

SCHOOL HEALTH SERVICES HANDBOOK

Revised July 2023

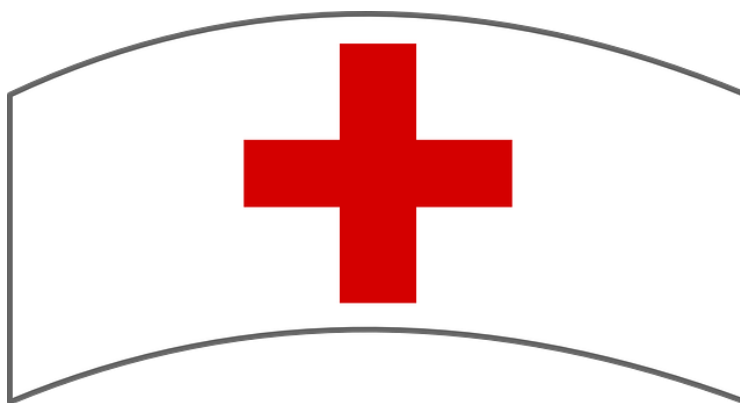


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INTRODUCTION

Our Motto

Students must be healthy to be educated and educated to be healthy.

Our Mission

The Alachua County Public School Health Services program's mission is to protect and promote the health and safety of the students and staff to enable their success at school. We encourage school health employees to approach each student visit with a holistic perspective to allow for optimal balance of support services to ensure favorable outcomes. School nurses manage acute and chronic health concerns, teach essential self-management skills that support independence and encourage healthy lifestyles. School health staff follow the Health Services Handbook policies and procedures which are approved by the School Board and Medical Director.

The School Health Services Handbook

The Alachua County School Health Services handbook contains regulations and policies which provide medical protocols for school staff and school health services personnel. The handbook provides approved school health practices to use in their everyday dealings with student health needs. It does not address all health issues in the schools, nor does it include all forms used in the various school health services programs. Health staff will provide care within their scope of practice and will provide school health services based on nursing judgment and school health protocols. The clinical management of students will be based on the nursing assessment, student's medical history (if relevant and reported), symptoms described by the student, and the physical findings upon examination at the time of presentation.

Services are provided in accordance with a local School Health Services Plan (pursuant to section 381.0056, Florida Statutes). Policy and procedures are jointly developed by the Alachua County School District Medical Director, Alachua County Health Department, a sub-committee of the School Health Advisory Committee (SHAC) and the Florida Statutes and Administrative Code Rules for School Health and Related Activities in Schools.

The following are not a function of health room personnel:

- Diagnosing or prescribing treatment (this includes advising X-rays).
- Performing drug or pregnancy tests.
- Using any treatment or procedure not prescribed or outlined in this handbook for illness or injuries.
- Providing copies of any nursing/health documentation filed in health section of the district's computer program, Skyward, to Parent/Guardians or outside entities.
- Providing Risk Management's Incident Accident Reports to Parent/Guardians or outside entities.
- Buddy Taping, re-wrapping physician bandages, wound care changes, etc. without doctor orders.
- Interviewing or proving abuse of any kind. Health staff are mandatory reporters.

In accordance with Florida Statute 381.0056, our district's Health Services Program will offer several different services in order to promote student's health and wellness, to enhance learning and support success.

All students will be provided with emergency care, first aid treatment, and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worsen rapidly) as deemed necessary by a nurse's initial assessment and clinical expertise.

Each year, state and program required health screenings are performed in the following grades:

Height and Weight (BMI) – 1st, 3rd, 6th
Vision – Kg, 1st, 3rd, 6th
Hearing – Kg, 1st, 6th
Scoliosis – 6th
Dental – 3rd

Additionally, students entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual students may be referred for screenings as needed, such as a teacher who notes that a student is having difficulty with vision. Parents will always be notified of screenings performed, and are encouraged to seek medical evaluation if problems are identified through the screening process. Results of screenings performed will be sent home, and may also be provided at parent/guardian request.

Any student who has reached the age of majority (18 years of age or over) is legally an adult and by law able to make their own educational and well-being choices. Those students may sign their own consent forms. However, parent/guardian consent is required if a person is 18 years or over and has a disability that necessitates the appointment of a legal guardian.

EMERGENCY PHONE NUMBERS

When calling for emergency services clearly state:

- School Name and Address
- Location (School and Room)
- Age of Student
- Type of emergency
- Do Not Hang Up

All Emergencies: Have the Resource Officer call 911 if they are on the school campus for a more immediate response.

| <u>Agency</u> | <u>Phone</u> |
|-------------------------------------------|---------------------|
| Poison Control | 1-800-222-1222 |
| Gainesville Police Department | 911 or 352-393-7500 |
| Alachua County Sheriff's Department | 911 or 352-955-1818 |
| Florida Highway Patrol | 911 or 352-955-1960 |
| Alachua County Fire & Rescue Department | 911 or 352-384-3101 |
| Alachua County Animal Services Department | 352-264-6870 |
| Shands at UF Health Hospital (North) | 352-265-0111 |
| North Florida Regional Hospital | 352-333-4000 |
| UF Mobile Outreach Clinic | 352-273-5329 |

| <u>Other Agencies</u> | <u>Phone</u> |
|-------------------------------------------------------|----------------|
| Alachua County Crisis Center | 352-264-6789 |
| National Suicide Prevention Lifeline | 1-800-784-2433 |
| Meridian Behavior Health Care | 352-374-5600 |
| Corner Drug Store Family & Behavioral Health Services | 352-244-0628 |

Shands @ Vista Mental Health Facility
Abuse Hotline (Florida Department of Children & Families)
Child Advocacy Center
Child Protection Team (College of Medicine at UF)
Another Way (Domestic Violence and Rape Crisis Center)
Peaceful Paths

352-265-5481
1-800-96-ABUSE
352-376-9161
352-627-5077
1-866-875-7983
352-377-8255

EMERGENCY MANAGEMENT

Emergency Management

If a minor student's parents cannot be reached during emergency management and the student requires transport to a hospital, there is a requirement for an administrator to accompany the student to the hospital. Rescue unit personnel may request that a staff member ride or follow their unit if parent/guardian is not available. In such instances, an administrator or designee is best suited to accompany the student until parent is located. The school nurse must stay on campus, the ride-a-long must be the administrator or administrator's designee.

Any student who has reached the age of majority (18 years of age or over) is legally an adult and by law able to make their own educational and well-being choices. However, in the case of a student no longer living at home who has an emergency or injury requiring notification of a parent/guardian, the student's emergency contacts must be notified.

In the event of a serious accident or illness of a student, the school will attempt to contact the parent/guardian. If they or emergency contacts cannot be reached, designated school personnel will take or send the student to the hospital. Emergency Services personnel will determine which hospital the student is taken. The parent/guardian is responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where the student is unable to remain in school, the school will contact the parent/guardian. If they cannot be reached, the school will contact persons listed as emergency contacts with pick-up rights to remove the student from school and to be responsible for his/her care. Emergency contacts listed must have transportation and be immediately available to come to school.

In the case of a mental health emergency including risk to students, a Mobile Response Team will provide outpatient crisis intervention services including individual therapy, group therapy, counseling, or other forms of verbal therapy provided by a trained mental health professional. This service will be used in an effort to reduce the risk of an involuntary Baker Act. To refuse mental health crisis intervention from the Mobile Response Team, parent/guardian must provide a letter to the school principal to opt-out.

Emergency Situations for Which a Rescue Unit is Called

- Breathing stopped or severely impaired. Breathing difficulties, shortness of breath or choking.
- Loss of pulse.
- Severe chest pain. Sudden, severe pain anywhere in the body that does not resolve.
- Unconsciousness (other than short fainting spell). Semi-conscious or unusually confused.
- Shock (i.e., pallor, faintness, rapid pulse, sweating, low blood pressure).
- Severe Bleeding. Bleeding that will not stop. Coughing up or vomiting blood.
- Paralysis of trunk or limbs.
- Head injury (if injury is accompanied by unconsciousness, semi-consciousness, nausea or vomiting, unequal pupils or eye difficulties, bleeding from ears).
- If moving person could cause further injury.

- Accidents that lead to a situation in which the injured person is unable to get up, walk, or move body parts after a period of observation.
- Severe back pain or severe injury to the neck or back.
- Amputations or conditions that are limb threatening.
- Severe burns.
- Severe eye injuries or hematoma.
- Emergency childbirth.
- Drug overdoses, poisoning, or injection of unknown substance.
- Seizures lasting over five minutes or seizures in a child who have never experienced a seizure before.
- Snake bite.
- Gunshot or knife wound.
- If the SBAC physician standing order for EpiPen® is administered.
- If the SBAC physician standing order for Albuterol Sulfate /Ventolin ProAir HFA Inhaler is administered and symptoms do not resolve. See standing order for correct use and when to call 911.
- Anaphylactic shock.
- Where there is a need of the skills or equipment of paramedics or emergency medical technicians.
- Situations when in doubt.

Emergency Care

Emergency Care is the on-site management for acute illness or injury. If the student does not require medical transport by EMS they may return to the classroom or be released to the authorized parent/guardian or emergency contact per current school year emergency card.

Emergency Care Plan

An Emergency Care Plan is a plan that gives specific steps for school staff to take when a student has a medical emergency. The plan contains a short definition of the condition, signs and symptoms of the health condition that are emergent and a written step-by-step instruction that outlines what school staff should do for that emergency. During preplanning all staff on campus will be emailed the Emergency Care Plan Booklet and Emergency Care Plans with instructions.

Emergency Bag

Emergency Bags are to be kept in the clinic within easy access in order to grab and go during an on-campus emergency. It is the school nurse's responsibility to keep all items in the emergency bag up-to-date and the equipment in good working condition.

Emergency Bag Contents: Vinyl gloves, 4 x 4's, 3' kling, 1 x 3' band aids, 2 x 4" extra-large band aids, trauma shears, 1" plastic tape, 4 x 9" combine dressing, instant cold packs, triple antibiotic ointment, triangular bandage, goggles, valve resuscitation mask, penlight, B/P kit, stethoscope, ammonia inhalants, SBAC EpiPen, Inhaler/spacer, single packets of Aspirin.

Automated External Defibrillator (AED)

Trained staff and health personnel are to use CPR and AEDs when a person is unresponsive or when breathing or heart beat stops. Each school is equipped with one or more AEDs. It is the Wellness Coordinator's job to ensure monthly maintenance checks are done on AEDs. The Wellness Coordinator notifies the ACPS School Health Supervisor when new pads or batteries are needed. AED/CPR courses will be offered and provided by designated school staff who are certified instructors.

Per Florida Statute rule 64F-6.004 all employees who staff school health rooms shall be currently certified in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency. As part of the plan, each school shall ensure that at least two school staff members, excluding health room staff, are currently certified by nationally recognized certifying agencies to provide first aid and cardiopulmonary resuscitation. A copy of this certification shall be kept on file in the health room or the school office.

CPR/AED trained staff list will be posted in the clinic, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and other areas that pose an increased potential for injuries, in the school's multipurpose areas and by school's PA system.

The Automated External Defibrillator (AED) 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). An AED locator sign will be prominently displayed for easy access and alarm functions will be "ON" at all times.

Accident Investigation Reports

An Accident Investigation Report is to be completed when a student, school board employee or visitor incurs an on-site injury that requires medical care. Accident Investigation Reports are only for Risk Management use and other designated administrative personnel.

School nurses should only fill out the first aid section of the accident report on staff members, students and visitors that the school nurse renders first aid. If the School Nurse administers first aid, they would complete the following sections on the Accident Investigation Report:

- Name
- Nature of injury
- Part of body injured,
- Degree of injury
- Names of person(s) who:
- Once these sections are completed, the school nurse is to forward the report to the principal's designee for completion and administrative review.

If the School nurse is not on campus when the accident or incident occurred, administration or their designee is to complete the Accident Investigation Report and submit to Risk Management.

****DO NOT** chart that an Accident Investigative Report has been filed in Skyward and **DO NOT** place the Accident Investigation Report in the students CUM folder. Subpoenaed requests for records go through the staff attorney. School nurses do not give any records to parent/guardians. If parent/guardian requests an accident report, the school nurse may **ONLY** provide the Skyward Injury Report

Any employee of ACPS who suffers a job-related injury must report the injury and its circumstances to the principal or job supervisor, as appropriate, as soon as possible following the occurrence of the injury. Injured persons shall be referred immediately to appropriate personnel for such medical attention as may be appropriate. If the injured staff member is going to the authorized clinic, First Care of Gainesville, an Authorization for Medical Treatment form must also be filled out and sent with the injured staff member. It is important to include ALL injured body parts (e.g., left wrist, right ankle, left shoulder) in the "How injury occurred" section.

DISASTER PREPAREDNESS AND EVACUATION

Disaster Preparedness and Evacuation

In the face of a natural disaster or emergency, students who are taking oral systemic corticosteroids, insulin, emergency medications, or have other critical health care needs need special consideration for evacuation. These students should be pre-identified prior to an emergency and proper planning take place.

Each school district and county health department should have disaster plans in place to accommodate the general population. School Principal/Administrator should review those plans to ensure that the plan covers any equipment unique to the needs of students. Every effort should be made to remove the students with health conditions safely, and/or make sure that medication is available to the student.

Nursing Protocol in Regards to Disaster Preparedness and Evacuation

1. Follow the school's Crisis Preparation Plan and Emergency & Critical Incident Response Guide.
2. Nurse will take walkie-talkie, ER/TRAUMA bag, standing order medications and diabetic supplies (i.e., glucagon, insulin, and diabetic snacks) and oral systemic corticosteroids, insulin, emergency medications, or have other critical health care needs to evacuation site.
3. Assist with keeping students calm and orderly.
4. Assist with safe parent/guardian student pick-up.

