a particular classroom where a vaccine-preventable disease has occurred and for any other condition at the discretion of the principal, Supervisor of Health Services and Public Health Unit.
  - c. The Alachua County Public Health Unit has developed contingency plans to become effective in the event of an outbreak of a communicable disease. The County Public Health Office has legal authority to initiate this plan in an emergency. School staff and officials will comply with County Public Health Unit.
  - d. The Supervisor of Health Services will contact the Alachua County Public Health Office for a plan of management for any of the following situations:
    - 1) The occurrence of a rare communicable disease, or a vaccine-preventable disease.
    - 2) An unusually large outbreak of a common disease entity (e.g., staphylococcus, influenza, suspected food poisoning).
    - 3) Disease exposures which the Superintendent, DOE, DOH or the Supervisor of Health Services judge to be potentially hazardous to students or staff.
4. Specific Conditions:
  - a. Tuberculosis: Tuberculosis screening by skin test may be conducted in the schools at the discretion of the Alachua County Public Health Unit and coordinated through the Supervisor of Health Services and principal.
  - b. Pediculosis (Head Lice): At the discretion of the principal and upon consultation with the school nurse, a student who has an infestation of live

head lice (pediculosis capitis) should be excluded from school until all lice and nits are removed. The school nurse shall be responsible for monitoring the students, documenting all infestations, notifying parents, and initiating truancy referrals and filing a report with DCF for students who have missed more than fifteen consecutive days due to the continued presence of nits. Chronic cases where the child's head is never quite free of nits (eggs) and nits are usually dead, the child may be allowed to re-enter school with proof of pediculocide treatment, careful, frequent screening by nurse specialist and principal's approval.

- 1) Screening: A screening program for detecting head lice on students at the beginning of the school year is recommended to reduce the possibility of further spread in elementary level classrooms.
  - 2) Examination of Contacts: When an infested student is found at any time during the school year, the school nurse will obtain the names of the students close associates, and classmates who sit within touching distance of the student (car pool partners, bus partners, etc.). These close contacts will be promptly examined for evidence of infestation. If several students are found infested in a classroom, all children in the classroom will be examined, and a copy of Head Lice Fact Sheet will be sent to guardians of all students in the classroom, along with a note from the principal or nurse stating that lice have been detected at the school.
  - 3) Fomites (surfaces or objects which may transmit pediculosis infestation): The following guidelines are considered practical and easy to implement in most schools:
    - a) a school policy of assigning individual coat hooks be initiated.
    - b) hats be kept in coat sleeves/pockets rather than in piles on shelves or on the floor.
    - c) carpeted classrooms be vacuumed daily when an outbreak of pediculosis is in progress. This is more important in kindergarten and first grade classes than in the upper grades, because of the amount of time that the younger children spend on the floor.
    - d) floor mats be individually assigned.
    - e) fumigation of schools, buses, and homes be discontinued, and discouraged in the future.
    - f) bedding, blankets for naps be kept in individual bags, for each student, and sent home at least weekly for laundering.
  - 4) Treatment: School nurses may provide nontoxic (non pediculocide) solution to students for at home treatment. School nurses and principals may elect to treat chronic student in school.
- c. Chronic Infectious Disease State: To the maximum extent possible, all students will be included in school programs. Only after the following steps are taken will a student be excluded from the classroom for a chronic infectious disease such as CMV, Hepatitis B, Herpes, HIV(+) or AIDS.

- 1) The district learns a student is infectious from the student's parents or physician, health officials or school nurse.
- 2) Within ten school days, the district superintendent or designee convenes a multi-disciplinary team to consider options for student placement. Meanwhile, the student may be placed temporarily in an alternative education assignment.
- 3) The multi-disciplinary team includes, but is not limited to, a public health official, student's physician if available, parent or guardian, Supervisor of Health Services, the School Board's physician consultant, the Superintendent's designee, and educational personnel. Only those staff with a "Need to Know" will be included.
- 4) The team reviews facts in the case and makes a placement recommendation based on these factors:
  - a) Chronological and developmental age of the infected individual. (Preschool students may, for example, come in closer contact with one another in the classroom than older students.)
  - b) The school setting anticipated for the student.
  - c) The nature of the contagious disease.
  - d) The student's control of bodily secretions such as mucous, saliva, urine, feces, and the presence of open sores or wounds.
  - e) The student's behavior(s) that might spread bodily secretions, such as biting, mouthing objects, or smearing bodily fluids with the hands.
  - f) Current recommendations from the Center for Disease Control.
- 5) The team makes its recommendations to the Superintendent, who approves the final decision. This decision will be made within three weeks, if at all possible.
- 6) The team will designate those persons having a "need to know" of the student's infectious status.
- 7) If students are excluded from class instruction because of a diseased state, they will receive homebound services sufficient to maintain progress in their lessons.
- 8) The district periodically will reconvene the multi-disciplinary team as necessary to review the student's condition and placement.

**5. Infection Control Measures:** As part of an ongoing program to prevent transmission of disease, Health Services, in cooperation with Risk Management and Safety, will offer annual in-services for school staff members, including custodial staff, food services workers, and paraprofessionals. Procedures for the reduction of disease transmission through blood and contact at school will be discussed. Principals will be responsible for assigning staff to participate in such inservice(s).

**COMMUNICABLE DISEASE CHART**  
School Board of Alachua County, Health Services

<b>Disease and Incubation Period</b>	<b>Common Early Signs and Symptoms</b>	<b>How Spread</b>	<b>Period of Communicability</b>	<b>Seasons of Prevalence</b>	<b>Exclusion of Students From School</b>	<b>Control</b>
<b>ASCARIS</b> (Round worm) Worms reach maturity about 2 months after ingestion.	Live worms seen in stool or vomitus. Abdominal discomfort.	By transmission of eggs to the mouth from the soil, personal or household items contaminated by human excrement.	Until medically treated.	No special season.	No	Personal hygiene (handwashing), home cleanliness and sanitation.
<b>CHICKENPOX</b> 2-3 weeks. <b>SHINGLES</b> (same)	Scattered rash, red with small blisters. Crusts form later. May have fever.	Coughing, sneezing, direct contact. Highly contagious.	2-3 days before to 5-6 days after appearance of blisters.	Variable	Yes, until all vesicles are dried and crusted, approximately 6 days after first vesicles and no new vesicles for 24 hours	Immunization. Observe students skin. Exclude infectious children.
<b>CONJUNCTIVITIS</b> ("Pink Eye") 24 to 72 hours.	Watering eyes. Redness of eye. Exudate with matting of eyelashes. Photophobia. Edema of eyelids. Itchy eyes.	Contact with discharge from eye or upper respiratory tract of infected person through contamination of clothing, fingers, or other articles.	As long as infection is active. Clears rapidly with treatment by physician.	Greater in the summer, but throughout the year.	Yes, for children in acute stage, until treated (24 hrs. later).	Observation of school contacts for 2-3 days. Personal hygiene.
<b>GASTROENTERITIS</b> ("Intestinal flu") Variable incubation period.	Nausea and vomiting, abdominal pain and cramping, watery diarrhea, fever, pallor, loss of appetite.	Oral-fecal route.	Variable. Average 4-6 days.	Fall and winter, but throughout the year.	Yes, until well, on full diet with formed stools.	Exclusion until symptom-free. Personal hygiene. Suspect and investigate food poisoning. Contact Health Department as needed.
<b>HEPATITIS A</b> ("Infectious") 2-7 weeks.	Headache, fever, loss of appetite, nausea and vomiting, dark urine. Yellow jaundice	Oral-fecal route, contaminated food.	2 weeks preceding jaundice, 1 week after onset of jaundice.	No special season.	Yes, for first 2 weeks of illness, or 1 week after the onset of jaundice. Must be confirmed by physician.	Observe school contacts. Stress good personal hygiene. Contact

	develops late.					Health Department. Gamma globulin injection for household contacts.
<b>IMPETIGO</b> (Streptococcal infection of the skin.) Incubation period uncertain.	Reddened spot with blister which drains honey-colored serum, scabs (within 24 hrs.).	Contact with a person who has a moist sore, or with objects used by infected person. Culture suggested if home treatment (topical antibiotic) is ineffective. Very contagious.	As long as lesions continue to drain.	Spring and summer. Often starts from infected insect bite.	Yes, if extensive, unless lesions can be covered and condition is being actively treated. Yes, if on scalp.	Frequent observation of children with open sores. Stress good personal hygiene and early treatment of mild cases.
<b>INFLUENZA ("flu")</b> Type A (epidemic) and Type B (sporadic) 1 to 3 days.	Headache, fever, runny and stuffy nose, cough, feeling bad.	Airborne, discharge from mouth or nose, contaminated articles. Direct contact.	Shortly before onset. Up to 1 week.	Fall and winter.	If symptomatic with a fever, or after diagnosis by physician.	Immunization available, with priority for children 6-23 months, adults 65 years or older, and individuals with chronic health conditions.
<b>MEASLES</b> (Rubeola) 9 to 12 days.	Fever, runny nose, inflamed eyes, cough. Rash on face spreading to rest of body.	Respiratory, airborne, direct contact from nose and throat secretions.	5 days prior to and 4 days after rash appears. Very contagious.	Winter and early spring.	Yes, until 4 to 5 days after rash appears. Must be confirmed by physician and Health Department.	Immunization. Contact ACPHU. Observe classmate for 21 days.
<b>GERMAN MEASLES</b> (Rubella) 14 to 21 days, usually 16 to 18 days.	Mild cold symptoms. Fine rash. Fever. Starts on face and head. Spreads to neck and trunk. Rash lasts 3 days. Glands behind ear frequently enlarged.	Respiratory droplets or direct contact. Dangerous to fetus of pregnant women. Inform her if confirmed case.	6 to 7 days before and 4 days after onset of rash. Very contagious.	Winter and spring.	Yes, until 7 days after onset of rash. Must be confirmed by physician and Health Department.	Immunization. Contact ACPHU. Observe classmate for 21 days.