Evacuation of Disabled Students/Staff

These are suggestions NOT meant to take the place of SBAC Disaster Plans.

Building emergency response staff should assess the needs of any building occupants with special needs within their zone before an emergency arises. If there is any staff or students who require special assistance during an evacuation, the school nurse should arrange for nearby individuals to serve as evacuation assistants. Paraprofessionals or other staff members will communicate as necessary and assist as needed with evacuations to ensure safe evacuation.

- **Visually Impaired:** Evacuation assistant should offer his/her elbow to the student/staff and guide him through the evacuation route.
- **Hearing-Impaired:** Persons with hearing impairments will need to be alerted to emergency situations by an evacuation assistant.
- **Mobility Impaired/Non-Wheelchair:** Mobility impaired individuals who are able to walk independently should wait until heavy traffic has cleared before navigating exits. There should be at least one evacuation assistant to be with the challenged individual to assist if needed.

HEALTH RELATED REQUIREMENTS FOR SCHOOL ENTRY

The Parents/Guardians' Responsibility

- Annually completing an Emergency Card and Health Information for school.
- Notifying the school and/or school nurse promptly when there are changes in the student's medical condition or plan of care and provide a revised medical authorization sheet from the healthcare provider.
- Providing the school and/or school nurse with the necessary medication and/or equipment and supplies to administer medications/treatments.
- Providing the school and/or school nurse with the required health history information, authorization forms, and doctor's orders including emergency information specific to the needs of the student.

Health Records

Basic Student Information Form, Student Health History Form, and Emergency Card Information Form will be given to each parent/guardian to complete, sign and return to school upon enrollment. There is now electronic means for a parent/guardian to enter this information directly into Skyward. Emergency Card Information Forms are renewed yearly. If these forms are filed in the school office, information is entered into Skyward, and used for health emergencies, illnesses, or accidents. It is the parent/guardian's responsibility to keep the information current.

Registrar or database personnel will enter all immunizations and physicals into the Skyward program. The registrar or database personnel will copy the following documents (if available) that may contain health conditions to the school nurse: Emergency Cards, Student Health Information/Basic Student Information Form, and/or Health Physicals. The school nurse will enter the health condition information into Skyward, which will flag student with a medical Red Cross icon and follow-up with parent/guardians as needed. See the following handbook section for more detail: Health Conditions and Student Alerts on flagging a student with a health condition. Staff and teachers are to be made aware of any student they teach or work with who have a serious health condition (i.e., diabetes). This information will be shared on a need-to-know basis.

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

Documented Proof of Name and Age for Enrollment

- Certified copy of birth certificate. A parent/guardian may request a birth certificate for a child born in Florida from Vital Statistics in Jacksonville, Florida or for students born in Alachua County, Alachua County Public Health Department. School nurse to give assistance if needed.
- Baptismal certificate showing date of birth and place of baptism accompanied by a parent/guardian sworn Affidavit.
- Insurance policy on child, which has been in force at least two years.
- Bible record of child's birth accompanied by parent's sworn affidavit.
- Passport or certificate of arrival in the United States showing the age of the child.
- School record, at least four-year prior, showing date of birth.
- Parent's sworn affidavit accompanied by a certificate of examination from a health officer or Physician verifying the child's age.

Admission to Kindergarten

For admission to kindergarten, a student shall be five (5) years old on or before September 1st of the school year. However, a child who transfers from another state shall be admitted under the same age requirements as established in the state where s/he previously resided and was enrolled in public school.

Before admitting a child to kindergarten, the principal shall require evidence of:

- The child's date of birth in the manner provided by Florida statutes;
- An up-to-date immunization record; and
- A school-entry health examination conducted within one (1) year prior to enrollment in school in accordance with F.A.C. 6A-6.024.

Out-of-State and International

Parent/Guardians must provide the following upon enrollment. If parent/guardian does not have correct documents, they must make appointment with the Alachua County Health Department or health care provider of their choice to obtain correct documents for enrollment.

- Must have Immunization records that have been transferred to a Florida Certification of Immunization (DH 680 form).
- Must have a physical examination record dated within twelve (12) months prior to enrollment of the student(s) and covers all body systems.

Immunization Records and Health Examination (Physical)

Pursuant to SBAC Board Policy 5320 - *Immunization and Health Examination*, any student who initially enrolls in the district is required to present certification of immunization and health examination. Any student who does not have the proper immunization shall be temporarily excluded from attendance until compliance has been documented.

In order to safeguard the school community from the spread of certain communicable diseases students are required to undergo a health examination and to be immunized against such diseases.

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 requirements of this policy shall be denied admittance until such requirements are satisfied.

The parent/guardians of any child admitted to or in attendance at a public school, grades prekindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this policy.

Students who were enrolled in the district with appropriate physical and a physical is not found in the CUM record during a record review, the nurse may call the parent/guardian and request a replacement. However, the student will not be excluded at any time.

Immunizations

Florida Law (F.S. 1003.22) 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 Form DH 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 Department, where immunizations are given free of charge. 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 healthcare provider/physician or the Alachua County Public Health Department. In all cases, the parent/guardian must make an appointment with the doctor or the Alachua County Public Health Department and it is the parent/guardian's responsibility to bring the documents back to school to avoid exclusion.

The State required immunization record does not require that parent/guardian sign a release of information to doctor's office in order to send information to the school as these documents are required by statutes. Florida Statute 1003.22

Health Examinations

Florida Law (F.S.1003.22) requires the following for **first-time entrants** into public schools

- Each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public school in the district, must have a certification of a school-entry health examination performed within one (1) year before enrollment in school. A student shall have up to thirty (30) school days to present a certification of a school-entry health examination.
- Children and youths who are experiencing homelessness and children who are known to the department, as defined in F.S. 39.0016, shall be given a temporary exemption for thirty (30) school days. The school health services plan shall contain provisions to assist students in obtaining the health examinations.
- However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds. (F.S. 1003.22(1))

Students Temporary Exemptions

The principal may issue a temporary exemption, for up to thirty (30) school days, to permit a student to attend class until his/her records can be obtained if they are:

- Transferring from another district or school system;
- Experiencing homelessness or who are known to the Department of Children and Families, as defined in F.S. 39.0016;
- A child of an active-duty member of the United States armed services (F.S. 1000.36); or
- A student who enters a juvenile justice program. An authorized juvenile justice official is responsible for follow-up of each student who enters a juvenile justice program until proper documentation is obtained.

The school nurse is responsible for follow-up of each such student until proper documentation is obtained, unless otherwise provided for in this policy.

District Reporting Requirement

Each public school, including public kindergarten, shall provide to the county health department director or administrator annual reports of compliance with the provisions of this policy. Reports shall be completed on forms provided by the Department of Health for each kindergarten and other grade as specified, and the reports shall include the status of children who were admitted at the beginning of the school year.

Communicable Disease Emergency

The presence of any of the communicable diseases for which immunization is required by the Department of Health in a public school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.

The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this policy be identified by the Board, and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school until such time as is specified by the county health department director or administrator.

Registrar or Database New Enrollee Responsibility

It is the responsibility of the registrar or database personnel to ensure new students meet requirements to attend school before enrollment. At that time, registrar or database personnel will enter all immunizations and physicals into the Skyward program. When students are noncompliant with immunizations, the registrar or database personnel will notify the school nurse for assistance.

1. Request the parent/guardians of each student provide a HRS 680, or a signed doctor's record of immunizations and dates or exemption upon enrollment.
2. Request the parent/guardians of each student provide a **physical examination form dated within twelve (12) months prior to enrollment.**
3. Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public school, who does not comply with the compulsory immunization and health physical examination statutes.

School Nurse New Enrollee Responsibility

1. School nurses will review immunizations during the first two weeks of school and send Immunization/Physical Compliance Notices home for all vaccine non-compliant students.
2. School nurses will do a monthly review of the school records of students to identify those who do not comply with the compulsory immunization law and notify the parent/guardians per policy.
3. Record non-complaint students on the School Health Services Tracking Form or Skyward's Non-Complaint Vacc. List Vaccination Report and exclude students with principal per protocol.

Alachua County Health Department and Florida Statutes state that school officials must temporarily exclude from attendance any student who does not comply with the compulsory immunization laws.

Instructions for DH680S and Religious Exemptions

1. Review the student's DH 680 form. If it is determined that vaccines are needed:
 - a. Fill out the Immunization/Physical Compliance Notice letter and notify the parent/guardian.
 - b. Instruct the parent/guardian to go to their primary provider or the Alachua County Health Department to receive vaccines needed and return the updated DH680 to the school.

- c. Put student on the Immunization/Physical Tracking Form or Skyward's Non-Complaint Vacc. List Vaccination Report.
 - d. Put parent/guardian notification/contact in the "Contact Log" in Skyward.
2. Some students with Religious Exemptions in Florida Shots comes up with a box in the top left-hand side that says: by CONVERSION Converted.
 - a. This means an older version of FL SHOTS was around when the original electronic DH 681 religious exemption was created and it will not convert the form to the new format.
 - b. The school nurse should inform the parent/guardian that they will need to go to the ACHD and request a copy of the DH 681 Religious exemption that needs re-issuing due to the conversion process.
 - c. The parent/guardian will need to bring a copy to the school for the student's records or notify the nurse that a new religious exemption has been issued.

Tips to Remember:

- ONLY electronically certified DH 680 forms generated in Florida Shots are valid. HOWEVER, handwritten DH 680 forms that are issued from a private practice in Florida not on board with FL SHOTS are acceptable.
- If a child does not have a DH 680 form nor has one from out of state, a DH 680 form must be obtained at the primary care provider or Alachua County Health Department (ACHD).
- Religious Exemptions (DH 681) must be created at the ACHD with the parent/guardian present.
- ACHD will no longer create DH680s at the health department via fax. Parent or guardian must report to the ACHD if a DH680 is needed.

**Parent/Guardians must consent to have a Florida shots record created with their primary provider or ACHD.*

A discharge paper with a vaccine given from a hospital, ER, CVS, Urgent Care etc.

1. Ensure Student is already registered in Florida Shots
2. If in Florida Shots, school nurses may FAX to ACHD at 352-334-7943 for the ACHD to add to the Historical Records

Corrections of an Electronic DH 680 Form

1. If issued by ACHD, the DH 680 form will be corrected if the Immunization Supervisor at ACHD is notified of the error and then the corrected DH 680 will be sent to the school nurse via fax.
2. If an error is found on a DH 680 form from a primary provider, the school nurse will notify that provider for correction.

SCHOOL HEALTH RECORDS

FERPA and HIPAA

School Health Record and all medical reports and results are confidential information. Do not exhibit the material, copy it, or discuss it with unauthorized personnel. Medical records initiated and maintained in the school health clinic and school health services program fall under Family Educational Rights and Privacy Act FERPA (school version of Health Insurance Portability and Accountability Act HIPAA) confidentiality laws. The Records Department at the school district of Alachua County handles all student records.

- School nurses do not give out information to unauthorized personnel.
- School nurses do not give interviews. Each department has official Public Relations (PR) personnel.
- Subpoenaed requests for records go through the staff attorney. School nurses do not give any records to parent/guardians.
- The school nurse does not print or give out medical records at school. However, a school nurse may print Skyward Injury Report if parent/guardian requests.

Record Reviews

A record review may be performed by school nurses, health room aides, or other trained service providers. The record review includes a review and assessment of health-related records to determine if each student meets school entry requirements (certificate of immunization current for grade level and school entry health exam, student emergency contact/health information form) or has chronic or complex conditions or allergies. (Florida Health School Health Program Coding Manual).

After reviewing the students' records (record review) in the Cumulative Record (CUM) the school nurse will:

- Mark the CUM records top right-hand corner with the year the review is taking place, the nurses' initials, and the nurses' licensure on top right-hand corner (i.e., *2021 J.S. RN*)

Record reviews are required for ALL NEW students as well as those requiring immunization follow-up *Record review involves confirming the presence of a physical examination and immunization record which meet the state requirements (see section: Health-Related Requirements for School Attendance) and noting any significant medical conditions. All physicals must have a review of all systems.

HEALTH CONDITIONS AND STUDENT ALERTS

Health Conditions

- School nurse will follow instructions on School Nurse Corner for how to enter health conditions properly.
- Health Conditions should be entered in Skyward under Health Condition tab.
- Entering a Health Condition will display a medical Red Cross sign in the teacher's grade book.
- Health Condition which requires emergent care must be entered under the Health Contact Info tab and checking the box that states "This Student Has Critical Alert Information".
- The school nurse will review the Skyward Health Condition Report and update the "Critical Alert Information" yearly.

Flagging Students in Skyward

1. Critical Alert Information Protocol (Red Name and Red Blurb)

Entering a health condition in the Health Contact Info tab and checking the box that states “This Student Has Critical Alert Information” will display the student’s name in red and a “red blurb” icon that should contain the critical health condition that the teacher needs to know following the format below.

- a. If an ECP is required for the health condition, the following wording needs to be added to the health condition: Nurse will write; Health Condition/s and “Review Emergency Care Plan Booklet for emergency care” after each severe health condition.
- b. When the student has multiple health conditions: number the health conditions by the most severe to the least severe.
- c. Write in any individualized information needed after an asterisk.
- d. Any medication allergy.

Example:

1. Anaphylaxis-Severe Food Allergy: Peanut, tree nuts, eggs. Review Emergency Care Plan Booklet for emergency care.
2. Seizures. Review Emergency Care Plan Booklet for emergency care. *Student has a smell of rotten eggs before seizures begins.
3. Eczema.
4. Seasonal Allergies.

Write information after an asterisk in such a way to make it easy for teachers and staff to understand.

Medication allergies should be entered and box that states “This Student Has Critical Alert Information” should be CHECKED. “Review Emergency Care Plan Booklet for emergency care” is not needed. This information is for EMS.

Example:

Anaphylaxis-Severe Allergy: Penicillin.

2. Critical Alert Information Protocol (Black Name and Green Blurb):

Entering a health condition that is not critical, but may affect classroom learning (i.e., Student wears glasses and is deaf in the left ear) should be entered and box that states “This Student Has Critical Alert Information” should be left Unchecked. This will keep the student’s name black and will insert a green paper icon alerting the teacher of important, but not critical, information.

Emergency Care Plans and Emergency Care Plan Booklet

An **Emergency Care Plan** is a plan that gives specific steps for school staff to take when a student has a medical emergency. The plan contains a short definition of the condition, signs and symptoms of the health condition that are emergent and a written step-by-step instruction that outlines what school staff should do for that emergency. Skyward provides information regarding the student’s medical condition and parent/guardian’s contact information.

The **Emergency Care Plan Booklet** is written in language that can be understood by school personnel without a health care license and is sent to staff during pre-planning. The Emergency Care Plan Booklet will be stored on a hook in the clinic beside the front door. School nurses are

responsible for training current Unlicensed Assistive Personnel (UAP's) of the location and function of the Emergency Care Plan Booklet.

1. School Nurse will email the **Emergency Care Plan Booklet** instructions and **Emergency Care Plans** to teachers, resource teachers and school staff during pre-planning each year using the Teacher-Staff Email Blurb.
2. School nurse will email any new teachers and staff during the school year the **Emergency Care Plan Booklet** instructions and **Emergency Care Plans**.
3. School Nurse ensures students health conditions are current in Skyward.
4. School Nurse ensures students with health conditions requiring emergent care are flagged red in Skyward.
5. School Nurse ensures Critical Alert Information is entered in Skyward.
6. School Nurse ensure ECP Booklet is sent on Field Trips with list of students that may require emergent care for health conditions from the class. See field trip protocols in the medication section.

Care Plans: Nursing Individualized Healthcare Plan (IHP)

Individualized Healthcare Plan (IHP) is a nursing care plan which outlines the nursing care provided to the student. It is a set of actions the nurse will implement to resolve/support nursing diagnoses identified by their nursing assessment. IHPs are for the nurse, *not school staff*. These are nursing diagnoses and interventions that have set goals and outcomes for the student to accomplish throughout the school year.

1. Only Registered Nurses write IHPs. The nurse is responsible and accountable for creating the NCP, for managing its activities, and for its outcomes, even when implementation of the plan requires delegation to unlicensed assistive personnel (UAP) (NASN, 2012a).
2. Registered Nurses are to update IHPs immediately upon health condition or needs changing during the school year.
3. Licensed Practical Nurses who are assigned to a school must bring to the supervising RNs attention any student who may require an IHP/s. A list of students requiring an IHP will be sent to the supervising RN via email by the end of August of the current school year.
4. Licensed Practical Nurses are to notify supervising RNs immediately if health condition or needs change during the school year.
5. Licensed Practical Nurses are to follow the nursing instructions on the plan.

The IHP should be individualized to the individual needs and goals of the student. Each student is different, and a one-size-fits-all approach simply will not work. Nurses should remove or add specific diagnosis, goals, outcomes and interventions to the IHP about the individual student's needs. Florida statute requires the development of IHPs on the following health conditions Anaphylaxis, Diabetes, and Pancreatic Disorder. In addition:

1. IHPs are to be written on students who
 - a. have multiple needs that are medically fragile
 - b. have multiple health care needs that require attention from the nurse on a daily basis
 - c. have IEP or 504 plans which address healthcare needs
2. IHPs will be uploaded into the computer program in the IHP area.
3. IHPs "Form Description" will contain the Type of IHP, the words IHP and School Year. i.e., Asthma IHP 2021-2022.
4. Previous school year IHPs will be inactivated per directions on Nursing Corner by a RN or supervising RN.

Section 1002.20, Florida Statute, Chapter 6A-6.0253, Florida Administrative Code, Ch. 6A-6.0251, FAC, Ch. 6A-6.0252, FAC

ESE

Exceptional Student Education (ESE), as defined by Individuals with Disabilities Education Act (IDEA), means related services and instruction specially designed to meet the needs of students who meet the eligibility criteria to fall under exceptional student education. Related support services may include school health and nursing services, social work services, speech language pathology, audiology services, interpreting services, psychological services, physical and occupational therapy, therapeutic recreation, counseling services, orientation and mobility services, parent counseling and training, and medical services for diagnostic or evaluation purposes. Once eligible for ESE, students have an Individual Educational Plan (IEP)

IEP

Individual Educational Plan (IEP) is a written plan describing services and learning goals for each student with a disability. The IEP is developed, reviewed, and revised based on the individual students needs and in accordance with state and federal guidelines. Health conditions requiring nursing intervention during the school day should be included in the IEP. The school nurse should be included in the IEP meeting to offer suggestions relevant to the health needs or interventions being addressed.

504

Section 504 of the Rehabilitation Act of 1973 covers qualified students with disabilities who attend schools receiving Federal financial assistance. To be protected under Section 504, a student must be determined to: (1) have a physical or mental impairment that substantially limits one or more major life activities; or (2) have a record of such an impairment; or (3) be regarded as having such an impairment. Section 504 requires that school districts provide a free appropriate public education (FAPE) to qualified students in their jurisdictions who have a physical or mental impairment that substantially limits one or more major life activities. The 504 includes support services and accommodations so they can better achieve academic standards. The school nurse should be included in the 504 meeting to offer suggestions relevant to the health needs or interventions being addressed.

HEALTH SCREENINGS

Per Florida statutes, kindergarten, first, third, and sixth grade must have yearly health screenings. Parent/Guardians will be offered each year the ability to consent for any health screenings. 18-year-old and older students may sign their own consents for health screenings. Health screenings do not diagnose, but are designed to identify students who have results outside the normal limits for hearing, vision, dental, nutritional/BMI, and scoliosis. It is the parent/guardian's responsibility to contact their health care provider if rescreening results are questionable.

Additionally, students entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual students may be referred for screenings as needed, such as a teacher who notes that a student is having difficulty with vision. Parents will always be notified of screenings performed, and are encouraged to seek medical evaluation if problems are identified through the screening process.

Per the School Health Administrative Resource Manual, a passing vision screening is obtained when the student can read the majority of the shapes/ letters presented on the 20/40 line with each eye. A referral for vision is made when the majority of shapes/ letters presented on the 20/40 line cannot be read with one or both eyes. A referral is also made when there is a two-line or

greater difference between the acuities of the two eyes, except when the poorer eye is 20/30 or better.

Florida Statute requires school staff conduct and document the following health screenings

| GRADE | SCREENING |
|------------------|------------------------------------------------------------------------------------------------------------|
| New Student | Vision and Hearing (upon entry) |
| Kindergarten (K) | Vision and Hearing (K results may be transcribed from school entry physical that is less than a year old.) |
| First Grade (1) | Vision, Hearing, Height/Weight/BMI |
| Third Grade (3) | Vision, Dental, Height/Weight/BMI |
| Sixth Grade (6) | Vision, Hearing, Height/Weight/BMI and Scoliosis |

| HEALTH SCREENING | EQUIPMENT NEEDED | FAILURE |
|------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Vision | Vision charts | Anything above 20/40 |
| Hearing | Audiometers Test hearing in each ear at 25 -30 decibels at each of the following ranges: 1000Hz, 2000Hz, and 4000 Hz | Missing any one constitutes a failure during mass screening. Nurse must retest in 2 weeks and contact parent for referral if failure |
| Height | Measure tape | None |
| Weight | Scale | None |
| BMI | CDC or web-based program | Send Screening Results Form home |
| Scoliosis | Scoliometer (Ask Health Supervisor or Lead Nurse if needed) | Any bulge, variation in back or >5 degree using scoliometer |

Entering Health Screenings and Documentation

Instructions for school nurse to enter health screenings is on School Nurse Corner.

- Screening results will be entered into the Skyward Health Section under appropriate screening within a month of date of the screening.
- After the school nurse ensures the screenings have been entered correctly and the State Screening Report form is filled out and approved by a supervisor, the Screening Results Form may be sent home to parents/guardians.
- The State Screening Report must be completed and sent to the ACHD Supervisor by the due date in December each year.

Health Screenings Referrals

A referral consists of three attempts to inform parent/guardian using approved forms, secured email, telephone, and/or contact through student. These attempts include offering family free and/or discounted available services in the area.

- All failed or questionable health screenings must be reported to parent/guardian.
- Referrals will be made along with any possible free community services.
- All parent/guardian contacts and referrals will be documented in the student web-based program. Referrals will be sent out every two weeks until three attempts have been made.
- BMI letters, once sent, do not require follow up unless parent is receptive and contacts the nurse for further information or referral.

First Attempt: Use SBAC **Student Tracking Form** to track failed screenings. Call parent/guardian informing them of the screening results and that the student is bringing a letter home with the results. Ask parent about insurance or ability to see a physician for referral.

1. Send appropriate letter home with student with both screening results.
2. If parent/guardian states they will see their own physician, check back in 2 weeks.
3. If the parent/guardian states they cannot afford to see a physician, the nurse should gather more information and provide possible referrals or resources.
4. Note on the tracking form the contact date with parent/guardian and referral date.
5. Document all contacts in Skyward.

Second Attempt: In 2 weeks, contact parent/guardian to find out if referral is complete.

1. If not, continue working with parent/guardian and note on tracking sheet.
2. If complete, note this on the tracking form.
3. Document in computer program choosing the status drop down "Referral Complete"

Third Attempt: (At least three attempts must be made).

1. Contact the parent/guardian a third time via telephone or letter.
2. If no response, send the Screening Follow-up letter home.
3. If still incomplete, note this on the tracking form and in computer program.
4. If completed, note this on the tracking form and in Skyward. Choose the status drop down "Referral Complete" if student has received care.
5. Choose "Incomplete" if after three attempts to contact parent/guardian by letter or phone and student still has received no care.

Health Screenings Opted Out / Unscreenable / In Treatment

1. Parent/Guardian refusing the whole or part of the screening process.
2. Students who cannot be screened due to profound disability or illness.
3. Students already diagnosed with impairment due to diagnosed disease/condition and are under care of a healthcare provider.
4. Students who are remote learners and parent/guardian will not bring them to campus for screening.

Health Screenings Incomplete Screening Referrals

After three attempts of contacting the parent/guardians to obtain further evaluation/treatment for the student's abnormal health screening, the screening referral becomes incomplete. At this time, nurse should share with principal/counselor to consider neglect.

At the end of the school year, the school nurse will document incomplete screening referrals in Skyward for the following reasons:

- Student has withdrawn from school.
- Parent/Guardian refusal to obtain a comprehensive examination or treatment for their child.
- Comprehensive eye exam not available due to lack of resources and/or insurance, lack of local state contract funded vision service provider, parent lack of transportation, health care provider closures due to COVID-19 or other COVID-19 related circumstance.

UNLICENSED ASSISTIVE PERSONNEL (UAP)

Recent Legislation allows school nurses to train principal-designated staff or unlicensed assistive personnel (UAP) to administer emergency medication such as Diastat and Epinephrine. Records of those trainings will also be kept on file at the school. UAP school staff are trained in medication and treatment administration annually to “substitute” in a nurse’s absence. Their duties may include: Administer to the needs of the ill or injured child including administration of prescribed emergency drugs such as Epinephrine, Insulin, Albuterol, Diastat, etc. Specific procedures such as listed above require separate training by the nurse. This training will be documented and filed in the school clinic.

Role of Unlicensed Assistive Personnel (UAP): The definition of unlicensed assistive personnel is persons who do not hold licensure from the Division of Medical Quality Assurance Department of Business and Professional Regulation. UAP may be paraprofessionals, nursing assistants, health aides, or school staff who has been designated by the principal to assist with medications and health-related duties (such as office clerks, administrative staff, teachers, coaches, bus drivers, etc.). These activities are authorized by s. 1006.062, F.S.

Delegation of Tasks or Activities 64B9-14.002

Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP) or other individuals designated by the school principal may provide certain health-related services or assistance to students, as necessary. Delegation of nursing tasks and services to UAPs must be in accordance with s. 1006.062, F.S. and Chapter 64B9-14, F.A.C. requiring child-specific training. Service provision activities include the completion and documentation of complex medical procedures or monitoring the student who performs the procedure independently. Complex medical procedures include but are not limited to: cardiac monitoring, carbohydrate counting, glucose monitoring, catheterization, gastrostomy tube feeding (J-tube, PEG), ileostomy care, colostomy care, urostomy care, oxygen therapy, specimen (urine or blood) collection or testing, tracheostomy care, suctioning (oral or tracheostomy), and ventilator dependent care.

Principal/Administration each school year will collaborate with the school nurse to select the required two or more staff members for training as a UAP. The UAP is to provide health services as required in the nurses’ absence. School staff is to be trained to give medication per clinic procedures, take temperatures, and provide simple first aid along with how to properly chart those activities for the nurses’ record. Specific training such as; blood pressure, inhalers, nebulizers, EpiPen use for individual students are trained as needed.

The school nurse can refuse to delegate any medical task or revoke training if they deem that the designated personnel are not competent to perform the task. In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

1. Factors to consider when delegating a non-nursing only medical procedure are:
 - a. Potential for patient harm.
 - b. Complexity of the task.
 - c. Predictability or unpredictability of outcome including the reasonable potential for a rapid change in medical status of the student.
 - d. Level of interaction required or communication available with the student.
 - e. Resources both in equipment and personnel available in the student setting.
2. The delegate’s initial allocation of the task or activity, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Safe Delegation for UAP

Each school year the school nurse will ensure:

1. UAPs are trained on the most recent policy and procedures.
2. UAPs training forms are completed and kept in the medication book under Trained Staff.
3. UAP demonstrates competence upon training and as needed.