<b><u>MONONUCLEOSIS</u></b> 10 to 50 days.	Fever, sore throat, swelling of lymph glands, malaise, fatigue.	Close contact, saliva, blood transfusions.	Unknown.	No special season.	No, if feeling well enough to attend.	No specific measure.
<b><u>MUMPS</u></b> 14 to 21 days.	Fever. Swelling of salivary glands between the angle of the jaw and the ear canal and/or under jawbone.	Droplet contamination.	7 days before swelling of glands to 9 days thereafter.	Winter and spring.	Yes, for 9 days after swelling appears (or until swelling and tenderness subside, if this is less).	Immunization. Contact Health Department. Must be confirmed by physician.
<b><u>PEDICULOSIS</u></b> ("Head Lice")	Itching and crusts resembling sores.	Person-to-person, articles of clothing, combs, and brushes.	While there are live lice or nits.	Throughout the year.	Exclude until successfully treated. Second infestation must be nit-free.	Treatment of all household members. Examine household contacts. Disinfect linens, clothing, etc.
Body Lice	(See above)	Person-to-person, articles of clothing.	(See above)	(See above)	(See above)	(See above)
Pubic Lice ("Crabs")	(See above)	(See above)	(See above)	(See above)	(See above)	(See above) In young children, expect sexual abuse.
<b><u>TINEA CAPITUS</u></b> Head ringworm	Scaly patches of baldness. (Hair becomes brittle and breaks off easily.) May form crusts on scalp resembling impetigo.	Direct or indirect contact with infected person, cat, or dog.	As long as lesions present, requires medical treatment, medication Rx.	No special season.	Yes, until treatment by physician, if scabs are weeping.	Good personal hygiene, frequent observation of children with sores.
Body	Flat, spreading ring-shaped lesion on skin or pubic area with possible itching.	(Same as above)	While lesions present. Over-the-counter treatment available.	No special season.	No.	Proper laundering of towels, general cleanliness of showers and dressing rooms.
Feet ("Athlete's Foot")	Scaling or	(Same as	(See above)	No special	No.	Keep feet

	cracking of skin between toes, or blisters containing fluid. May appear on other parts of body, especially hands.	above) Not highly contagious.		season.		dry and cool, dry between toes after bathing. Exclude active cases from school showers.
<b><u>CUTANEOUS LARVE MIGRAINES</u></b> Creepis eruption	Tunnel-like lesions of dog/cat hookworm larvae under skin.	Not to others	Requires oral and topical medication RX	Summer + Heat	No.	Control itch to decrease infection.
<b><u>SCABIES</u></b> Variable, up to 2 months.	Intense itching, especially at night. May start between fingers, toes Also found under arms, at beltline, etc. See papules or tiny burrows.	Direct contact, shared clothing or linens.	Before treatment.	Throughout year.	Exclude until treated with medication. (First application)	Personal hygiene. All household members should be treated.
<b><u>STREPTOCOCCAL PHARYNGITIS,</u></b> <b><u>including SCARLET FEVER</u></b> 2 to 5 days.	Sore throat, possibly fever, swollen lymph nodes. Scarlet fever is strep throat with a rash (appears within 24 hours of onset of illness.)	Discharge from nose and/or mouth. Direct contact with infected person.	During acute illness until 24 hours after antibiotic started.	More common in cold months.	Until 24 hours after starting antibiotic.	Observe school contacts for 5 days.
<b><u>VIRUS and Common COLD</u></b> 3 to 10 days. Multiple kinds of viruses carry the same symptoms	Headache, fever, runny and stuffy nose, cough, feeling bad.	Hand-to-mouth, droplets from nose and throat.	Variable.	Greatest in fall and winter.	If running fever or feeling too ill to attend school.	Teach students to cover mouth when coughing, use tissues and wash hands.
<b><u>MENINGITIS-BACTERIAL &amp; VIRAL</u></b>	Stiff neck, fever, malaise	Airborne, sharing cups	Variable	Variable	Exclude till symptom free and/or treatment	Viral-No TX to population. Bacterial-

					completed.	prophylaxis TX through Health Department.
<b><u>ERYTHEMA INFECTIOSUM: Parvovirus B19 Infection, Fifth Disease</u></b>	Low grade fever, malaise, an indurated, confluent erythema over the cheeks (slapped cheek appearance)	Airborne, infection can occur before signs & symptoms	4-14 days	Spring, but localized outbreaks are common throughout year	Since exposure often occurs without any noticeable symptoms, exclude only till fever & malaise are gone.	Caution pregnant women who may have been exposed to consult with their OB physician. (10% risk of fetal death after maternal infection in the first half of pregnancy)

**RASHES:**

**WHEN A RASH OR SKIN ERUPTION OF UNKNOWN CAUSE IS NOTED ON A CHILD, PARENT AND/OR MEDICAL PROVIDER ARE TO BE NOTIFIED. CHILD IS TO BE QUARANTINED AWAY FROM OTHERS AND SENT TO A MEDICAL PROVIDER TO DIAGNOSE AND TREAT. RASHES VARY IN DESCRIPTION. MANY ARE INDICATIVE OF A DISEASE. OTHERS ARE LOCALIZED TO SKIN ONLY. FOR EXAMPLE, A SCARLET, ALL OVER, BLUSH RASH DUE TO SCARLET FEVER MAY RESEMBLE AN ANTIBIOTIC REACTION RASH. NURSES ARE NOT TO DIAGNOSE. NURSES ARE TO OBTAIN HISTORY OF RECENT EXPOSURES, ILLNESSES AND RELAY INFORMATION TO MEDICAL PROVIDER AND/OR PARENT FOR PROMPT TREATMENT.**

***\*\*\*A NOTE ABOUT HOW TO STAY HEALTHY:***

**MOST COMMUNICABLE DISEASES CAN BE PREVENTED BY PRACTICING GOOD PERSONAL HYGIENE. ALL CHILDREN SHOULD TO BE REMINDED OF CERTAIN ESSENTIAL PRACTICES SUCH AS HAND WASHING BEFORE MEALS AND AFTER USING THE RESTROOMS. SCHOOL NURSES ARE AVAILABLE TO PROVIDE HANDWASHING CLASSES TO STUDENTS .WON'T YOU HELP SPREAD THE WORD?**

**HEALTH ROOM PROCEDURES**

1. Health Complaints: See Health Room Management of Specific Health Problems.
2. Student Health Room Records:
  - a. When student arrives at the health room with a note from the teacher or a verbal complaint, take care of urgent (first aid) problems before paperwork, and make the student comfortable.
  - b. Check Student Data and Emergency Information Card for health problems, allergies, etc.
  - c. Enter all data onto clinic's Health Room Log.
  - d. Serious injuries must also be documented on accident reports as required

by School Board policy.

- e. Clinic Pass will be used as documentation of health interventions provided.

### 3. Infection Control:

- a. Good hand washing is essential before and after offering health room services to each student. Running water and liquid soap are part of good technique. Wash between fingers and around nails. Rings are not appropriate for health room wear.
  - b. No glass mercury thermometers. For digital electronic thermometers, probe covers should be used and discarded after use. Disposable skin thermometers or oral plastic thermometers are designed for single use. Discard them after one use.
  - c. Bodily fluids (vomitus, blood and blood serum, urine, bowel movement, saliva, nasal discharge, etc.) are of special concern in disease transmission. All body fluids will be discarded into red hazardous bags. If contact with body fluids, especially blood, is expected, use latex gloves. For latex allergy, layer allergic side with vinyl, then latex covering (2 pair gloves). If child is allergic to latex, use latex on inner side and vinyl glove toward child. If skin contact with body fluids occurs, wash immediately with soap and water. **GLOVES DO NOT TAKE THE PLACE OF HANDWASHING.**
  - d. Plastic trash can liners are essential for the health room area.
  - e. All blood spills, vomitus, etc., will be cleaned up immediately by custodians with a 1:10 solution of chlorine bleach and water, mixed fresh daily. Other acceptable commercial disinfectants may be used.
  - f. All bloodborne pathogen exposures must be reported to the employee's principal or on-site administrator. Excerpt from SBAC Comprehensive Safety Program, 1995, Bloodborne Pathogen Exposure Control Program: "The standard defines an "exposure incident" as specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. When the employee, student, or volunteer incurs an exposure incident, it must be reported to the principal on-site administration."
4. Confidentiality: Students' medical information is considered confidential and complies with all FERPA laws. Medical information will be shared only with authorized individuals and guardians. Only secured, confidential faxes will be used for transmission of medical information.
5. Animals of any kind will not be permitted in any school clinic or health care areas

## SCHOOL HEALTH ROOM SUPPLY LIST SAMPLE

**General Items:** Non Sterile Gauze Pads (4" x 4") Band-Aid plastic strips (3/4" and 2" x 3") Isopropyl alcohol Facial tissues Cotton balls Tweezers Thermometers (electronic with disposable probe covers or disposable oral or skin thermometers) Sanitary napkins (regular) Icebags (small ziplock plastic bags preferred) Liquid Soap Disp. Bandage scissors Tongue blades Cotton-tip applicators Gauze wrap (rolls) Aromatic spirits of ammonia Disposable cups & medicine cups Triangular bandages with pins Flashlight and batteries (pen light) Ace wraps (3", 4", 6") Three-ring binder for medication forms Vinyl and Latex gloves CPR mask/shield or AMBU bag Goggles/eye shield Cardboard Splints Waterless hand sanitizer Disaster Kit Stethoscope B/P cuff large and child (if applicable)

**Items for Use by Licensed Personnel:** Medical Disaster or Trauma Kit (contents listed below) Antibiotic ointment Calamine or Caladryl lotion Hydrocortisone Cream 1% Epinephrine Pen & Epinephrine Pen Jr.

**Facilities:** Paper covering for beds, crepe 21" wide Drug control cabinet with lock box for refrigerated medications Screens for privacy around cots Blankets Pillows Plastic pillow slipcovers Cot or bed with plastic covered mattress (2) Wash basins Emesis basins Height and weight scales Sharps disposal box Cup dispensers Refuse containers with foot pedals (one red hazardous and one clear) Phone Computer access is desirable Desk and swivel chair File cabinet with lock Liquid soap dispenser Lighted Snellen Chart Wall clock Audiometer Refrigerator and freezer or ice chest Bathroom/sink Sink at station Computer/Internet access Medical Reference Books passive nebulizer machine

### TRAUMA KIT CONTENTS;

Gloves  
4x4's  
3" kling  
1" kling  
1x3" band-aids  
2x4" Extra Large Band-aids  
Trauma Shears  
1" plastic tape  
Multi-Trauma dressing (12"x30")  
4x9" Surgitab (combine dressing)  
Instant Cold Packs  
Triple Antibiotic Ointment  
Triangular Bandage  
Goggles  
Valve resuscitation Mask  
Penlight

### A.E.D. KIT CONTENTS:

The Automated External Defibrillator is enclosed in a sack carry case. This case contains the AED, a Valve CPR mask, a micro-pore CPR mask, adult defibrillator pads, child defibrillator pads, and the AED adapter plug (to fit into EMS equipment). AED function will be monitored by staff person designated by principal and health supervisor. AED/CPR courses will be provided by designated school staff. An AED locator sign will be prominently displayed for easy access and alarm functions will be "ON" at all times. CPR/AED trained staff list will be posted in AED area and by school PA system.

See SBAC policy for further details.

## **REPORTING OF CHILD ABUSE AND NEGLECT**

1. Legal Considerations: Florida Statute 415.513 mandates that educator's report suspected child abuse. The law recognizes educators as trained professionals, caring people, and the largest single group to work with children.

Anonymous referrals may be made but are not encouraged. Suspicion of child abuse or neglect is adequate grounds for a referral. It is not the responsibility of school personnel to prove abuse or neglect. Examinations by school staff are not required or expected.

Referral to school crisis team/counselor is expected.

2. Referral Agencies:

- a.State-wide toll-free registry, 1-800-96-ABUSE.

3. Some Indicators of Child Abuse and Neglect:

- a. Physical Abuse:

- 1) Bruises and welts in various stages of healing.
    - 2) Burns that show the shape of an item used to inflict them (cigarette tip, iron, grill, etc.); rope burns.
    - 3) Human bite marks.
    - 4) Reports of injury by caretaker (from child or friend).
    - 5) Parent or child attempts to conceal injury or offers illogical, unconvincing, contradictory or no explanation of child's injury.
    - 6) Fractures in various stages of healing.
    - 7) Repeated school absences.

- b. Neglect/Emotional Maltreatment:

- 1) Child consistently dirty, unwashed, hungry, or inappropriately dressed.
    - 2) Child without supervision for long periods of time.
    - 3) Child has unattended physical problems.
    - 4) Child constantly tired or listless.
    - 5) Child rarely attends school.
    - 6) Child exhibits behavioral problems (overly compliant, lags in emotional development, attempts suicide).
    - 7) Repeated school absences.

- c. Sexual Abuse:

- 1) Child has venereal disease or symptoms.
    - 2) Child is pregnant.
    - 3) Child experiences pain or itching in the genital area.
    - 4) Child is unwilling to participate in physical activities.
    - 5) Child openly engages in sexual behavior or talk which is age inappropriate.
    - 6) Child develops worsening behavior or school performance without

obvious cause.

- 7) Child complains of or hints at inappropriate sexual behavior.
- 8) Child appears unusually sad or withdrawn with no obvious explanation and this condition persists for days or weeks.
- 9) Repeated school absences.

**REQUIRED HEALTH SCREENING PROCEDURES,  
DOCUMENTATION AND REFERRALS:**

Florida Statute requires school nurses conduct the following health screenings:

*(Volunteers may be trained and used to assist nurses, but not run screening)*

*All volunteers must register through SBAC Volunteer Department.*

Grade                      Screening:

K	Height/Weight/BMI
1	Height/weight/BMI, Vision, Hearing
3	Height/weight/BMI, Vision, Hearing
6	Height/weight/BMI, Vision, Hearing, Scoliosis

Screening results and outcomes are to be documented in student cum health record by the close of the school year. Results are also to be bubbled onto SBAC scantrons for computer input.

All failed screenings must be reported to parents and referrals made. Incomplete referrals (parent has not sought treatment), will be documented in cum health file.

<u>Health Screening</u>	<u>Equipment needed</u>	<u>Failure</u>
Height	measure tape	
Weight	scale	
BMI	CDC computer program or chart or BMI wheel	
Vision	vision charts	PK-3 $\geq 20/50$ 4-12 $\geq 20/40$
Hearing	audiometers	any missed: 20-25-DB. 1000,2000,4000 Htz.
Scoliosis	scoliometer	any bulge, variation in back or $\geq 5$ degree with scoliometer

## **HEALTH ROOM MANAGEMENT OF SPECIFIC HEALTH PROBLEMS GENERAL GUIDELINES**

### **1. Serious Illness and Injuries:**

- a. NEVER LEAVE A STUDENT who is not breathing or who is in a life-threatening situation. SHOUT FOR HELP. When a second person is available, that person should call 911.
- b. If a student is NOT BREATHING, rescue breathing should be started IMMEDIATELY by a person trained to do so. If no pulse is detected, CPR (cardio-pulmonary resuscitation) should be started IMMEDIATELY by a person trained to do so.
- c. Notify principal or designated person IMMEDIATELY:
  - 1) If the child appears acutely ill.
  - 2) In case of a major accident.

### **2. All Illnesses and Injuries:**

- a. The principal (or acting principal in his/her absence) has the ultimate responsibility for handling emergencies and making health related decisions. Parental notification and dismissal from school should be done as instructed by the principal. Medical advice shall be obtained from the school nurse or Supervisor of Health Services to determine appropriate interventions for emergencies.
- b. Student Data and Emergency Cards shall be readily available in the health room area for information regarding phone numbers, allergies, chronic health conditions, etc.
- c. The student with a minor complaint shall be encouraged to remain in school unless it will endanger the student's health or that of his/her classmates.
- d. Parent or guardian MUST BE NOTIFIED whenever a student is to be sent home. Parent must make transportation arrangements. Never send a child home alone.
- e. Use Health Room Log or Health Room Referral form according to procedure to:
  - 1) Document health room visits and aid given.
  - 2) Detect chronic complaints which may need medical or guidance intervention.

## **ALCOHOL OR DRUG INTOXICATION/POISONING**

### **1. Signs and Symptoms:**

- a. Will vary according to drug or poison.
- b. Signs indicating need for immediate action are: Loss of consciousness, convulsions or seizures, abnormal breathing, violence or hallucinations, severe abdominal pain and vomiting. Call 911.

- c. Other indications of poisoning include: Burns around lips or mouth, chemical odor of breath, pupils exceedingly small or unusually dilated.

## 2. Management for Conscious Student:

- a. Try to determine the kind and amount of poison or drug and time taken, but do not waste time if this cannot be immediately determined.
- b. Call Poison Control Center and 911. Notify principal and parent. Follow Poison Control Center directions while awaiting ambulance.
- c. DO NOT INDUCE VOMITING
- d. Do NOT leave student alone. Do NOT make sudden movements. Speak softly to student before touching him/her.
- e. Save the container of drug or poison for identification. Save vomitus if student vomits.
- f. Continue to observe for convulsions or breathing difficulties.

## 3. Management of Unconscious Student:

- a. Maintain open airway. Resuscitate if necessary.
- b. Call 911. Notify principal and parent.
- c. Save contained or suspected poison.
- d. DO NOT GIVE FLUIDS.
- e. DO NOT INDUCE VOMITING. If student does vomit, position him/her so that material drains out of mouth. Save vomited material. A safe position is lying on side or abdomen with head turned to the side.
- f. Continue to observe for convulsions or breathing difficulties.

## 4. Health Assessment of Drug or Alcohol Use

If school staff or teacher ask a nurse to assess a student or staff member for intoxication or being under the influence of a controlled, illegal substance, school nurse can only give general assessments. The only legal way of knowing is through drug testing of the urine or blood.

A neurological assessment as listed below will give some indication of degree of intoxication:

<b>CHARACTERISTIC</b>	<b>RESPONSE</b>	<b>SCORE</b>
Opening eyes	spontaneous	4
	to verbal command	3
	to pain	2
	no response	1
Motor response	obeys commands	6
	localizes painful stimuli and pushes away	5
	flexes and withdraws	4
	abnormal flexion	3
	extension	2
	no response	1
Verbal response	oriented and appropriate	5
	disoriented, converses	4
	inappropriate words	3
	incomprehensible sounds	2
	no response	1

**Also important:**

**What does their breath smell like? Liquor? Marijuana?**

**Follow up with School Resource Office for further legal assessment.**

## 5. Guide of frequently abused drugs and symptoms:

**ALCOHOL:** Dilated pupils, slurred speech, slow reflexes, relaxation, glazed over eyes, intoxicated behavior.

**MARIJUANA:** Increased B/P, Pulse and Temp., Red eyes, reduced coordination, and concentration, dry mouth, laughing.

**COCAINE:** Increased temp., B/P and HR, dilated pupils, frequent sniffing

**HALLUCINOGENS (ECSTASY, ACID, LSD):** Large dilated pupils, fatigue, difficulty concentrating, nausea, sweating, High Heart rate, anxiety, panic, aggression

**NARCOTICS (DEMEROL, CODEINE, MORPHINE):** Pinpoint pupils, slow respiration's, nausea and vomiting, drowsiness, euphoria, cold skin, needle tracks on arms, body

**STIMULANTS (SPEED, CRACK, CRYSTAL, RITALIN LIKE MEDS):** dilated pupils, Increased HR, P & Resp., blurred vision, dizzy, anxiety, glossy eyes, not able to focus eyes, irritable, insomnia

**DEPRESSANTS (VALIUM, YELLOW JACKETS):** Slowed breathing & heart rate, pinpoint pupils, mental confusion, drowsiness, droopy eyelids, staggering, slurred speech.