The school nurse should use professional judgement and consider the following to determine safe and appropriate delegation of healthcare services for the student who needs assistance.

1. The school nurse has arranged to be available for a minimum, indirect supervision, ongoing supervision, monitoring or consultation. (Defined in Rule 64B9-14.001, F.A.C.).
2. The delegated UAP has demonstrated competence in student-specific monitoring, recognizing signs/symptoms and responding with interventions including, if necessary, medication administration documenting care appropriately.

Specific Authority 464.006 FS. Law Implemented 464.003(17), (18), (19), (20), 464.018(1)(h) FS. History– New 1-1-96, Formerly 59S-14.002.

768.13 Good Samaritan Act; Immunity from Civil Liability:

(1) This act shall be known and cited as the “Good Samaritan Act.”

(2)(a) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to s. 381.00315, a state of emergency which has been declared pursuant to s. 252.36 or at the scene of an emergency outside of a hospital, doctor’s office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

MEDICATION/TREATMENT POLICY AND PROCEDURE

Students who need to receive medications during the school day are provided with the opportunity under s. 1006.062, Florida Statutes. This service may be provided by Registered Nurses, Licensed Practical Nurses, school health aides, or other trained and supervised individuals designated by the principal. The principal may designate a properly trained and supervised staff member to administer medications. (*Florida Health School Health Program Coding Manual*).

Medication administration at school should primarily be considered a support service provided when a student requires the medication in order to attain an appropriate education. Therefore, in most instances, this support of “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 is medically necessary for an acute problem (i.e., an antibiotic required during school hours for infection).

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, (Section 202 of the Controlled Substances Act) school staff cannot prevent students from attending school or school activities if they are not receiving medication treatment.

Medication/Treatment Authorization Forms

Prior to administration of any medication/treatment, the parent/guardian must complete and sign the standard forms developed by the Alachua County School Health Services (Medication/Treatment Authorization Form and the Self-Carry/Administration Medication Authorization Form). School Nurse must ensure authorization form is completely filled out and that instructions are clear. Additionally, that parent/guardian or witness has signed ongoing inventory on back of authorization form. Renewal of medication forms takes place at the beginning of every school year and if the medication prescription changes. Physician orders for medications/treatments must be renewed yearly.

- All medication must be within expiration date. No expired medication will be given.
- Prescription and over the counter drugs that are outdated, damaged, deteriorated, misbranded, or adulterated will not be given.
- Medication/treatment(s) will only be administered according to policy and procedure.
- Volunteers do not administer any medication/treatment(s). This includes parent/guardians who are licensed practitioners.

Self-Carry Medications

Both prescription and over-the-counter medications require an Alachua County Health Services Self-Carry/Administration Medication Authorization Form to be filled out by a parent/guardian annually. Medications must be cleared by the school nurse and these authorization forms are kept in the clinic in the Medication and Treatment Book. Medications must meet medication policy criteria.

If a student who is self-carrying medication is found to be unreliable, abusive of the medication, or if they share the medications with other students, the self-carry privilege will be revoked and reported to administration. This could result in disciplinary consequences for the student.

The following are approved self-carry medications:

- Epi-pen
- Inhalers
- Diabetic care kits with insulin
- Pancreatic Enzymes
- Other life sustaining medications
- Medication to relieve headaches

Florida House Bill 1537 states, “a student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician’s note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches.” 2 (p)

Parent/Guardian Role for Medication/Treatment Intake

- Furnish the school with their child’s up-to-date medication/emergency medication and treatment equipment/supplies. i.e., nebulizer, suction machines, etc.
- Parents/Guardians will furnish the school with a separate supply of the medication, in its original, most recent (pharmacy or store labeled) bottle.
- Parents/Guardians are required to bring medication directly to the school health room for elementary and middle school students. At high schools, this practice is also desirable, as students are not permitted to carry medication except in specific cases with self-carry authorization forms (i.e., asthma, insulin, Epi-Pen®, Pancreatic Enzyme Supplement).
- Parents/Guardians may authorize designated adult 18 years or older to drop off medication refills with prior notification to school nurse.
- Parent/Guardians must completely fill out and sign the Medication/Treatment Authorization Form yearly for each medication / treatment(s) being received. Medication forms must be filled out completely and correctly.
- Parents/Guardians must fill out a Self-Carry/Administration Medication Authorization Form for medications to relieve a headache regulated by the United States Food and Drug Administration for over-the-counter use, Inhaler, EpiPen, Insulin, Pancreatic Enzymes, or life sustaining medication.
- 18- year-old and older students may sign their own consents for medication/treatments.

Medications and treatments given on school campus must be administered according to procedure, Medication Administration Instructions written in Skyward per SBAC policy and meet the following criteria:

- **Prescription Medications** MUST have an original, in date, unaltered prescription label on the bottle. This label will include the student’s name, medication name, medication form, medication dosage, frequency of administration, description of medication, health care provider’s name, pharmacy name and phone number. Nurses will follow prescription, doctor orders and/or bottle directions.
- **Non-prescription medications** MUST be in original, in date (store labeled) container marked with the student’s name and be age appropriate. Therefore, medication dose cannot exceed dose specified on medication label without a physician’s order. This includes cough drops.
- **NO Aspirin or aspirin containing medications** will be given without a physician’s order.
- **Naturopathic products** 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.
- **STANDING ORDER MEDICATION /TREATMENT(S) IN EMERGENCIES:** School Board of Alachua County provides a physician’s standing order for ONLY school nurses to administer emergency medication/treatments to students experiencing signs and

symptoms of distress. The only exception is the Benadryl/EpiPen Standing Order where Alachua County licensed school nurse or trained staff may administer the medication.

School Nurse Role for Medication/Treatment Intake

- The school nurse will ensure medication/s and treatment supplies are appropriate, in-date and correct.
- The school nurse will ensure authorization forms are filled out entirely and intake is witnessed. On the back of the Medication/Treatment Authorization Form the nurse will enter date, number of doses/pills received, signature of the nurse and parent/guardian or witness. Medication must be counted with a witness.
- The school nurse will organize medication and treatment supplies per policy.
- The school nurse will enter medication and treatments into Skyward per policy immediately upon intake.

Medication/Treatment Computer Entry and Organization

ALL medication/treatment(s) received **MUST** be entered correctly into Skyward immediately following the Medication Administration Instructions Protocol.

1. All medication records will remain in Medication & Treatment Information Book for current school year.
2. Self-carry medications are **NOT** to be entered into Skyward.
3. Medication counts in medication cabinet and computer inventory must match at all times.
 - a. Nurses will check for expired medications monthly.
 - b. Nurses will do a medication count on all prescription medications when someone else may have given medications in the nurse's absence.
 - c. Rectifying inventory counts of medications can only be done by a supervisor or with supervisors' authorization.
4. In Skyward Medication "Distribute" Scheduled:
 - Scheduled: Medications/Treatments to be scheduled (includes standing order for one dose long-acting insulin)
 - As Needed: PRN Prescriptions i.e., inhalers or short-acting insulins
 - Requested: "Over the Counter" Medications
 - All diabetic visits should be scheduled under the "Blood Glucose Monitoring"
5. Skyward entry of medication must follow the following the Medication Administration Note Formula. What student actually gets (dose) has to be in PARENTHESIS as shown in examples. DO NOT manipulate MA Instructions if prescription changes. Medication **MUST BE** stopped, reentered with the new information & scheduled.

Medication/Treatment Administration Instructions: Note Format

Name of Medication + Strength of Medication per measurement + (**GIVE +** Amount you are administering to student = dose/ Medication form + **TIME or FREQUENCY**)
*ONLY Add Special Considerations if necessary.

Examples:

- Focalin 20 mg per capsule. (**Give** one capsule at noon). Doesn't get 3:00 medication on Wednesday.
- Focalin 30 mg per tablet. (**Give** 1.5 tablets to equal 45mg at 8am).
- ProAir HFA 90 mcg per puff. (**Give** 2 puffs to equal 180mcg every four hours as needed).

Diabetic Medication/Treatment Administration Instructions: Note Format

Student in clinic for diabetic care at TIME or FREQUENCY. See DMMP for carbohydrate ratio, sliding scale and type of insulin as ordered. Open Diabetes Care Log to view results.

Example:

Student in clinic for diabetic care daily before breakfast, before lunch and before PE. See DMMP for carbohydrate ratio, sliding scale and type of insulin. Open Diabetes Care Log to view blood results.

6. Updates are to be done immediately for any change in a Medication/Treatment(s) or a new prescription:
 - a. Medication/Treatment must be stopped.
 - b. Schedule must be stopped, new medication/treatment entered and new schedule started.
 - c. The updated Skyward Scheduled Medications Worksheet is to be printed and placed immediately in the Medication Book.
 - d. The new Medication/Treatment Authorization Forms placed in the Medication Book.
 - e. The discontinued Medication/Treatment Authorization Forms are struck-through and placed in the back of the Medication Book behind the title page Discontinued Medications.

Medication Book Organization

1. School nurse will organize the Medication Book per instructions on School Nurse Corner.
2. Authorization forms for any medication/treatment (prescription, self-carry or nonprescription) treatments will be placed alphabetically per student in the Medication & Treatment Book. All signed forms for one student should be placed together.
3. The most current doctor orders for any medication or treatment for a student must be kept behind the student's Medication and Treatment Authorization Form.
4. The most current hardcopy Diabetic Medical Management Plan (DMMP) must be kept behind student's Medication and Treatment Authorization Form. The current DMMP needs to be scanned and then uploaded in Skyward IHP area.
5. The Student Skyward Health Condition List and Food Allergy List will be placed in the front of the Medication & Treatment Book.
6. Discontinued authorization or doctor's orders are to be stored at the back of the Medication and Treatment Book.

Medication Cabinet and Refrigerator Organization

1. Medication cabinet and refrigerator medications will be locked at all times.
2. Each student will have their own medication bin.
3. ALL MEDICATIONS will be alphabetized by student's last name with all (daily, as needed and emergency medications) in one bin in the medication cabinet. PRN, daily and emergency medications should not be separated.
4. For elementary students: students' full names, grade, DOB, homeroom teacher and pictures will be listed on the front of the bins for easy identification.
 - a. For middle and high school students, student's full names and pictures will be on all prescription(s) and all nonprescription medication(s).
 - b. If a Skyward photo is unavailable, parent/guardian can supply a current photo for identification. Additionally, nurses can contact Nurse Supervisor or Lead Nurse if assistance is needed obtaining the student photographs.

- c. RED NAME ALERT labels will be used for students with similar sounding or looking names.

Medication Timing

- School nurse must follow time and amount/dose written on prescription. Parent/Guardian cannot adjust time/dose without providing a healthcare providers' order.
- While on campus, medications and treatments may be given within one hour before or after the prescribed scheduled time for administration or intervention.
- If a student is scheduled to be off campus or not available at the time when their medication is regularly scheduled, medication may be given within one hour before or after the prescribed scheduled time of administration or intervention.
- If unavoidable circumstances prohibit the student from getting medication within the time frame described above, every effort must be made to alert the parent/guardian by phone. This would include such circumstances as the absence of trained personnel or special events that disrupt scheduling at school.
- If students are to receive medication during the Extended Day Enrichment Program, every effort will be made to accommodate medication administration while clinic is open (approximately 2:30 p.m.). If medication administration time is not within nurses' hours, EDEP administration will coordinate with nurse for the extended hour.
- The school nurse will notify the parent/guardian of the need for replenishment of medication and/or treatment supplies. If parent/guardian does not replenish those in a timely manner the nurse may stop (suspend) the Skyward medication/treatment schedule.

Medication Special Circumstances

- A student receiving counseling and medication from the Public Health Department for a communicable disease will be allowed to take prescribed medication at school under the direction of the Public Health Department, without parental permission forms being signed.
- The school nurse or health room personnel will NOT facilitate the student's self-administration of this medication during school hours.
- NO documentation will be made of this medication being taken. An example of such medication is those that treat for sexually transmitted diseases.

Medication Administration

Medication administration includes the staff member verifying the identity of the student, checking the medication dose, route of administration and time against the order. It also includes assisting the student in the ingestion, injection, application or monitoring the self-administration of the medication. Documentation in Skyward is considered part of administration. (*Florida Health School Health Program Coding Manual*).

1. Students should come with a Clinic Pass from their classroom.
2. CHECK Parental Authorization Form: Ensure **Medication/Treatment Authorization Form** is completely filled out with correct medication/treatment to be administered and matches medication prescription/order.
3. CHECK THE "6 RIGHTS": Student's Name, Medication, Route, Time, Dose, and Documentation. Ensure the medication matches the prescription label description.
4. Ask the student to state first and last name (do not prompt). Small children will often answer to other names.
5. Compare the label on the medication container with the Medication/Treatment Authorization Form for the following information: **right student, right medication, right route, right time, and right dose.**
6. Check the expiration date on the medication container to be sure that it has not expired.

7. Check when the last dose of medication was given.
8. Always check three times to be sure that the child is receiving the correct medication. Check the student's name on the container of medication when it is removed from the shelf, just before the child takes the medication, and before it is returned to the shelf.
9. Pour/place the appropriate dose into a clean medication cup or student's clean hand.
10. Nurses are to be aware and report to parent/guardian any side effects from any medication/treatment(s).
11. A student has the **right to refuse** any medication or treatment.
 - a. If a student questions whether the medicine is correct (i.e., appearance, number of tablets, etc.), do not give the dose until the Medication and Treatment Authorization Form and medication prescription has been rechecked. If there is still a question, contact the parent/guardian.
 - b. If a student refuses to take a medication the parent/guardian must be notified and the variance properly documented.
 - c. If no parent/guardian contact is made, a note must be written to the parent/guardian stating what happened and documented in the computer program.