### **ABDOMINAL PAIN**

1. Obvious signs of distress are pale or clammy skin, sweating, fever, fetal position, etc.
2. If temperature is 101°F or greater, or if pain and/or nausea persist, notify principal and parent. **DO NOT USE HEAT PACK!**
3. If this is a blunt abdominal injury, 911 must be notified.
4. If student appears to be in severe distress, call 911.
5. If no severe distress:
  - a. Consider possible cause of complaint. (No breakfast? menstrual cramps? blow to abdomen? constipation? diarrhea? emotional upset? etc.)
  - b. Allow student to rest 15 to 20 minutes.
  - c. Encourage student to return to class and complete the school day.
6. For menstrual discomfort:
  - a. Try medication if parent has requested on appropriate form and has provided the medication according to guidelines.
  - b. Rest for 15 to 20 minutes.
  - c. If student cannot return to class, notify principal and parent.
  - d. If applicable, interview student for possibility of pregnancy. Call 911 for a pregnant teenager with abdominal pain, vaginal bleeding, and/or labor pains.
7. For chronic complaints of abdominal discomfort (as indicated in Health Room Log), confer with principal, nurse, guidance counselor, and/or teacher regarding appropriate intervention.

8. If nurse and female student concur that she is experiencing menstrual cramps, heat package may be used.

### **ALLERGIC / ANAPHYLACTIC REACTION**

Possible Signs and Symptoms: Itching or burning, hives, tingling/swelling (particularly of face, neck, tongue or lips), throat tightness, tightness in chest, hard to swallow, wheezing, breathing difficulty, dizziness, shock (pallor, sweating, rapid pulse, weakness), unconsciousness.

1. For more mild reactions:
  - a. Observe the student constantly for difficulty breathing, skin reactions and/or signs of shock.
  - b. Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.). Check for Medic-Alert bracelet or necklace.
2. A severe allergic reaction requires IMMEDIATE ACTION. Call 911. If student is not breathing, start rescue breathing or CPR by a trained individual.
3. Peanut/food allergies will be reported to nurse, teachers, administration, and food service. A meeting will be held with parents/staff to write a plan of care/action to prevent exposure to such foods. A physician's order is required to initiate a special diet.

### **EPINEPHRINE PEN PROTOCOLS**

#### **Storage:**

1. Stock Epi Pens must be stored in locked clinic cabinet. Students will be allowed to carry their emergency Epi pen on their person /backpack. The proper paperwork including physician's order will be kept in clinic.
2. Children will be encouraged to wear ID/Alert tags and instructed on how to administer pen to themselves.

#### **Training**

1. Staff and administrators will be educated on the signs, symptoms of anaphalaxis. It is expected that the Principal and the school nurse will identify staff members who are both willing and capable of being trained to identify signs & symptoms of anaphaltic shock, call 911, and administer the Epi-Pen to the student in need, in the absence of the nurse. (Field trips are included).
2. This staff member will be administering an Epi Pen to students with identified anaphylaxis and their own Epi- Pen. **NON NURSE LICENSED SCHOOL STAFF WILL NOT BE PERMITTED TO CARRY A STOCK EPI PEN AND OR CARRY OUT HEALTH SERVICES STANDING PHYSICIAN ORDER FOR APAPHALXIS AND EPI-PEN USE.**

**STANDING ORDER FOR ACPS SCHOOL NURSE ADMINISTRATION OF EPINEPHRIN PEN TO STUDENT EXHIBITING SIGNS AND SYMPTOMS OF ANAPHYLACTIC SHOCK.**

**This standing physician’s order may only be carried out by a licensed nurse. Anaphylactic reactions are life threatening and require rapid decision-making. When the signs and symptoms indicate an anaphylactic reaction, licensed staff will be required to give the correct dose of Benadryl or Epinephrine preparation.**

**Benadryl:**

Give stock Benadryl when significant but not life threatening reactions occur.

Administer as follows:

Child < 20 lbs. give 6.25-12.5 P.O. liquid (per package instn.)

Child > 20 lbs. give 12.5 mg. P.O. liquid (per pkg. instn.)

Adolescent give 25-50 mg. P.O. liquid (per pkg.)

Call parent, administration.

If symptoms progress follow instruction for Epinephrine Pen below:

**Epinephrine:**

1. Obtain stock epinephrine-unit-dose pen.
2. Follow instructions for injection.
3. Call 911.
4. Call administration.
5. Call parent.
6. Monitor child’s blood pressure closely for side effects; hypertension.
  - \* Children from preschool up to 60 pounds (approximately) should receive EpiPen Jr. ®.
  - \* Children greater than 60 pounds or who are older should receive EpiPen®.
  - \* In situation when the child’s weight or age is unclear, give EpiPen Jr. ® for younger and smaller children and EpiPen® for larger and older children. You have about 15 pounds either way in your weight estimation and giving a 45-pound child the EpiPen® is safe.

---

Signature: John A. Nackashi, M.D.

Date Signed

Date Expires

*ORIGINALS KEPT ON FILE AT ALACHUA COUNTY PUBLIC SCHOOLS/ HEALTH SERVICES DEPT. AND UF PEDIATRICS.*

## **ANIMALS IN SCHOOLS (HIGH RISK)**

*ANIMALS IN CLASSROOMS & SCHOOLS SHOULD BE DISCOURAGED*

*NO ANIMALS ARE ALLOWED IN SCHOOL CLINICS*

1. Many birds, such as parrots, may transmit a respiratory disease such as Psittacosis.
2. Under no circumstances should raccoons, bats, prairie dogs, ferrets, foxes, or skunks be allowed in the classroom! Any bite/scratch must be reported immediately, as rabies transmission is common.
3. Turtles have been linked to fecal discharge and transmission of Salmonella Gastroenteritis. Any turtle aquarium water should be kept from contact with children. Wash hands promptly after touching turtle/area.
4. Hermit crab bites must be cleaned with soap and water and reported to the child's physician.

**All Animal bites or diseases must be reported to:**

**Alachua County Animal Control And/Or**

**Alachua County Health Department/Or**

**The Alachua County Sheriff's Dept.**

Animal exhibits and petting zoos can be thrilling and educational experiences. However, due to the presence of bacterial health hazards while handling some animals, schools should take precautions.

**The School Health Advisory Council recommends that schools adopt the following procedures when providing animal exhibits, petting zoos at their facility:**

1. Notify parents before event, allowing them to opt out of activity.
2. Notify school nurse who should be aware of any students whose health condition may prevent them from taking part in this event.
3. Students must wash their hands with running water and soap after handling any animals. A portable hand washing station should be set up near event.

If this is not possible, multiple bottles of liquid hand sanitizer should be available to use after handling animals. Students must wash hands upon re-entry to school, especially prior to eating.

4. Children should be closely supervised and any hand to mouth activity during exposure to animals must be prevented.
5. Signs instructing visitors that they are entering an animal area should be posted and instructions for hand washing and or hand sanitizer use should be posted.
6. Strollers, baby bottles, pacifiers, food and beverage should be restricted from area.
7. Exit should be clearly marked.

8. Overcrowding should be avoided.
9. In the case of an animal bite, see Bites/ Scratches/Stings Section of this hand book.

## **BACK AND NECK INJURIES**

***DO NOT MOVE ANYONE WITH SUSPECTED BACK OR NECK INJURIES UNLESS ABSOLUTELY NECESSARY.***

Suspect neck injury with ANY severe fall or blow to the head.

1. Signs and Symptoms: Severe pain and tenderness at the site of injury. Possible deformity at injury site. Possible paralysis or loss of strength in one or more limbs.
2. If the student is lying in a safe area:
  - a. Observe for breathing difficulties or shock. (See pg. 56)
  - b. Maintain adequate air way with jaw thrust (do not extend neck).
  - c. Call 911.
  - d. Notify the principal and parent.
  - e. Gently place pillows or rolled blanket on both sides of head and neck for immobilization.
3. If the student MUST be moved: in case of life threatening emergency, move student by standing at student's head, placing hands under armpits, cradling neck and head with forearms, then pulling gently to safety, keeping the student's body straight.

## **BITES / SCRATCHES AND STINGS**

1. Insect bites and stings:
  - a. Stinger should be removed, if still present, by gently scraping with the edge of a tongue blade, the edge of a credit card or other dull blade instrument (use of tweezers may cause additional venom to be released into the site).
  - b. Wash with soap and water.
  - c. Apply cold pack.
  - d. If the student shows signs of anaphylactic shock, stay with the student and manage accordingly.
2. Animal bites/scratch (Includes dogs, cats, ferrets, raccoons, rats, squirrels, bats, prairie dogs, rabbits, etc.):
  - a. Wash area with soap and water.
  - b. Notify Principal and Parent.
  - c. Advise medical attention.
  - d. Get description of animal and pet owner's name, if possible.
  - e. Notify Animal Control (955-2333) for all bites.

- f. Do not attempt to capture or restrain the animal.
  - g. Hamsters, gerbils, and guinea pigs are not high risk animals for diseases transmittable to humans. However, a tetanus shot update may be in order and this bite must be reported to parent and principal ASAP.
3. Human bites (treat both the “bitee” and the “biter” if bite causes break in skin):
- a. Cleanse wound with soap and water or rinse mouth with water.
  - b. Notify principal and parent.
  - c. Advise parent to contact their medical provider to ascertain TD status and need for medical attention. (Nurse can look up TD status for parent)
  - d. If this is an exposure incident, see Infection Control section and follow procedures under exposure plan. If either child is known to be infected with any blood borne pathogen, School Nurse/Supervisor of Health Services/Principal should be notified immediately.
  - e. If this event involves a staff member being bit or exposed, contact workman’s compensation provider and Risk Management and refer as necessary.

**Accident Report Must Be Completed For Most Of These Incidents!**

**BLEEDING WOUND (HEMORRHAGE)**

1. First Aid responder should wear gloves when providing care.
2. Stop the bleeding by:
  - a. Direct pressure and elevation. Hold a thick dressing tightly over the site of bleeding. Lift the bleeding part up, if no fracture is evident and if lifting the part is not painful. **MOST BLEEDING CAN BE CONTROLLED BY THIS METHOD ALONE.**
  - b. If direct pressure and elevation is not enough, pressure on the supply artery may be added. Direct pressure at the bleeding site should be maintained.
  - c. A tourniquet is never recommended. If someone has applied one, do not loosen. Seek medical attention immediately.
3. Protect the wound from contamination and infection. Do not remove any object, which may be embedded in site (i.e.: pen stuck in arm). Bandage around protrusion.
4. If student appears to be in shock (pallor, rapid pulse, weakness, sweating, etc.), call 911. Keep student under observation and keep warm, comfortable, and flat in bed.
5. Contact parent and school administration.

## **BONE AND JOINT INJURIES**

NOTE: It is impossible to differentiate a fracture from a sprain or strain. Always proceed as if there were a fracture if pain is present, swelling, discoloration, or temperature change is evident.

1. Closed fracture or dislocation of arm or leg:
  - a. Keep student quiet. Observe for shock.
  - b. Do not move student or limb until fractures are splinted and there has been a determination that back injury is not suspected.
  - c. Notify principal and parent; arrange transfer to medical provider or 911 emergency transport. Pain and potential for shock are possible.
  - d. Apply cold pack to site of pain.
  - e. Do NOT attempt to straighten any deformity.
2. Compound (open) fracture:
  - a. Cover exposed bone with a dressing. Control hemorrhage, if necessary (use procedure on supply artery).
  - b. Splint limb with pillow.
  - c. Do NOT attempt to push bone back under skin.
  - d. Observe for shock.
  - e. Call 911.
  - f. Contact parents and principal.
3. Bruises, blows, sprains, and strains:
  - a. Observe area for pain, swelling, deformity or discoloration.
  - b. Apply cold pack to site.
  - c. Elevate limb if possible. Keep student calm and still.
  - d. Do not allow student to bear weight on the injury.
  - e. Notify principal and parent; arrange transfer to medical provider.

## **BREATHING DIFFICULTIES / SHORTNESS OF BREATH / ASTHMA**

NOTE: If student loses consciousness OR is having rapidly increasing difficulty with breathing, call 911. Start rescue breathing or CPR if necessary.

1. Have student sit or lie in comfortable position.
2. Watch for signs of serious difficulty requiring mouth-to-mouth resuscitation and emergency transport (911):
  - a. Cessation of breathing;
  - b. Unconsciousness or decreased level of consciousness (dazed, confused, irrational, combative);
  - c. Cyanosis (blue lips, fingernail beds).
3. STAY WITH STUDENT. Be calm and reassuring. Ask student for causative conditions (asthma, anaphylaxis, diabetes, heart disease). If treatable cause can

be found, manage accordingly.

4. Occasionally, a student may hyperventilate for emotional reasons. If the difficulty subsides within 15 to 20 minutes, give student water and observe him/her for 15 to 20 minutes more. If the student feels well enough to return to class, he/she may.
5. If shortness of breath continues without results from administration of prescribed inhalers, etc., call 911.

### **Asthma:**

Asthma is a respiratory condition resulting in exacerbations of constriction and inflammation of bronchial tubes in lungs.

Continued Medical Case Management of students with Asthma should be encouraged, as this will decrease exacerbations.

### **Management:**

1. Encourage use of prescribed inhaler prior to PE.
2. Child may carry inhaler, if responsible.
3. If wheezing, inability to talk, difficult breathing, administer inhaler.
4. Call 911, if no relief.

## **BURNS**

### 1. Important Factors in Determining the Severity of a Burn:

- a. Depth (degree):
  - 1) First degree: Redness, mild swelling and pain.
  - 2) Second degree: Red or mottled appearance, blisters, swelling and sometimes a wet appearance to the skin.
  - 3) Third degree: Loss of skin, destruction and/or charring of tissues. Pain may range from extreme to none (when nerve endings are destroyed).
- b. Size: A general rule is that a deep burn (deep second degree and all third degree burns) which is larger than a quarter or half dollar needs medical attention.
- c. Location: Critical areas are hands, face, feet, genitals and chest. All second and third degree burns to these areas need medical attention.

### 2. Heat Burns:

- a. Immerse or rinse area in cool water unless there are deep open areas of tissue.
- b. Treat for shock if necessary. Watch for respiratory distress especially if burns involve the face, neck, or chest, call 911.
- c. Do not remove clothing from a severely burned area if caused by heat or flame.
- d. Do not apply any ointments.
- e. Notify principal, parents, and 911 as needed.

- f. Apply a clean dressing to the area.
3. Chemical Burns:
- a. Rinse with cool water for at least 15 minutes.
  - b. Remove clothing from burned area even if the burn is deep.
  - c. Treat for shock as needed, call 911.
  - d. Notify principal, parents, and seek medical attention.
  - e. Apply a clean dressing to area.
4. Chemical Burns to Eye:
- a. Continuously rinse eye with cool water/shower.
  - b. Seek immediate medical attention, call 911.

## **CHEST PAIN**

1. Observe breathing and level of consciousness. Resuscitate if necessary.
2. Call 911 and notify the principal and parent if student:
  - a. Develops breathing difficulty.
  - b. Loses consciousness.
  - c. Coughs bright red blood.
  - d. Appears to be in distress (signs of shock: pale or gray face, cool and clammy skin, sweating, faintness, rapid pulse).
  - e. Irregular pulse
3. Allow student to sit or lie in comfortable position.
4. Determine possible causes:
  - a. Ask if a recent fall or blow to the chest occurred.
  - b. Are there associated signs and symptoms (cough, fever, nausea, etc.)?
  - c. Check the Student Data and Emergency Information card for evidence of pre-existing condition.
5. If student feels better after resting for 15-20 minutes, allow to return to class. Notify parent.
6. If student has a fever (101°F) or is not improved after 15-20 minutes, notify principal and parent.

NOTE: Heart attacks are extremely rare in school-age children, but possible! If, however, an adult complains of intense, crushing chest pain which possibly extends to the neck, jaw, shoulder, arm or back, a heart attack must be considered and immediate medical attention is indicated. Some children, who will be identified, have cardiac (heart) abnormalities and parent and 911 MUST be summoned!

## CHOKING

1. Ask the student if he/she is able to breathe. **If student is able to cough forcefully, do not interfere.** Simply observe him/her for inability to breathe or loss of consciousness.
2. If the student can't cough effectively or is making high-pitched coughing or wheezing sounds, perform the Heimlich Maneuver:
  - a. Direct a bystander to call 911.
  - b. From behind, wrap your arms around the student's waist.
  - c. Make a fist with one hand and place the thumb-side of your fist against the student's abdomen, below the rib cage and above the navel;
  - d. Grasp your fist with your other hand and press into his/her abdomen with a quick upward thrust;
  - e. Repeat thrusts as often as needed until object is expelled or student loses consciousness.
3. If unconscious:
  - a. Call 911.
  - b. Attempt to ventilate.
  - c. Check mouth for foreign object and remove if possible. A finger sweep may be used if foreign body visible.
  - d. Continue chest compressions/ventilation attempts (on floor if necessary) until effective or until rescue unit arrives.
  - e. Student **MUST** be seen by physician whether or not consciousness is regained.
  - f. Even if the object is expelled, the student must be seen by a doctor.

NOTE: Best performed by a person certified in CPR and/or First Aid.

## CUTS AND ABRASIONS

1. Cleanse wound with soap and water, pat dry.
2. If necessary, control bleeding according to procedures (see page 32).
3. When bleeding stops, bandage lightly.
4. Reassure student.
5. Notify parent if there is a question of whether or not stitches are needed, or tetanus booster is needed; i.e., a gaping wound generally requires sutures; tetanus booster is required for contaminated (dirty) or deep wounds or if last booster was given more than five years previously.
6. If no allergies are present, triple antibiotic ointment may be used on abrasions and simple cuts.

## DIABETES MANAGEMENT

Diabetes mellitus is a metabolic disorder characterized by hyperglycemia (high blood sugar). In childhood, the treatment for diabetes is a combination of insulin therapy, exercise, and regulation of diet. The most urgent situation for which the school must be prepared is hypoglycemia (low blood sugar). **Hypoglycemia** is most likely to occur in a person taking insulin after physical education or before a meal.

1. Early Signs of Hypoglycemia: hunger, paleness, sweating, “jitters,” headache, weak, cold, clammy, fatigue, or mood changes (crabbiness), spacey and quiet. **CHECK BLOOD SUGAR UNLESS CHILD IS UNRESPONSIVE.**

Procedure: Give the student concentrated sugar immediately. Fruit juice, (4 ounces) sugar or candy should relieve the signs and symptoms within 5 to 10 minutes. Often the student will carry a snack and should be allowed to eat it whenever he/she feels it is necessary. Obtain a snack if child does not have one. Re-check blood glucose.