Medication Documentation

1. Documentation of medication or treatment administration in Skyward should be **at time of administration** if given by the nurse or health room staff.
2. Non-medical clinic substitutes should document all administration on the Skyward Scheduled Medications Worksheet and will be recorded in the computer program upon health room staffs return.

Medication Trained Staff

Medication Administration Training will be provided and documented annually by licensed school health nurses, as per Florida Statute to school staff. Non-medical personnel who have been trained by the nurse may administer emergency medications such as, inhalers, insulin, glucagon, Diastat, EpiPen®. The district provides a form for non-licensed, trained personnel to use for documentation of administering medication in a school nurse absence. This form is called: Skyward Scheduled Medications Worksheet and created by the school nurse from a Skyward Report under medications.

- The nurse should have **at least three** Skyward Scheduled Medications Worksheets printed that are placed in the front of the Medication & Treatment Book. The nurse should add a post-It note to "make copies" on third Skyward Scheduled Medications Worksheets in case nurse is out longer than three days.
- The nurse should explain that the daily medication/treatment(s) will be **pre-listed** on the Skyward Scheduled Medications Worksheet and any **"as needed"** medications will be **hand written on the As Needed Medication and Treatment Log by the trained staff** as they administer medication(s) to students.
- State statute allows for training of child specific emergency medication(s) administration. This is recognizing signs and symptoms of distress and the administration of the student's **own** emergency medication(s).

Upon nurses' return from their absence, the school nurse must enter all medications given by the substitute listed on the Skyward Scheduled Medications Worksheet into computer program.

1. Each visit must be entered in a separate health office visit.
2. The date and time must match what is listed on the Skyward Scheduled Medications Worksheet. **DO NOT SHRED THE SIGNED WORKSHEET**, it must be archived for safekeeping. May be kept in a locked file cabinet during the school year and archived at the end of the school year.

3. Use the drop-down NURSE, the name of the nurse.
4. The nurse will add the following to the medication note: who administered the medication, (ex. Medication given by Secretary Jane Doe).
5. The note must have a **Disposition** (discharge).
6. **DO NOT USE REDUCE DOSE COUNT.**

Medication Discrepancies

Prescription and over-the-counter drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be physically separated from other prescription and over-the-counter drugs until they are picked up by parent/guardian or destroyed at the end of the year.

- Nurse will move expired medication to bin clearly marked “expired medications do not give” and placed in a separated locked cabinet.
- If a separate locked cabinet is not available, nurse may put on top shelf of medication cabinet in a bin clearly marked “expired medication, do not give”.
- Nurse will put a note in the student’s medication bin that medication is expired and parent/guardian has been contacted. Contact will be documented in Skyward.
- Nurse will notify parent/guardian of expiring/expired medication so that medication replacements can be brought in by parent/guardians. Contact will be documented in Skyward.

Medication: Error Protocol

Medical errors made by school health staff and UAPs functioning in a health provider role during the course of administering health care must be reported. Medication errors include the following: incorrect student, incorrect medication/treatment, incorrect time, incorrect dose, incorrect route, dose omission, administration of expired medication, authorization form expired and incorrect documentation of any kind.

The specific Health Services Medical Error Report Form found on School Nurse Corner will be used to report all medical errors (not accidents). The information from the error form is used to improve health practices and is not punitive. Student and staff names are NOT to be listed on the Medical Error forms. No copies should be left in students’ CUM or employees’ file. The form is to be sent directly to the Health Supervisor.

If incorrect medication or incorrect dose is inadvertently given, the order of the corrective measures will be based on the professional judgement of the school health staff after assessing/evaluating the student.

In NON-EMERGENT medication errors, the school nurse will:

1. Notify Supervisor immediately.
2. Notify Poison Control and follow instructions given.
3. Notify principal/administration and parent/guardian.
4. Complete Medical Error Form:
 - Student and staff names are not to be listed on form
 - No copies should be left in student's record or employee's file
 - Email completed Medical Error Form to supervisors
5. An ACDOH Incident form must be completed for health department employees.

In EMERGENT medication errors, the school nurse will:

1. Notify Emergency Medical Intervention as needed (call 911).
2. Notify Poison Control and follow instructions given.

3. Notify supervisor.
4. Notify principal/administration and parent/guardian.
5. Complete Medical Error Form:
 - Student and staff names are not to be listed on form
 - No copies should be left in student's cum or employee's file
 - Email completed Medical Error Form to supervisors
6. An ACDOH Incident form must be completed for health department employees.

Medication/Treatments: Field Trips

Elementary, Middle and High School Field Trips During School Hours:

School nurses can train staff to administer medication during field trips. This procedure covers students who require administration of medication during temporary absences off school property for activities such as field trips during the school day. The school nurse may send a few Band-Aids, gloves, small hand sanitizer (if available) and cups if needed for medication in a small bag to go with the medication. The trained teacher/staff member will then give the medicine according to the "6 rights".

1. All medication must be in the original container with the student's name, dosage, directions for administration with copies of:
 - Field Trip Medication and Treatment Log.
 - Alphabetized Medication/Treatment Authorization Forms
 - Emergency Care Plan Booklet and Student Health Condition List Form
2. For grade teams going together, the nurse may print out a Skyward health condition list for ONLY the grade level going and send with the Emergency Care Plan Booklet. Nurse must highlight students with conditions that may require emergent care.
3. Nurses can send only the amount of medication needed for the dose to be given on the field trip following the steps below:
 - Request a second labeled prescription bottle from parent/guardian for field trips
 - Pharmacies will give an additional prescription bottle for free for schools
 - Place correct dose of medication for field trip in second prescription bottle labeled for that medication
 - All other pills remain in the original prescription bottle locked in medication cabinet
4. Remind staff to return all empty prescription bottles to the clinic upon return to school.
5. School health staff will document the administration of the medication/treatment in Skyward per policy.
6. All signed logs and documentation returned must be archived. **DO NOT SHRED.** May be kept in a locked file cabinet during the school year and archived at the end of the school year.

If parent/guardian has not obtained a second labeled prescription bottle:

1. The nurse may count out the exact dose(s) to be given & place in prescription bottle with proper administration instruction and signature forms.
2. The remainder of the medication can be temporarily locked in cabinet in clean, **labeled** zip lock bag for use until the prescription bottle returns.
3. The staff person accompanying the student will be responsible for security of the medication and for medication administration. **IMPORTANT: Remind staff to bring back medication bottles and all information.**

Points to Remember:

- Staff must be trained and approved by a school nurse and proper documentation on file before any medication(s) are given for field trips.

- Medication cannot be administered by volunteer staff or parent chaperones.
- The students' own parent/guardian may administer their own child's medication(s).
- Self-carry Medications include EpiPen®, insulin, Diastat, pancreatic enzymes, glucose, and inhalers. NO child can be denied attendance at a field trip because no one will give the medication.

Medication/Treatment: Camp Crystal Field Trips – After School Hours (Overnight)

1. Train at least two teachers that will be administering medications at the camp.
2. Give teachers blank Medication and Treatment Authorization forms and Camp Crystal Medication letters. Teachers must be trained every year with training forms maintained in clinic medication book records.
3. Medications:
 - a. Camp Crystal medication/treatments must adhere to all medication/treatment guidelines in the School Health Handbook.
 - b. The school nurse will make a schedule for medication administration on the **Camp Crystal Field Trip Medication and Treatment Log**.
4. School nurse will create a separate Camp Crystal Medication Binder to include:
 - a. **Camp Crystal Field Trip Medication and Treatment Log** with extra blank logs for PRN medication administration documentation
 - b. Alphabetized **Medication/Treatment Authorization and Self-Carry/Administration of Medication Authorization** forms.
 - c. For grade teams going together, the nurse may print out a Skyward health condition list for ONLY the grade level going and send with the Emergency Care Plan Booklet. Nurse must highlight students with conditions that may require emergent care.
5. All medications are placed in the lock box (contact lead nurse for lock box delivery) with the medication binder and given to the teacher who is administering medications.
6. If a student's medication is taken from the school clinic inventory a reduce dose count must be entered into computer to maintain accurate medication count. Inhalers and EpiPen®s can be checked out by parent/guardians for the Camp Crystal field trip.
7. All signed logs and documentation returned must be archived. DO NOT SHRED. May be kept in a locked file cabinet during the school year and archived at the end of the school year.

Medication/Treatment: High School Field Trips – After School Hours (Overnight)

It is the sponsoring staff member's responsibility to ensure confidentiality of authorizations forms, health conditions, and medication/treatments of students.

Each department/club staff member sponsoring the event will facilitate and distribute:

- Parent/Guardian Authorization for Overnight Field Trip Form
- Any other form required to attend the field trip per district policy

Medication(s) Disposal

Nurse will notify parent/guardian in writing at least two weeks before the end of the school year that they must pick up any remaining medication by a specific date. This includes any medication discontinued or changed during the school year. Explain that if the medication is not picked up by the deadline date, the medication will be discarded using CDC suggested guidelines.

ALL medications should be zeroed out and documented in Skyward when picked up or discarded.

For Pills and Liquids:

1. Mark out the names and prescription number for safety. Then peel off the bottle and shred.
2. Empty bottle's contents into milk jug containing kitty litter or coffee grounds then throw the empty unlabeled prescription or over the counter bottle away.
3. Add some water, soda, rubbing alcohol to start dissolving the pills.
4. Close the lid and secure with duct or packing tape.
5. Hide the container in the trash. Do not put in the recycle bin.

Injectable Medications:

1. Place in sharps container for pick up by biohazard personnel.

Inhalers:

1. Discharge any medication contents outside to empty inhaler.
2. Remove student label and shred.
3. Discard inhaler into trash container.

Administration of Medical Marijuana During School Hours

Please refer to School Board of Alachua County Policy Manual Section 5000 Students, titled: Use of Medications: Administration of Medical Marijuana to Qualified Students During School Hours. Code po5330.02 Adopted on May 7, 2019.

Of note, Medical Marijuana cannot be dispensed or kept/stored on campus. Medical Marijuana cannot be administered by school nurse or any other school staff member on school property. Authorization form for use of Medical Marijuana can be found under health forms on School Board website. Medical marijuana should be only administered by Parent/Guardians to students during school hours when the administration cannot reasonably be accomplished outside of those hours.

Prohibitions

- School nurses, healthcare personnel, and every other member of District staff are NOT permitted to administer, store, hold, or transport medical marijuana in any way, shape, or form. Medical marijuana will **NOT** be stored on any District property, including school grounds, at any time.
- Medical marijuana **CANNOT** be administered to a qualifying student while aboard a school bus or at a school-sponsored event.
- At no time shall the qualifying student have medical marijuana in his/her possession.

Procedures for Administration of Medical Marijuana During School Hours

- A copy of the qualified student's valid registration form for medical marijuana must be provided to the school or the checkout will not be excused.
- Any caregiver seeking access to District property for purposes of this policy must comply with Board policy and procedures concerning visitors to schools. (See Policy 9150 – *School Visitors*)
- The caregiver shall be responsible for checking out the student, administering the medical marijuana to the student while under the authority and control of the caregiver, checking the child back into school, and then immediately removing the permissible type of medical marijuana from District property.

SCHOOL HEALTH EMPLOYEE GUIDELINES

Health Services is a division of Student Support Services, and is under the direction of the Health Services Supervisor, who is a Registered Nurse. A Lead Nurse (RN) directs Licensed Practical Nurses in their duties per Florida Statute. School Health Employees include licensed nurses, health techs, medical assistants and certified nursing assistants.

School Health Employee Work Hours and Lunch Break

Punctual and regular attendance is an essential responsibility of each employee. Employees are expected to report to work as scheduled, on time and prepared to start working. Employees also are expected to remain at work for their entire work schedule. Late arrival, early departure or other absences from scheduled hours are disruptive and must be avoided.

- Use school clock in/out process if available.
- Be at workstation and ready to work at designated work time.
- The work hours should revolve around the assigned school's bell schedule.
- School health staff are required to attend all meetings and workshops as assigned.
- Work Time is five 7.50 days to equal a 35-hour work week/70 hour pay period.
- If arriving late (more than 30 minutes): Notify school, nursing/health staff and supervisor immediately.

These work hours' time-frame includes the 30-minute required by law unpaid lunch break. Arrange with front office or additional health staff (if available) to allow for an uninterrupted lunch each day. Lunch break should *NOT* to be taken at the end of the workday. School nurses are expected to schedule their lunch break around student medication/treatment schedules.

A few examples of a designated 7-hour day including the 30-minute unpaid lunch break for SBAC School Nurses are as follows:

7:15 am -- 2:45 pm lunch from 11-11:30 (before noon time meds)
8:00 am – 3:30 pm
8:30 am – 4:00 pm

Leave Policy

- School health staff need to provide the school with a list of current sub nurses yearly.
- For paid time off (sick leave) enter request into Skyward ERP.
- Do a group email with date/time to ALL of the following: Supervisor, lead nurse, principal AND nursing/health staff you are working with.
- If time off is not anticipated, the school may contact a sub-nurse from the current list. If the sub-nurse is not available, trained school staff will be responsible for clinic coverage.
- If planning for anticipated time off, contact substitute nurses for coverage. If unsuccessful, notify lead nurse.