2. Signs of Advanced Hypoglycemia: These may occur without warning. They include disorientation, dizziness, uncooperativeness (even combativeness), seizures, and unconsciousness. Procedure is as follows:
  - a. Immediately give the student cake icing, honey, or glucose gel. The icing, honey, or gel may be squeezed slowly between the cheek and the gum of the mouth even if the student is unconscious. **BE ALERT FOR THE POSSIBILITY OF CHOKING.** If unconscious, or seizing, turn on their side and give I.M. Glucagon, if prescribed and trained. (See Glucagon section) **CALL 911**
  - b. If the student does not regain consciousness **IMMEDIATELY**, call 911.
  - c. When the student regains consciousness, feed him/her a high sugar liquid (fruit juice, sugared soda) and then a food solid (crackers, cheese or fruit, for example).
  - d. Observe closely for another episode of hypoglycemia.
  - e. Contact parent and physician.
  - f. If child has nausea or vomiting, abdominal pain, dyspnea, urine should be checked for ketones by trained staff. If ketones test moderate or large, contact physician immediately.

It is the goal of the SBAC Health Services Department to identify every child with diabetes in order to administer appropriate health services and maintain school attendance and education. School nurses, supplying interventions or medication administration to a diabetic child must complete the following:

1. For elementary students or students requiring nurses assistance, physician’s order for insulin and sliding scale are required. For middle and high students, who show more independence and knowledge, physician’s orders are suggested.

**See back pages for approved Diabetes Medical Management Plan.**

2. Completed Nursing Care Plan signed by R.N. Care Plan should be incorporated into 504 or I.E.P. School nurses must follow Care Plans.

3. Parental signatures on appropriate SBAC forms for medication administration.
4. Educate all teachers and staff who work with child during the school day.
5. Provide for back-up plan and staff to maintain interventions in event of nurse's absence (only licensed nurse, child or guardian may administer insulin).

If school nurse is absent, health services clinic aide may assist student in carbohydrate count and insulin administration if he/she has been trained by school nurse or parent. If nurse or aide (Health Services Staff) is unavailable, **parent** will designate and train alternate relative, friend or voluntary school staff to assist child in glucose monitoring and insulin administration.

6. Routine and as-needed blood glucose testing is best provided in school clinic. Provisions for independent, in class, monitoring may apply to some student situations.
7. Promotion of a "504 Plan" for student.
8. You can never go wrong by feeding a diabetic child who is feeling bad, as long as choking precautions are taken. The teacher, front office, and health room staff will be informed that the student has diabetes and will be given a copy of this procedure.
9. The student will be encouraged to wear a Medic-Alert bracelet at all times. The health folder and the Emergency Card will both be conspicuously flagged with the information that the student has diabetes.
10. Children with Diabetes can eat a normal school lunch in most cases. Some restrictions may apply and this will be written on their Diabetes Medical Management Plan. Nurses will contact teachers and food services to alert about diet restrictions. Parties and afterschool program may require different snacks be provided. Care should be taken to ensure that students receive equal treatment during these situations.

#### GLUCAGON INSTRUCTIONS:

1. Do not take the time to check the child's blood sugar if they require Glucagon.
2. You cannot overdose the child on Glucagon.
3. The glucagons will work whether it is injected into the muscle or subcutaneous fat.
4. Injecting air will not harm the student.
5. Check exp. date on glucagons and follow instructions for prep and administration.

#### **EVACUATION OF DISABLED STUDENTS/STAFF**

Building emergency response staff should assess the needs of any building occupants with special needs within their zone before an emergency arises. Ask if there are any staff, students who require special assistance in the event of an evacuation and arrange for nearby individuals to serve as evacuation assistants.

**Visually Impaired:** Evacuation assistant should offer his/her elbow to the student/staff and guide him thru the evac route. During the evacuation the assistant

should communicate as necessary to the impaired person to ensure a safe evacuation.

**Hearing-Impaired:** Some buildings on campus are equipped with fire strobe lights; however, some are not. Persons with hearing impairments may not hear audio alarms and will need to be alerted to emergency situations by an evacuation assistant.

**Mobility Impaired/ Non Wheelchair:** Persons with mobility impairments who are able to walk independently should be able to negotiate stairs in an emergency with minor assistance. The individual should wait until the heavy traffic has cleared on the stairwell before attempting to exit. There should be at least one evac assistant to be with the challenged individual to assist if needed.

**Mobility Impaired/Wheelchair:** If a person is wheelchair bound, they will need to be carried down the stairwell and this usually cannot be done with the wheelchair. One way to evac this person is by using a 2-person cradle where 2 *staff cradle* the persons body within their 4 arms and carries him down the stairwell. Another route is to use a sturdy *office chair*: 2 people guide the chair down the stairs by tilting the chair back, one person holds the back and the other, in front holding the legs.

## **EYE INJURIES / EYE INFECTION**

NOTE: Do NOT allow student to rub eye. Do NOT stick any solid object (tweezers, finger, etc.) in eye to remove a foreign body. Wash hands before touching the student's face or eye.

1. Cuts and Punctures of Eye or Eyelid:
  - a. Loosely bandage eye. Use a paper cup over injured eye if an object is protruding or when pressure on the eye is undesirable.
  - b. Do NOT apply pressure.
  - c. Do NOT remove object stuck in the eye.
  - d. Arrange for immediate medical attention. Notify principal and parent.
  - e. Transport lying down.
  - f. Do not feed. Keep NPO.
2. "Speck" in the Eye:
  - a. Encourage student to blink and cry.
  - b. Gently pull lashes so that upper lid comes down and away from the eyeball. Have student look down. Release lid after 3-5 seconds.
  - c. Gently pull lower lid down and away from eyeball. If object is seen and does NOT appear embedded, gently rinse with tap water or eye wash.
  - d. If object cannot be removed after one or two attempts of methods above, follow procedure for notifying parent and principal.
3. Chemicals in Eye:
  - a. Tilt head with affected eye down, so that chemical does not trickle into other eye.
  - b. Rinse face, eyelid and eye with cool tap water for at least 15 minutes. Let

- water run from inner corner of eye outward.
  - c. Notify principal and parent. Call 911.
  - d. Do not bandage.
  - e. Do not stop irrigation until emergency personnel arrive.
4. Trauma to Eye/Hematoma
- a. Check pupils for reaction to light, size, and equality.
  - b. Apply ice pack.
  - c. Call 911 for any changes in level of consciousness.

## **FAINTING**

1. **Signs and Symptoms:** Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea, disturbance of vision.
2. Assist student to a lying down position.
3. Loosen garments.
4. Maintain open airway.
5. Try to determine if an injury occurred from falling. If no history is available, do not move.
6. Bathe face with cool wet cloth.
7. Notify principal and parent.
8. If recovery or consciousness is not IMMEDIATE (2 to 3 minutes), notify principal and call 911.

## **FEVER**

1. If temperature is **101°** orally or greater, and/or the child appears or feels significantly ill, notify the parent to take the student home.
2. Keep student comfortable.
3. Use ice packs in axilla and groin areas.
4. In very young children with history of febrile seizures, in addition to the above, treat with Tylenol per parent/physician order.

\* The American Academy of Pediatrics has stated that there may be contraindications to the use of aspirin for children, especially with flu-like illnesses or suspected chicken pox. Do not give aspirin without a written doctor's order and written parental consent. Tylenol may be given only with **WRITTEN** parent consent. No standing order for prn Tylenol is provided.

## **GASTRIC TUBES / BUTTONS/ALTERNATIVE FEEDING**

1. Gastric tube feedings may be administered to children, per physician's order only which is to be renewed yearly. Documentation will be on medication forms and parents will sign permission.
2. If medications are prescribed along with feedings, district medication procedures are to be followed.
3. Site will be cleansed and maintained, per medical order. Parent/Provider will be notified, if site appears unhealthy.
4. If Gastric Button dislodged, replace per instructions. Replacement button to be kept in clinic for PRN replacement. Parent/Provider will be notified if replacement not possible.
5. Gastric feedings may be administered by school nurse, clinic aides or an Exceptional Student Education aide, after and with proper training and monitoring. Training must be yearly and documented in clinic files.
6. G Tube feedings will be flushed with 5-10 cc water after feeding/medication administration.
7. Nurse may attempt to de-clog with a 10-cc bolus of water. If this fails, contact the child's provider/parent.
8. Check for residual feeding (feeding left in stomach) before administration of each feeding. Hold feeding for 1 hour if residual is >50 cc or per physician order.
9. Position student in semi –Fowler position with head above stomach at approximately 30 degree angle.
10. In the event the student appears ill, abdominal pain, nausea, vomiting, respiratory distress, hold feeding and notify parent/provider.
11. If Feeding pump is used, follow physician orders and specific instructions on pump. Pumps may not be running while riding the bus. Parents are responsible for machine maintenance and battery replacement or charging. Parents are also responsible for supplying replacement tubing. School nurse or staff administering feeding will be responsible for cleaning out pump tubing after feedings.

## **PROTOCOL FOR STUDENTS WITH FEEDING/SWALLOWING CONCERNS**

1. A physician's prescription is required to initiate oral feedings after a child has been receiving gastric feeds, only.
2. Interdisciplinary consultation and evaluation of students' swallowing abilities is conducted and results are brought to IEP meeting. The following professionals may be involved; Teacher, Nurse, OT, PT, SLP, school administrator and parent.
3. IEP meetings are held to plan future feedings, emergency plans and a Nursing Care plan is written and along with SLP & OT guidelines & protocols and staff education

for introducing oral feedings.

## **HEADACHE**

1. Give no medication unless child has own supply and written parent permission.
2. Check fever. (Headaches are commonly associated with fevers.)
3. Determine contributing factors: Lack of food or sleep, vision problems, cold/sinus problems, or injury to head.
4. Student may rest with a cool cloth or ice pack on forehead.
5. Call the parent if the student is too ill to return to class.
6. Refer to physician if child has chronic headaches.