School Health Employee Dress Code

School health staff should dress in a manner reflecting their professional role, enabling them to perform the types of activities needed for the students they serve. Clothing should not prohibit a school health staff from the ability to respond quickly to emergent and urgent situations that may arise during a school day:

Attire may include “scrub outfits”, or school monogramed polo or T-shirt and slacks.

- I.D. badges MUST be worn at all times.
- If a lab coat should be worn, the best practice is to remove the lab coat when traveling to other school areas for non-medical activities. It is best to leave germs inside clinic area. (i.e., germs on lab coat).
- Closed low heel shoes should be worn, which would allow staff to walk quickly in response to an emergency, without endangering themselves.
- Body art, chemical scents/strong perfume/lotion scents, piercings, long artificial nails, and jewelry should be kept to a minimum, reflecting a professional image.
- No shorts, leggings, capris, or skorts.

Employees are expected to be neatly and modestly dressed, properly groomed, and practice good personal hygiene.

Professionalism is a total package that includes attire, mannerisms, attitude, role identification, and competency. (N.A.S.N. 2006)

School Health Employee Use of a Wireless Communication Device

School Health employees may use personal WCDs while on work hours, but are subject to the following restrictions.

- Excessive use of a WCD for personal business during work hours is considered outside the employee's scope of employment and may result in disciplinary action.
- Employees are prohibited from using WCDs while operating vehicles or equipment on work hours. Employees are responsible for operating vehicles and potentially hazardous equipment in a safe and prudent manner and are required to comply with all applicable laws while driving.
- Employees may not conduct school related business through text messaging, private email accounts or non- approved social media networking sites. School Health employees may conduct school business using the district's e-mail system, the student information system with parent portal, and the district's website.
- Information/data transmitted in the course of school related business using personally owned WCDs is subject to monitoring and filtering and the employee shall have no expectation of privacy in such information/data.

CLINIC INFECTION CONTROL GUIDELINES

As part of an ongoing program to prevent transmission of disease, Health Services, in cooperation with Risk Management, will offer annual in-services for school staff members, including custodial staff, food services workers, and paraprofessionals. At that time, discussions about procedures for the reduction of disease transmission through blood and contact at school take place. Principals will be responsible for assigning staff to participate in such in-service(s).

Universal Precautions

Universal Precautions is an approach to infection control where all staff treat body fluids as if they were known to be infectious with blood borne virus such as HIV or HBV.

Universal Precaution guidelines will be followed by all clinical staff and trained Unlicensed Assistive Personnel (UAP) when administering care to students/staff in all situations. School nurses teach this concept to staff in annual Blood Borne Pathogen Training. This training can be accomplished by the use of videos or brochures.

Infection Control

- GLOVES DO NOT TAKE THE PLACE OF HANDWASHING. 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. Hand sanitizer gels are acceptable when soap and water are not available.
- Universal guidelines will be followed by all clinical staff and trained Unlicensed Assistive Personnel (UAP) when administering care to students/staff in all situations. All school personnel must follow standard precautions guidelines, including those specific to Blood Borne pathogens.
- If a person's skin contacts bloody drainage, wash immediately with soap and water. Report any blood exposures to Risk Management and Workman's Comp.
- All Blood Borne Pathogen exposures must be reported to the employee's principal/administrator on-site. Excerpt from SBAC Comprehensive Safety Program, 1995, Blood Borne 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."

Infection Control Custodial Services

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. School nurse will call custodian for proper clean up.

- The school's clinic must be cleaned and disinfected daily. Daily sanitizing surfaces and objects that are touched often and defecation of bathroom and sinks.
- Plastic trash can liners are essential for the health room area. Custodial service should change out the plastic liners daily.
- All bodily fluid spills will be cleaned up immediately by custodians with acceptable commercial disinfectants and procedures used by the district.

Biohazard: Red Bags and Sharp Boxes

Body fluids such as vomitus, urine, feces, saliva, nasal discharge, wound drainage which do not contain copious amounts of blood DO NOT require disposal using a biohazard bag and may be discarded into multi-use garbage containers unless copious amounts are present.

Regulated biohazardous waste is defined by Rule 64-16 as:

- Used absorbent materials (includes gauze, sponges, and bandages) that are saturated with liquid or dried blood, body fluids, or excretions or secretions contaminated with blood, and
- Non-absorbent disposable devices (includes syringes, needles and lancets) that have been contaminated with blood, body fluids, or blood contaminated secretions or excretions and that have not been sterilized or disinfected by an approved method.
- District- generated biohazardous waste is limited by the regulatory definition to discarded sharps (hypodermic needles, glucometer lancets, broken glass contaminated with blood) and blood – saturated waste from clean-up after major accidents.

Red Bags and Sharp Boxes

- Replacement red bags and sharp boxes are supplied by biohazard waste company contracted by the school district.
- Storage and Containment 64E-16.004: Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30-day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.
- Labeling 64E-16.005: Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.
- Outdoor storage areas, including containers and trailers, shall, in addition to the above criteria, be conspicuously marked with the international biological hazard symbol as described in paragraph 64E-16.004(2)(b), F.A.C., and shall be secured against vandalism and unauthorized entry.
- All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "INFECTIOUS WASTE", or "INFECTIOUS SUBSTANCE".

Red bags shall not be used for routine trash collection in school health rooms, classrooms or bathrooms. Regulated biohazardous waste does not include the following waste items routinely generated in the school setting:

- Used tissues or paper towels
- Used band aids
- Used antiseptic wipes, swabs, or personal cleaning wipes
- Feminine hygiene waste
- Soiled diapers, unless visibly bloody
- Discarded protective gloves, aprons, masks, or shoe covers unless visibly bloody
- Waste from clean-up of vomit, urine, or feces, unless visibly bloody

Although these items are potentially infectious and must be handled with precautions to avoid infection, they are not regulated biohazardous waste. Solid waste should be placed in a closed

plastic bag and discarded in the dumpster as sanitary waste. Liquid and semi-solid waste may be flushed to a sanitary sewer.

Sharp Boxes and Sharps container - A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in section 64E-16.004(2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in section 64E16.004(2)(b)1.b.,F.A.C. "Sharps" mean those biomedical wastes which as a result of their physical characteristics are capable of puncturing, lacerating, or otherwise breaking the skin when handled.

- During use, sharps container shall be located at the immediate use area and shall be easily accessible to personnel.
- When not in use, sharps container shall be stored in a location that is secure from tampering or theft.
- Sharps container shall be kept upright and shall not be overfilled. A new container should be obtained from the biohazard waste company when the container in use nears capacity.

Sharps shall be discarded at the point of origin into single use or reusable sharps containers. Needles and scalpel blades shall not be placed directly into double-walled corrugated containers. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.

Chronic Infectious Disease States

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 Parent/Guardian 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 students 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 recommendation to the Superintendent, who approves the final decision. This decision will be made, if possible, within three weeks.
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.

CLINIC EQUIPMENT GUIDELINES

Care of Equipment

Personnel assigned to the clinic will maintain sanitary, organized and neat conditions of health room, equipment and supplies. Rubbing alcohol may be used to disinfect surfaces and equipment when appropriate and if directions allow.

COTS: Following each use by a student or staff member the cots, pillows and chairs must be sprayed with school board approved disinfectant and paper changed. Blankets must be washed after each individual use.

CRUTCHES: Must be prescribed by a healthcare provider for individual use. Crutches are not to be kept/stored in the school clinic or given out to students.

EQUIPMENT: Tweezers, scissors, and other equipment used on students who are ill should be washed with soap and water, rinsed in school board approved disinfectant, dried, and returned to the cupboard after each use.

REFRIGERATORS: Medication refrigerators should be maintained and the inside kept clean. Food not related to medication administration or nursing intervention treatment should not be kept in medication refrigerators. Lock boxes for storage of medication in multi-use refrigerators must be clean, in working order and locked when in use. Locks should be placed on small dorm size refrigerators for security of medication. Medicines should be stored in the main body of the fridge, not in the bottom drawer or door where the temperature can be higher. Storage adjacent to a freezer compartment or freezer packs should also be avoided.

THERMOMETERS: No glass mercury thermometers will be used. Temporal scanners or other thermometers with probe covers in good working order will be used in school clinics. Clean temporal scanners with alcohol swab after each use. Some thermometers are labeled “Bacteriostatic” and no special cleaning is required.

WHEELCHAIRS: Must be prescribed by a healthcare provider for individual use. The clinic wheelchair is for emergency transport only. The wheelchair is not to be given to student or staff for individual use on school grounds.

School Health Room Supply List Sample

General Items: Antibiotic ointment, Caladryl/Calamine lotion, aloe gel, Hydrocortisone, EpiPen®, multi-use inhaler with spacer, non-sterile gauze pads (4” x 4”), Band aid plastic strips (3/4” and 2” x 3”), facial tissues, cotton balls, tweezers, thermometers, sanitary napkins (regular), ice bags (small zip lock plastic bags preferred), liquid soap disp., bandage scissors, tongue blades, cotton-tip applicators, gauze wrap (rolls), aromatic spirits of ammonia, disposable cups and medicine cups, flashlight and batteries (pen light), vinyl gloves, goggles/eye shield, disaster kit, stethoscope, B/P cuff large and child (if applicable), pulse oximeter, tick removal tool, sting relief,

Orajel, paper covering for beds, lock box for refrigerated medications, screens for privacy around cots, blankets, pillows, plastic pillow slipcovers, height and weight scales, Snellen chart, audiometer, passive nebulizer machine, Isopropyl alcohol for cleaning equipment.

Emergency Use Only: triangular bandages with pins, ace wraps (3", 4", 6"), CPR mask/shield or AMBU bag, and cardboard splints. No buddy taping, ace bandages or splints will be used unless transporting for emergent care.

Facilities: Drug control locking cabinet and/or lock box for refrigerators, waste cans, desk and swivel chair, computer/internet access, computer and printer, file cabinet with lock, liquid soap dispenser, wall clock, refrigerator and freezer or ice chest, bathroom/sink, sink at station, cot or bed with plastic covered mattress (2), hand CLINIC MANAGEMENT GUIDELINES

CLINIC GUIDELINES

Student Passes

Students must have a pass to enter the clinic except for emergent situations. Clinic slips/passes with first and last name, date, time, grade and complaint are to be filled out by the teacher or staff. Nurse/Tech may choose to send note or letter home to parent/guardian.

- Unless it is an emergency, a student MUST have a pass to enter the clinic.
- If the student comes for a daily medication/treatment(s), a pass is not necessary.

Non-Health Related Use of the Clinic

The school health clinic is for taking care of acute/chronically ill or injured students/staff and administering medication/treatment(s). Please remember the clinic is also for confidential matters and keeping student's privacy should be a priority.

The following are prohibited in the clinic:

- Non-related healthcare bathroom use. Visitors and well students must use a separate bathroom on campus.
- Food not related to medication administration or nursing intervention treatment should not be kept in the clinic.

Notification to Parent/Guardian

Most student visits to the school clinic do not require verbal notification of a parent/guardian. The nurse cannot accept parental request to call anytime the child is seen in the school's clinic. However, if the student requests to call home the school nurse will honor that request.

There are times when it is necessary to verbally notify a parent/guardian. For this reason, it is the Parent/Guardian responsibility to have updated contact information provided to the school at all times. The school nurse is not responsible when Parent/Guardian contact information is incorrect or outdated.

At the nurses' discretion, for minor injuries that occur during school hours, every effort will be made to contact parent/guardian or a health room note sent home via the student. For all significant injuries, 911 will be called as necessary. It is desirable in elementary school for the nurse to call for students who are not mature enough to relay messages to the parent/guardian. Middle and high school students may contact their parent/guardian while in the clinic using their own phone/text or clinic phone. However, in all instances when Parent/Guardian (including

elementary students) need to be contacted the school nurses will use their discretion on maturity level and age appropriateness of each individual student.

In instances where a student who is 18 years or older and does not live at home and who has been injured, the emergency contacts provided to the school will be notified.

Excessive Visits to the Nurse

Although students are free to visit the school clinic for any health issues, it is important for them to remain in class for uninterrupted educational time. If a student is a frequent visitor with no apparent symptoms or medically unexplained symptoms nursing intervention will include:

- Meeting with the student to determine if there is a cause for frequent visits.
- Parent/Guardian will be notified via phone or letter home per nurse's discretion.
- Principal/Administrator, teacher, and counselors may be notified.
- A meeting will occur with parent/guardian, principal, and other appropriate personnel as determined.

Students Sent Home

Never send an ill child home alone or on a bus:

1. Parent/Guardian **MUST BE NOTIFIED** whenever a student is to be sent home.
2. Parent/Guardian **MUST** make transportation arrangements.
3. If parent/guardian does not respond and/or retrieve student in a reasonable amount of time, no other arrangements can be made to get home, and child is too ill to return to class, notify the school's principal/administrator.

When a Major Emergency Necessitates Immediate Transfer to the Hospital:

1. Call 911. For a more immediate response, notify resource officer to call 911 if they are on school campus. If resource officer refuses to call 911 or is not available, health personnel will call themselves.
2. Notify principal/administrator, and contact parent/guardian.
3. The school principal or their designee shall accompany the student to the hospital if the parent/guardian is not present.
4. A copy of the student's Health Emergency Information, which gives hospital personnel permission for treatment in an emergency, should also accompany the student
5. **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.
6. If a student is **NOT BREATHING**, a person trained should begin CPR (cardio-pulmonary resuscitation) **IMMEDIATELY.**

CLINIC DOCUMENTATION GUIDELINES

Clinic Documentation

1. Health Office Visits will be entered into Skyward in the secure notes area. Documentation for health office visits should be entered at time of the students visit. It is acceptable on busy days to extend this to within 24 hours. However, this does not include medication/treatment documentation that must be entered at time of administration.
2. Any communication with parent/guardian, health care provider and/or school personnel will be documented within the Office Visit under the Contact Log contact whether student is in the clinic or not. i.e., Visit Reason: Contact Log, Treatment: Licensure of staff entering

the note into Skyward, Disposition: Contact Log H/P, Contact Log P/G and/or Contact Log: S/P.