Some indications that a headache may be more serious are: Frequent recurrence, loss of consciousness, vomiting (especially in the absence of fever or when associated with a history of injury), bizarre or unusual behavior, neck stiffness, pain, fever. Neck stiffness associated with pain and difficulty in extending head up to ceiling and down to chest, and fever, may suggest meningitis and requires immediate medical care.

Chronic headaches may also occur with visual changes and eye strain. Nurse should check vision if headaches are chronic.

## **HEAD INJURY**

1. Determine the cause of the injury and whether or not there might be a neck injury.
2. If there is a suspected neck injury:
  - a. Do NOT move the student.
  - b. Arrange rolled up blankets or clothing on both sides of trunk, head and neck for immobilization.
  - c. Call 911.
  - d. If CPR is necessary, the lower jaw should be pulled forward gently to open airway. The head tilt should be minimal. CPR MUST be performed by a TRAINED individual.
3. Determine the level of consciousness: awake and alert, dazed, semi-conscious, or unconscious.
4. Observe unconscious student for breathing and for other injuries. If choking is a concern, gently roll the student onto one side, turning all body parts at one time, supporting the student's neck and head.
5. For bleeding, gently hold gauze over wound. Apply ice packs to bruises.
6. Notify principal and parent. Advise immediate medical attention or 911 for:
  - a. Any student who has lost consciousness, even if consciousness is regained.

- b. Vomiting following a blow to the head.
- c. Inability to move a limb or limbs.
- d. Oozing of blood or watery fluid from ears or nose.
- e. Severe headache lasting longer than one hour.
- f. Sleepiness or dazed demeanor following a blow to the head.
- g. Unequal pupils.
- h. Pale color that does not return to normal in a short time.

## **HEAT EXHAUSTION / STROKE**

Heat exhaustion usually results from exercising in a warm environment. Individuals with a chronic illness (diabetes, cystic fibrosis, severe asthma, etc.), obese individuals, and the very young or elderly, are especially susceptible.

PREVENTION involves increased intake of fluids on hot days, especially if heavy exercise is planned; gradual acclimatization (such as slowly working up to a full exercise schedule over a period of days during hot weather); and short “rest periods” in an air-conditioned atmosphere when discomfort is obvious.

1. Signs and Symptoms: perspiration, dizziness, nausea, faintness, headache, cool and pale skin, rapid pulse and breathing.
2. Have student lie down in cool or shaded area or move to air-conditioned environment if available.
3. Loosen clothing. Give plenty of fluids if student can drink and is not vomiting or dazed.  
Cool (not cold) fluids.
4. Take student’s temperature (never take an oral temperature if the student is not fully alert). If the temperature is greater than 101, sponge student with cool water, observe him/her closely, and seek medical attention.
5. Call 911 or seek other IMMEDIATE medical help if ANY of the following occur (signs of HEAT STROKE):
  - a. Rapid rise in body temperature, with hot and dry skin.
  - b. Loss of consciousness/shock.
  - c. Seizure.

AS SOON AS POSSIBLE, notify the principal and parent. Cool the student with sponge or cloth.

## **MOUTH / TEETH / JAW INJURY**

1. Toothache:
  - a. If a parent has authorized P.R.N. acetaminophen (Tylenol), administer, per weight and instructions.
  - b. If food is wedged in a noticeable cavity at the area of pain, dental floss may

be used GENTLY to attempt to remove it.\*

- c. Rinse mouth with warm salt water or apply warm (not hot) pack to side of face.
- d. Advise parent to seek dental attention.

## 2. Broken, Loosened or Knocked Out Teeth:

- a. Locate tooth/teeth if missing from mouth.
- b. Notify principal and parent.
- c. For a tooth which has been completely knocked out or severely loosened, instruct the parent to contact a dentist immediately. NOTE: Never hold a tooth which has been knocked out by its root, and never wash or disturb any tissue clinging to it. (Tooth may be saved if replaced within 15-30 minutes.) If parent cannot be reached, 911 may be called.
- d. Replace the tooth in its socket and have the child hold in place, or keep the tooth in a glass of cold milk or water.
- e. Apply ice to lips if necessary.

## 3. Serious Jaw Injuries:

- a. Notify principal and parent. Seek medical attention.
- b. Apply ice to area.
- c. Observe student for shock or breathing difficulty.
- d. Reassure the student.

## 4. Lip Injury:

- a. Apply light pressure.
- b. Notify parent, if severe uncontrolled bleeding.

\*Use universal precautions

## **NAUSEA / VOMITING / DIARRHEA**

### 1. Nausea:

- a. Encourage student to lie down and breathe slowly and deeply.
- b. Ask about possible causes, such as poisoning, and associated symptoms, such as diarrhea, pain, cramps, etc.; ask if other family members are ill with similar symptoms.
- c. Take temperature.
- d. If student has associated symptoms (fever, pain, etc.) OR continues to be nauseated after 20 minutes, contact principal and parent.
- e. If age-appropriate, ask about possible pregnancy. (NOTE: Pregnancy is a confidential condition!)

### 2. Vomiting:

- a. Observe student for choking or fainting at the time of vomiting. Observe presence of blood.
- b. Have student lie down.
- c. Ask about other symptoms and possible causes.
- d. Take temperature.
- e. Unless student is markedly improved after vomiting, notify parent to transport home.
- f. If vomiting is bright red blood - call 911 immediately and treat for Shock (page 52).

### 3. Diarrhea:

- a. Obtain history from student (if possible) as to onset and frequency of diarrhea.
- b. If abdominal pain, nausea and vomiting is associated, keep isolated and contact parent. Send home.
- c. If diarrhea does not resolve after 24 hours and is frequent and associated with pain and fever, a doctor's note is required to return to school.
- d. If multiple cases of nausea/vomiting/diarrhea occur in school at same time, obtain history of food ingested. Contact food service and principal for follow up.
- e. Counsel parents about repeated use of laxative on child. Refer to physician.

## **NOSEBLEED**

1. Place student in sitting position with the head slightly forward.
2. Apply firm pressure on both sides of the nose for five minutes. (Student can do this themselves.) \*
3. If necessary, apply cold pack to the nose. Provide tissues.
4. Reassure student.
5. Keep student quiet for 10-15 minutes after the bleeding stops.
6. If bleeding continues, notify principal and parents.

**Note: Nosebleeds may be caused by a blow to the nose or the head. If fracture is suspected, refer for medical attention. A student with repeated episodes of nosebleed should be referred for medical evaluation**

- Observe universal precautions!

## **SEIZURE / EPILEPSY**

NOTE: EPILEPSY is a medical condition in which a person has the likelihood to suffer repeated convulsions. Such individuals require medical diagnosis, management and follow-up. A child with epilepsy should have an Emergency Information Card and cumulative folder clearly marked.

1. Signs and Symptoms: Rigidity and/or jerking of body muscles, possible loss of consciousness, and possible loss of bowel or bladder control. (After the seizure, there may be a period of profound relaxation, exhaustion, and stupor.)

**Seizures lasting over five minutes or seizures in a child, who has never experienced one before, call 911.**

**A seizure which lasts for more than 60 seconds is cause for concern, if it is a rapid sequence of seizures. If there is doubt as to whether or not the student is continuing to seize or that there is an excessive amount of seizures, call 911.**

2. Prevent student from hurting him/herself by moving nearby objects away and breaking fall, if possible.
  3. If vomiting occurs, turn the student onto his/her side with face to the side to allow drainage.
  4. Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare.)
  5. Do NOT restrain student.
  6. Do NOT place your fingers or any object in mouth.
  7. If student is a known epileptic patient and this is normal seizure pattern, allow him/her to rest following seizure. Notify principal and parent. Student may be allowed to return to class if he/she feels well enough and parent gives permission. If this is an abnormally prolonged seizure and Diastat is required, please see Medication Administration instructions in this handbook.
7. If student is NOT known to be epileptic, notify principal and call parent to transport child immediately (providing child is alert and oriented). If parent does **NOT** respond in a timely manner or child is listless, call 911 IMMEDIATELY!

### **Vagal Nerve Stimulation Therapy**

Vagal nerve stimulation therapy is another form of treatment that may be tried when medications fail to stop seizures. It is currently approved for use in adults and children over the age of 12. The therapy prevents seizures by sending regular small pulses of electrical energy to the brain via the vagal nerve, in the neck. The energy is delivered by a flat, round battery, about the size of a silver dollar, which is surgically implanted in the left chest wall (opposite of a pacemaker). This wires (electrodes) are threaded under the skin and around the vagal nerve in the neck. The battery is

programmed by the health team to send a few seconds of electrical energy to the vagal nerve every few minutes. If the person with the system feels a seizure coming on, he or she can activate the discharge by passing a small magnet over the battery. In some people, this has the effect of stopping the seizure. It is also possible to turn the device off by holding the magnet over it. In the event that a student needs assistance in using this device, a doctor's order will need to be provided by parent/guardian and kept in Medication record. Parent permission to apply this intervention will be required. Parent and school nurse may train non-nursing staff to apply this procedure if needed. Written record of this training will be kept on file in student's record.

## **SHOCK**

Shock is a serious complication of injury or illness in which there is inadequate blood circulation to maintain vital body functions. Uncontrolled bleeding, heat stroke, diabetic emergency, and allergic reaction to bites, stings, medicine or food are a few of the many possible causes of shock. If immediate measures are not taken to manage the shock and the underlying injury or illness, the condition will become irreversible and death may result.