Nursing Notes

Content of the information documented provides a formal and detailed account of the quality of care provided to a student. Nurses have 24 hours to put in nursing notes, although at time of care is preferred. Medication and Treatment administration documentation must be at time of administration. Education provided, referrals, and any contacts made on student's behalf are considered a part of the nursing note and must be added to secure nursing note area or by appropriate drop downs in Skyward Treatment and Dispositions.

- Subjective data: What you are told/History
- Objective: What you see/hear/feel/smell. Vital signs (if needed).
- Record of nursing care intervention/treatment and evaluation
- Student education
- WHERE, WHEN and HOW the injury occurred
- WHAT the student stated (if anything)
- PAIN SCALE will be used as follows:

| | |
|-----|---------------------|
| 0 | No Pain |
| 1-3 | Mild Pain |
| 4-6 | Moderate Pain |
| 7-9 | Severe Pain |
| 10 | Worst Pain Possible |

DESCRIPTION of injury must include the following:

1. Size and location of injury
2. Bleeding and drainage
3. Pain
4. Skin color and condition
5. Swelling

*Depending on injury location further assessment may be needed such as: Range of Motion or Neurological Check

Referrals and Assistance

School nurses help identify, assist, and provide referrals for students in need and connect families in obtaining appropriate access to community resources. Referrals are documented in Skyward in the secure nursing note area and under Dispositions.

Health Education

School nurses will provide health education where appropriate, either one-on-one or in the classroom that supports and promotes healthy behaviors and outcomes. Education is documented in Skyward in the secure nursing note area and under Treatments.

Approved Abbreviations

| | | | |
|-------------|------------------------------|---------------|-------------------------------------------------|
| Apx. | Approximately | mg | Milligram |
| BG | Blood Glucose or Blood Sugar | ml | Milliliter |
| BP | Blood Pressure | O2 sat | Oxygen Saturation |
| BM | Bowel Movement | oz | Ounce |
| CHO | Carbohydrate | prn | As Needed |
| cm | Centimeter | PERRLA | Pupils Equal Round Reactive Light Accommodation |
| c/o | Complaint Of | resp | Respiration |
| dx | Diagnosis | ROM | Range of Motion |
| EMS | Emergency Medical Services | S/A | Stomachache |
| ER | Emergency Room | Sub-Q | Subcutaneous |
| FROM | Full Range of Motion | sx | Symptoms |
| F/U | Follow Up | T/temp | Temperature |
| g | Grams | Tx | Treatment |
| H/A | Headache | UTD | Up to Date |
| HR | Heart Rate | x | Multiple By / Times |
| IM | Intramuscular | VS | Vital Signs |
| in. | Inches | WNL | Within Normal Limits |
| kg | Kilogram | | |
| mcg | Microgram | | |

Archiving Documents and Forms

DO NOT Shred the following

- Clinic Passes (only when student cared for by Trained Staff).
- Sub Logs signed by anyone other than the nurse or Health Tech (i.e., Trained staff, teacher on a field trip, etc.).
- Completed Medication Authorization Forms (even if discontinued), doctor's notes, Flu Mist YES forms that were not administered.

These forms **MUST BE ARCHIVED** in a computer paper box with the proper form attached.

- Archiving Files: In a cardboard box (i.e., printer paper boxes) clearly mark outside of the box with CONFIDENTIAL CLINIC "name of school" and add the date of the first form added to the box. Each school year's documents must be rubber banded together. Continue filling the box throughout the year(s) until it is full.
- Once the box is filled, add the date to the outside of the box of the last form placed in the box. Seal box with packing tape (i.e., CONFIDENTIAL CLINIC Westwood 2020-2023).
- Contact ACPS Health Service Supervisor when box is full.

CLINIC MANAGEMENT FOR HEALTH PROBLEMS

Health personnel work within their scope of practice and with reasonable nursing judgement following school health protocols. Health personnel can use approved interventions for any of the health problems in the School Health Services Handbook if warranted after evaluation and assessment.

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. The school nurse or health room staff reserves

the right to suggest a parent/guardian seek further medical evaluation for a student for any illness or condition after the initial assessment/evaluation. This will be documented in Skyward under Dispositions Referral Medical: Medical Care-Referral (Suggest MD Evaluation). Staff should document any clinic office visit or care given on campus where health assessments, evaluation or recommendations are made.

The following nursing actions are interventions allowed by the Alachua County Public Schools Health Service Program that health personnel may initiate independently. Those represented on the chart are approved to use as a treatment and do not require an order by a medically licensed professional. School nurse or trained staff will always ask if student is allergic before use of any approved intervention.

Nursing Intervention Chart

| APPROVED Nursing Interventions Chart | |
|---------------------------------------------|---------------------------------------------------------|
| Aloe with or without lidocaine | Petroleum jelly or A&D Ointment |
| Antibiotic Ointment | Oral Analgesic (Orajel/Anbesol) |
| Antiseptic towel | Saline Solution for contacts |
| Baking Soda/Water paste for stings | Salt water gargle |
| Calamine or Caladryl Lotion | Sting relief (Benzocaine) |
| Cold pack/compress | Rice pad (with directions) for menses |
| Crackers | Warm compress for menses, strained muscles, or ear pain |
| Eye Wash | Unscented lotion |
| Glucose tabs/gel | Rubbing alcohol for insect bites |
| Hydrocortisone cream | Rubbing alcohol for glucometer checks/finger |

| DO NOT USE Not to be used on students |
|-------------------------------------------------------------------------|
| Rubbing alcohol or any other forms on open wounds |
| Cotton in ear (may get lost in ear canal) |
| Cough drops (unless student has medication and treatment authorization) |
| Peppermints (choking hazard) |
| Peroxide (caustic to skin) |
| Warm compress to abdomen (unless menses related) |

Abdominal Pain / Acute Abdomen

Stomachaches/pain may have many causes including illness, hunger, food poisoning, GI issues, psychological issues, menstrual discomfort, etc. Young children may not be able to give an exact location of where the pain is located. The pain may get worse; progression is usually more rapid in the younger student.

Notify parent/guardian to pick student up if:

- Fever: If temperature is 100.4°F or greater, or if pain and/or nausea persist, and/or if a student appears significantly ill
- If temperature is $\geq 103^{\circ}$ F and student is extremely ill and/or with Influenza like Illness (ILI)/Covid like illness such as cough, aches, sore throat or severe abdominal pain and parent is not available. 911 may be called per school protocol.
- If ILI is suspected, nurse may offer a student a mask. Student may decline the mask. Do not send a student in a mask out on campus.

- Pain caused by an injury, severe pain, pain persists and/or increases
- Bloody or black stools, yellow skin/eyes and/or no urine output for 8 hours
- Vomiting more than 2-3 times.

Abdominal Pain: No Severe Distress

Consider possible cause of complaint. (No breakfast? Menstrual cramps? Constipation? Diarrhea? Emotional upset? Etc. For a student with frequent visits and chronic complaints of abdominal discomfort, confer with parent/guardian regarding appropriate intervention and referral.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Ask student to describe the pain and location (Observe facial expressions).
2. Take temperature (If temperature is within normal range; continue with 3, 4, and 5).
3. Offer crackers/water.
4. Encourage toilet use.
5. Allow student to rest up to 20 minutes.
6. Encourage student to return to class and complete the school day.

Abdominal Pain: Menstrual Discomfort

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Administer PRN medication, provided by parent/guardian according to guidelines.
2. Nurse may offer warm covered heating pad for discomfort on suprapubic area. Nurse should check heat level, warn student to remove pad if pad causes any discomfort.
3. Provide sanitary napkins if needed. No tampons are provided by school clinic.
4. Rest for up to 20 minutes
5. If student cannot return to class, notify parent/guardian to pick student up and take home.
6. If applicable, interview student for possibility of pregnancy. Call 911 for a pregnant teenager with abdominal pain, vaginal bleeding, and/or labor pains.

Abdominal Pain: Severe / Acute Abdominal Distress

Signs and symptoms: pale or clammy skin, sweating, fever, fetal position.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. **DO NOT USE HEAT PACK** and **DO NOT** give student anything to eat or drink.
2. Nurse should inquire if abdominal pain was caused from an injury, falling from a height, or struck by a fast-moving object.
3. Take temperature unless abdominal pain is from an injury.
4. Take blood pressure and heart rate.
5. Notify parent/guardian.
6. Call 911 for blunt abdominal injuries. Notify principal/administration and parent/guardian.

Appendicitis pain usually presents over the **right lower part of the abdomen**, but may be present throughout the abdomen. Fever may be low early in the course of appendicitis (99-101°)

Abrasions and Cuts

A wound that breaks the skin. When exposed skin comes into moving contact with a rough surface, it may rub away of the upper layers of the epidermis which may cause an abrasion.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

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

Physician Evaluation

Most minor cuts and abrasions do not always need a doctor's care. However, notify the parent/guardian and suggest a physician evaluation if:

- The wound is on the face.
- The edges of the cut are jagged or gape open, the cut is deep (1/4 inch or more), or one can see fat or muscle. These are signs that the wound may need stitches.
- One cannot get all of the dirt or debris out of the wound, or the wound was caused by something very dirty or rusty.
- It is a puncture wound or a deep cut and the person has not had a tetanus shot in the past 5 years.
- The wound is from an animal or human bite. (See Bites)
- There is numbness, loss of sensation, or loss of movement. These can be signs of a nerve or tendon injury.

Alcohol / Drug Intoxication or Poisoning

If school staff or teacher asks a nurse to assess a student or staff member for intoxication or being under the influence of a controlled, illegal substance, the school nurse can only give general nursing assessments. The only legal way of knowing is through drug testing of the urine or blood. School health staff DO NOT conduct drug tests and/or carry out student body or backpack searches. Photographs of the substances would be valuable particularly if it is unidentified pills etc. The nurse should record what the drug is if identifiable, how the drug is packaged, number or approximate amount of drugs. The nurse should release the alcohol/drug paraphernalia to the resource officer or school administrator.

Assessment/Evaluation:

1. Obtain vital signs, respiration, blood pressure, heart rate, O₂ sats and temperature.
2. General assessment of respiratory, cardiovascular and other systems depending on history/presenting symptoms and what student states/reports and health history
3. What does their breath and/or clothes smell like? Liquor? Marijuana?
4. Follow up with principal/administration, dean, and school resource office for further legal assessment.

Signs and Symptoms will vary according to drug or poison. DO NOT GIVE FLUIDS and DO NOT INDUCE VOMITING. Suspect a possible drug/alcohol overdose if you observe the following signs/symptoms

Signs indicating need for immediate action are: (Call 911)

- Loss of consciousness, altered mental status, convulsions or seizures, abnormal breathing, violence or hallucinations, severe abdominal pain and vomiting
- Other indications of poisoning include: burns around lips or mouth, chemical odor of breath, pupils exceedingly small or unusually dilated
- Maintain open airway (Resuscitate if necessary)

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

Management for Conscious Student:

1. Stay with student.
2. Notify principal/administration and parent/guardian.
3. Try to find out what drug has been taken, how much, and when.
4. Call the Poison Control Center (1-800-222-1222).
5. Save receptacle with suspected alcohol or drugs if available.
6. If a student does vomit, position him/her on their side, so that material drains out of mouth. Save vomited material for EMS personnel.
7. Continue to observe for convulsions or breathing difficulties.

Management for Unconscious Student, but is Breathing: (Call 911)

1. Position on his/her side to prevent aspiration of vomit, and monitor.
2. Observe for shock and treat accordingly (see "Shock" section).
3. Continue to observe for convulsions or breathing difficulties.