1. Early Signs of Shock: Shock is frequently NOT obvious until present in an advanced and life-threatening state. Ask yourself, "Could this student be in shock?"
  - a. Rapid pulse (usually greater than 120 beats per minute).
  - b. Pale skin tone.
  - c. Agitation or irritability.
  - d. Confusion.
  - e. Complaints of feeling cold, weak, and/or faint.
  - f. Rapid breathing.
2. Later Signs: Individual becomes progressively less responsive and eventually unarousable. Skin may become blotchy purple (mottled) and fingernails blue.
3. Management:
  - a. Keep student lying down. Elevate feet (about 12") if no head, neck, chest, spine, hip, or leg injury is suspected.
  - b. Maintain an open airway.
  - c. Call 911.
  - d. Try to determine and manage the cause of shock (uncontrolled bleeding, heat stroke, diabetic emergency, etc.).
  - e. Cover student to prevent loss of body heat if exposed to cold and dampness; help maintain body temperature with a cover.
  - f. Reassure student.
  - g. Do not give food or drink.
  - h. Notify principal and parent.

- i. Never leave student unattended if shock is suspected.

## **SNAKEBITE**

NOTE: Unless snake is reliably identified as non-poisonous, assume that it is poisonous.

### **Do NOT panic.**

1. Call poison control 1-800-222-1222
2. Have someone call 911, principal and parent.
3. Keep student quiet, still and calm with bitten part at or below heart level. Do **NOT** use tourniquet or cold packs and do **NOT** suck or cut poison from the bite. Cover and immobilize the body part. Stay with student.
4. If snake can be killed and handled without danger, send it to the hospital for identification.

## **SPIDER BITE**

Two (2) poisonous spiders known to the Florida region are “Black Widow” and “Brown Recluse.” Follow snake bite precautions above.

## **TB/PPD TESTING AND READING**

PPD tests will not be administered by SBAC nurses. However, a health care provider can request a test to be read by a school nurse.

### **Procedure:**

1. Provider to contact school nurse and fax documentation of student name, date of birth, DOS, and PPD site.
2. School nurse can assess site for reaction and contact provider, if questions.
3. School nurse will document (+) or (-) test and fax result to provider.

A copy of documentation will be kept in students cum health file.

## **TEEN SEXUALITY ISSUES**

Alachua County School Board’s Policy on Human Sexuality Education mirrors the State of Florida Statute 1003.46. It states that health education instruction should “teach **abstinence** from sexual activity outside of marriage as the expected standard for all school aged children while teaching the benefits of monogamous heterosexual marriage.” It further emphasizes that, “abstinence from sexual activity is a sure way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, including AIDS, and other associated health problems.

School nurses will counsel and educate students according to the above policy. School nurses will offer their assistance and resources to the teachers who are educating students in 5, 7 and 9<sup>th</sup> grade human sexuality curriculum.

School nurses will refer students >age 13 to local health dept for further education, family planning, and STD treatment, as needed.

Middle school students seeking human sexuality information will be educated privately and school nurse will contact school guidance counselor, administrator and or parent as needed. The student's health, safety and welfare will be considered at all times. It is important that students feel comfortable approaching their school nurse for human sexuality education, STD treatment or prevention, teen pregnancy and the prevention of such. But it is also important that a child's safety be addressed and this is most cases best served by their parent/guardian.

Documentation of counseling and referral for human sexuality issues will be kept in a separate, locked file of nurses' notes.

### **TICK REMOVAL**

Ticks embedded in the skin should NOT be removed by school personnel unless the tick can be removed as a whole. Notify parent.

### **UNCONSCIOUSNESS (CAUSE UNKNOWN)**

1. Move student only if absolutely necessary (i.e., in a dangerous location). Suspect a neck or head injury (refer to Head Injury section).
2. Check quickly for obvious signs of injury and question observers as to possible causes (i.e., electrocution, fall, intoxication, diabetes, heat stroke, etc.).
3. Check breathing and pulse. Start CPR if student has no pulse/respiration.
4. Control bleeding, if necessary, by direct pressure, not tourniquet.
5. Check for Medical ID bracelet (may indicate allergy, diabetes, or heart condition).
6. Suspect heat stroke if day is hot, student's skin is very hot and dry to touch, pulse rapid, breathing irregular. Call 911. Follow procedure noted under Heat Exhaustion (page 48) for fevers greater than 101°F.
7. Call 911 if student does not revive in 2 to 3 minutes. Notify principal and parent.
8. Maintain open airway until help arrives.

### **LOFTEN CHILD CARE PROGRAM STANDARDS OF CARE:**

Loften High school provides an alternative education program for pregnant teen age girls. While these students are in class, the program provides daycare. These children are from age, birth to 18 months. The school nurse may provide assistance by assessing these children, if the child care ctr. or mother requests. Mothers (students) are notified of these protocols at the beginning of their term.

### **SUSPECTED COMMUNICABLE DISEASE:**

If a child is suspected of having a communicable disease, with symptoms as

listed below, they will be brought to the school nurse and quarantined until symptom free or cleared by a doctor to return:

1. coughing/whooping cough
2. difficulty breathing, rapid breathing
3. stiff neck
4. diarrhea
5. oral temp 101 or higher, in conjunction with any of these other symptoms.
6. conjunctivitis (pink eye)
7. exposed, open skin lesion
8. unusual dark urine or grey/white stool
9. yellow skin or eyes
10. any other unusual signs of illness

Any suspected outbreak should be reported to health dept and health supervisor as prior described in this hand bookl.

If needed, medical documentation may be requested for reentry.

#### **FEVER:**

Fever of 101° orally or, in the case of an infant, fever of 100° axillary will be isolated and parent requested to take home, and or to the doctor.

As per this handbook, child not to return until fever free .24 hours.

For excessively high fevers, staff may be requested to provide a tepid bathe and acetaminophen per parent written request.

It is most optimal, as with any medical care situation, to teach the teen parent proper care for their child, during an event as this.

#### **Infant Sleeping Position:**

According to the Dept of Health and Human Services, Maternal and Child Bureau, approximately 20% of Sudden Infant Death Syndrome cases occur when the infant is in the care of someone other than their parent. Many of these deaths occur when an infant who is used to sleeping on its back at home, is placed on his stomach at day care. This is referred to as “unaccustomed tummy sleeping”, which increases the risk of SIDS 6-9 x in these infants.

Child care providers are instructed to place infants on their backs to sleep. Parents not instructed in this manner will be taught by school nurse.

#### **DIARRHEA**

As with Regular Ed students in Alachua Schools, any child having >1 loose stool/diarrhea will be sent home until treatment or no diarrhea for over 24hours without medication. If it is determined that the diarrhea may be due to medication, new food, teething pain, formula change, the child will be monitored by staff and teen mother. Child’s temperature will be taken and protocol for fever will be followed, if needed. Staff should also ensure child’s diaper area is clean

and treated with diaper ointment as needed. Child may return if no diarrhea for 24 hours.

### **DIAPER RASH**

If a child develops a severe diaper rash, consisting of pimples, blisters, excoriation, the school nurse will be notified. The area will be kept cleansed with non-irritating wipes, clothes and ointment applied. Any child that has a diaper rash not improved by 3 days of warm water cleansing and air exposure, the school nurse may instruct the parent that the child needs to be treated by a physician for this rash.

### **FLU AND COLD SYMPTOMS:**

Infants succumb to the Flu very easily. When a child or infant presents with the following symptoms, the school nurse should be notified to perform a health assessment:

nasal discharge, clear or yellow

congestion

cough

sore throat

swollen lymph nodes

headache

fever

irritable

Any of these symptoms alone, such as nasal discharge may not warrant medical care. Nasal discharge that changes color from clear to yellow shows normal progression of a virus. and the child may not require quarantine.

Also, if child has allergies nasal discharge may be a result of a histamine reaction.

In order to prevent the spread of viruses such as the flu, all staff should ensure they wash hands frequently throughout the day.

**SCHOOL BOARD OF ALACHUA COUNTY  
PUBLIC SCHOOL VOLUNTEER HEALTH CARE  
PRACTITIONER PROGRAM**

**OVERVIEW:**

*The Public School Volunteer Health Care Practitioner Program was initiated by legislature during the 2002 session (s.381.00593, F.S.)*

*This program enables local health care providers to volunteer their services & time in local schools' health services programs.*

*Services are provided without compensation.*

*Services are intended to compliment and increase level of health care provided in school health program.*

*During a biennial licensure period participants must provide at least 80 hours per school year, or 400 ours per school year if retired.*

**REQUIREMENTS:**

*Provider must have a valid, active and without restriction, Florida license in any of the following professions:*

*Physician*

*Osteopathic physician*

*Chiropractic physician*

*Podiatric physician*

*Optometrist*

*Advanced registered nurse practitioner*

*Registered nurse*

*Licensed practiced nurse*

*Pharmacist*

*Dentist*

*Dental hygienist*

*Midwife*

*Speech language pathologist*

*Audiologist*

*Physical therapist*

*Submit fingerprints and have a background screening. Volunteer is responsible for any costs incurred with this testing.*

**DISTRICT RESPONSIBILITIES:**

**Health Services Dept.** *will verify licensure and lack of restriction on*

*license.*

**Volunteer Dept.** *will accept & review fingerprint report & background screen and maintain a record as such.*

**School Nurse** *will coordinate and obtain school administrator approval of services offered by practitioner.*

**School Volunteer Coordinator** *will report logged in & out time & total hours of volunteer time provided by practitioner to Volunteer Dept.*

**Practitioner** *will be responsible for logging their time on appropriate form and reporting hours to Board of Professional Regulation and/or The Dept. of Health.*

**APPROVED HEALTH CARE SERVICES FOR PRACTITIONER PROVISION:**

*Vision Screening*

*Hearing Screening*

*BMI Screening*

*Scoliosis screening*

*Dental screening*

*Immunizations to students out of compliance (Practitioner to coordinate with Public Health Unit)*

*Emergency student health care.\**

*Student Health Education on various approved topics such as nutrition, dental care, human growth & development, parenting and other topics approved by health services staff and school administration.*

*Nursing In-services*

*Career Fair participation*

*\*Practitioner is not approved to provide routine medical care to students in school clinics, unless an emergency health crisis arises. Medication administration and health consultation are not approved interventions for volunteer providers.*