| ALCOHOL/DRUG | SIGNS/SYMPTOM (not limited to) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">ALCOHOL</p> <p>Juice, Hard Stuff, Sauce, Suds, Moonshine, Hooch, etc.</p> | <p>Decrease, lower blood pressure, heart rate and respirations. Skin may be cool to the touch. Bloodshot- glassy eyes, dazed look, slurred speech, slow response, ataxia and sweating</p> |
| <p align="center">COCAINE/CRACK</p> <p>Snow, Blow, Crack, Flake, Gold Dust, Line, White, That White B, Snow White, White Powder, Icing, White Dust, Powder, etc.</p> | <p>Increase blood pressure and heart rate. Elevated body temperature, dilated pupils, anxiety/agitation, sweating, confusion, runny nose/nose bleeds, track marks, paranoia, hallucinations</p> |
| <p align="center">COUGH/COLD MEDICINE</p> <p>Red Devils, Red Hots, Orange Crush, Dex, Drex, DXM, etc.</p> | <p>High or low blood pressure, rapid heart rate, high temperature, breathing problem/slow and labored breathing, palpitations. Blood shot eyes, drunkenness and hallucinations</p> |
| <p align="center">DEPRESSANTS</p> <p>Valium, Xanax, Klonopin, Halcion, and Librium are often referred to as "benzos" Seconal, Ambien, Lunesta, Barbs, Candy, Downers, Sleeping pills, Roofies, Yellows, Yellow Jackets</p> | <p>Lowered blood pressure, slowed heart rate and breathing, dilated pupils. Slurred speech, dizziness, fatigue/drowsiness, lack of coordination</p> |
| <p align="center">DESIGNER DRUGS</p> <p>Ecstasy (Molly), K2/Spice, Bath Salts (Mephedrone), Khat, Herbal Ecstasy, etc.</p> | <p>Increase blood pressure, heart rate, and body temperature. May cause agitation, aggression, chest pain and palpitations, kidney pain, insomnia, psychosis, seizures, muscle tension, chest pain, nausea/vomiting, sweating, lack of appetite, dilated pupils and dehydration.</p> |
| <p align="center">HALLUCINOGENS</p> <p>LSD, PCP, Angel Dust, Special K, Mushrooms, Peyote, Magic Mint, etc.</p> | <p>Increase blood pressure, heart rate, respiratory rate, and body temperature. Intensifies feelings and sensory experiences, hallucinations, panic, paranoia, psychosis, sweating, loss of appetite, mixed senses, changes in the sense of time, spiritual experiences, and feelings of relaxation or detachment from self/environment, insomnia, uncoordinated movements.</p> |
| <p align="center">INHALANTS</p> <p>Poppers, Snappers, Whippets, Locker Room, Rush, Huff, Sniff, Bolt, Glue, Bang, Kick, etc.</p> | <p>May increase or decrease blood pressure, heart and respiratory rate. May cause nausea, sneezing, coughing, nosebleeds, feeling and looking tired, anoxia, dizziness, slurred speech, confusion, euphoria, hallucinations, delusions, headaches, bad breath and seizures.</p> |

| ALCOHOL/DRUG | SIGNS/SYMPTOM (not limited to) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;">MARIJUANA</p> <p>Weed, Grass, Bud, Mary Jane, Pot, etc.</p> | <p>Lowered blood pressure, increased heart and respirations. May also cause blood shot eyes, dry mouth, sleepy, lack of concentration and coordination, reduces reaction time, increase cravings for food, and reduce short-term memory.</p> |
| <p style="text-align: center;">NARCOTICS</p> <p>Oxycodone, Percocet, Vicodin, Codiene, Hydrocodone, Oxycontin, Methodone, Fentanyl, Pain Killers, Oxy, Percs., Hillbilly Heroin, Morpho., Wafer, Demmies, D., Captain Cody, etc.</p> | <p>Decreased blood pressure, heart rate and respirations. May also include, stomach ache, nausea, constricted pupils, fatigue, drowsiness, confusion, dizziness, cold and clammy skin, fingernails and lips with a bluish tint, seizures, unresponsiveness and coma.</p> |
| <p style="text-align: center;">STEROIDS</p> <p>Arnolds, Juice, Pumpers, Roids, Stackers, Gym Candy</p> | <p>Increase blood pressure, heart rate and respirations. May also include aggression and irritability, delusions, depression, nervousness, mood swings, convulsion, nausea and vomiting, swelling in the legs, burning/itchy skin, and muscle and bone weakness.</p> |
| <p style="text-align: center;">STIMULANTS</p> <p>Adderall, Speed, Uppers, Black Beauties, Meth, Bennies, Dexies, Skippy, Lid, etc.</p> | <p>Increase blood pressure, heart rate and respirations. May also include sleeplessness, restlessness, anxiety, hallucinations, loss of appetite, stomachache, depression, flat affect, headache, fatigue, nausea and or vomiting.</p> |

Narcan Emergency Use

Board Policy 5330.04 allows for the administration of Narcan by trained school personnel for known or suspected opioid overdose.

NARCAN® (naloxone HCl) Nasal Spray is for intranasal use only and is used to temporarily reverse the effects of opioid medicines. Narcan is to be administered right away if signs and symptoms of an opioid emergency are present, even if responder is unsure.

Signs and Symptoms (of known or suspected opioid overdose): unusual sleepiness and person is unable to be awakened, unresponsiveness, unconsciousness, breathing difficulties including slow, shallow breathing, or stopped breathing, pinpoint pupils, gurgling sounds, cold/clammy skin, and cyanosis.

Follow proper administration of Narcan nasal spray per manufacturer instructions.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. General assessment of respiratory, cardiovascular and other systems depending on history/presenting symptoms.

2. If signs and symptoms of an opioid emergency are present, administer Narcan. Position person on his/her side to prevent aspiration of vomit, and monitor.
3. Call 911.
4. Continue to observe for convulsions or breathing difficulties.
5. Notify principal/administration and parent/guardian.

Pursuant to State law (F.S. 381.887), the Board and its employees and agents, including the physician who provides the standing protocol (order) for school Narcan nasal spray, are not liable for any injury arising from the use of Narcan nasal spray administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having a known or suspected opioid overdose:

- a) Unless the trained school personnel's action is willful and wanton;
- b) notwithstanding that the parents or guardians of the student to whom the Narcan is administered have not been provided notice or have not signed a statement acknowledging that the District is not liable; and
- c) regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, physician assistant, or advanced registered nurse practitioner.

Standing Order for Narcan®

(See Next Page)



NARCAN[®] (NALOXONE) NASAL SPRAY STANDING ORDER ALACHUA COUNTY PUBLIC SCHOOLS

ADMINISTRATION of NARCAN[®] (NALOXONE) NASAL SPRAY standing physician order may ONLY be carried out by an Alachua County licensed school nurse or trained school personnel to a student or staff member exhibiting signs and symptoms of an opioid overdose. An opioid overdose can be life-threatening and requires rapid decision making. Naloxone is indicated when signs and symptoms indicate possible opioid overdose. Licensed nurses and trained school personnel will administer the correct dose of Narcan[®] (Naloxone) as described below. In the event a staff member is administered the emergent medication, notify Administration.

Signs and symptoms of possible opioid overdose may include:

- Loud, uneven snoring or gurgling noises (“death rattle”)
- Shallow, slow breaths (fewer than 10 per minute) or not breathing at all
- Pale, blue or gray skin, clammy, blue lips or fingertips (lack of oxygen)
- Slow or erratic pulse (heartbeat)
- Unresponsive to stimuli such as loud noise or sternal rub, unconsciousness
- Constricted (pinpoint) pupils, very lethargic and limp body

Administer as directed:

1. Administer NARCAN[®] (Naloxone) Nasal Spray 4mg - 1 full spray into 1 nostril per package instructions. DO NOT PRIME DEVICE.
2. Call 911. Notify EMS of Narcan[®] administration time.
3. Allow 1-3 minutes for medication to work. If there is no change in person’s condition after 3 minutes, give another dose of Narcan[®] (if available) per package instructions.
4. Remain with the person until medical help arrives.
5. If person becomes unconscious, not breathing normally or not breathing, begin CPR.
6. Call parent/guardian and school administration.

Medical Director Signature: _____ Date: _____

Expires 1 year from signature

Originals kept on file at Alachua County Public Schools/Health Services Department and UF Pediatrics Department.

Poisoning

Poisoning can be swallowed, injected, inhaled, absorbed through the skin or eyes. Call poison control if suspected poisoning from any of the following:

- Medicines
- Insect bites and stings
- Snake bites
- Plants
- Chemical or cleaners
- Drugs or alcohol
- Food poisoning
- Inhalants
- When in doubt

Signs and symptoms: something unknown in mouth, burns around mouth or skin, strange odor to breath, sweating, nausea/vomiting, dizziness/fainting, seizures/convulsions

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

6. Wear disposable gloves.
7. Check students' mouth and remove any remaining substance from mouth. Ask student to spit it out, do not perform a blind sweep.
8. Do not induce vomiting or give anything by mouth.
9. General assessment of respiratory, cardiovascular and other systems depending on history/presenting symptoms.
10. Call Poison Control.
11. Notify parent/guardian.

Management for Unconscious Student, but is Breathing: (Call 911)

1. Position on his/her side to prevent aspiration of vomit, and monitor.
2. Observe for shock and treat accordingly (see "Shock" section).
3. Continue to observe for convulsions or breathing difficulties. Initiate steps of CPR as necessary.

Allergic / Anaphylactic Reaction

An allergic reaction is a medical emergency requiring immediate treatment that occurs when a person is exposed to any allergy-causing substance or bite/sting. *See Bite/Sting in handbook for more information. Students may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, etc. Florida Administrative Code Rule 6A-6.0251 allows students to carry auto-injectable epinephrine in schools.

Signs and symptoms: Itching or burning, hives, tingling/swelling (particularly of face, neck, eyes, tongue, or lips), throat tightness, hoarseness or thickened speech, difficulty swallowing, tightness in chest, hard to swallow, wheezing, breathing difficulty, dry/hacking cough, dizziness, shock (pallor, sweating, rapid pulse, weakness), abdominal pain, nausea/vomiting, confusion, sudden uneasiness/anxiety or feelings of impending doom, unconsciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Observe the student constantly for difficulty breathing, skin reactions and/or signs of shock.
2. Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.).
3. Check for Medic-Alert bracelet or necklace.
4. Follow the steps of standing order for anaphylactic shock if necessary.
5. Notify principal/administration and parent/guardian.

A severe allergic reaction requires IMMEDIATE ACTION:

1. Follow the steps of standing order for anaphylactic shock and administer emergency medication.
2. CALL 911.
3. If student is not breathing, initiate steps of CPR as necessary.
4. Notify principal/administration and parent/guardian.

Parent/Guardian should report severe peanut/food allergies to nurse, teachers, administration, and food service. Food service personnel will initiate food accommodations via student's health care provider. The school nurse will report known food allergies to food service manager, develop, create an IHP, and train staff as required.

Epinephrine Pen Protocols

Storage

- Stock EpiPens® must be stored in locked clinic cabinet at night in the medication clip bag provided. During school hours, the emergency standing order medications must be clipped to the emergency bag for easy accessibility.
- Students will be allowed to carry their own emergency EpiPen® on their person/backpack with proper authorization forms filled out.
- Students will be encouraged to wear ID/Alert tags.

Epi Pen Training

1. The principal and the school nurse will identify staff members who are both willing and capable of training for:
 - a. Identify signs and symptoms of anaphylactic shock
 - b. Calling 911
 - c. Administering the students' EpiPen® if needed, in the absence of the nurse. *Field trips are included
2. **STOCK EpiPen®: ONLY** school nurses may administer the stock EpiPen® to students with identified anaphylaxis. The stock EpiPen® is for use on school grounds and will NOT be sent on field trips.
3. Parent/Guardians **MUST** furnish the school with their child's up to date EpiPen® for the student to self-carry and/or an EpiPen® to be kept in the clinic.

Standing Order for Benadryl and EpiPen®

(See Next Page)



BENADRYL and/or EPINEPHRINE PEN STANDING ORDER ALACHUA COUNTY PUBLIC SCHOOLS

ADMINISTRATION of Diphenhydramine (BENADRYL) and/or EPINEPHRINE PEN standing physician order may be carried out by an Alachua County licensed school nurse OR trained school personnel to a student or staff member exhibiting signs and symptoms of an anaphylactic reaction. Anaphylactic attacks are life-threatening and require rapid decision making. When signs and symptoms indicate anaphylactic reaction, licensed nurse or trained school personnel will administer the correct dose of **Diphenhydramine (Benadryl) and/or Epinephrine Pen** as described below. In the event a staff member is administered either emergent medication, notify Administration.

DIPHENHYDRAMINE/BENADRYL

The licensed nurse **OR** trained school personnel will administer stock Benadryl (12.5mg/5ml) when significant, but NOT life-threatening reactions occur, such as widespread hives, red raised rash, itchy throat.

Administer as directed:

- Child <20 lbs. give 6.25 – 12.5 mg ($\frac{1}{2}$ - 1 teaspoon) by mouth (per package instructions).
- Child >20 lbs. give 12.5 mg (1 teaspoon) by mouth (per package instructions).
- Child >12 years give 25-50mg (2-4 teaspoons) by mouth (per package instructions)

If symptoms are relieved, CALL parent/guardian and discuss symptoms/treatment.

EPINEPHRINE PEN

The licensed nurse **OR** trained school personnel will administer stock Epinephrine pen when symptoms progress into respiratory distress.

Administer as directed:

1. Administer stock Epinephrine pen (per package instructions). Document time.
 - Child up to 60 pounds EpiPen Jr® (0.15 mg/0.3 mL)
 - Child greater than 60 pounds EpiPen® (0.3 mg/0.3 mL)
 - If unclear, give EpiPen Jr® for younger/smaller children and EpiPen® for older/larger children. If there is approximately 15 pounds higher or lower in your estimation of the child's weight, giving a 45pound child the EpiPen® is safe.
2. Call 911. Notify EMS of EpiPen administration time.
3. Call parent/guardian and school administration.
4. Monitor student closely for side effects: hypertension and tachycardia.

Medical Director Signature: _____ Date: _____

Expires 1 year from signature

Originals kept on file at Alachua County Public Schools/Health Services Department and UF Pediatrics Department.

Animal Bites / Scratches

The major concern with all animal bites and scratches (includes dogs, cats, ferrets, raccoons, rats, squirrels, bats, prairie dogs, rabbits, etc.) is infection. 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/Guardian and Principal/Administration.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Wash area with soap and water. Irrigating with running water for 2-3 minutes unless bleeding heavily.
2. Use direct pressure as needed to control bleeding.
3. Cover with sterile, non-stick bandage.
4. Notify principal/administration and parent/guardian.
5. Notify parent/guardian of the date of last Tetanus shot.
6. Advise medical attention.
7. Get description of animal and pet owner's name, if possible.
8. Do not attempt to capture or restrain the animal.
9. Notify Animal Control for all bites.

Animals in Schools (High Risk)

Animal bites or injuries require immediate attention and possibly a visit to a primary physician or Emergency Room because domesticated and feral animals can transmit a large number of diseases to humans. ***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 Department.***

NO ANIMALS ARE ALLOWED IN SCHOOL CLINICS. Animals in classrooms and schools should be discouraged.

- Many birds, such as parrots, may transmit a respiratory disease such as Psittacosis.
- 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 possible.
- 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.

Animal exhibits and petting zoos can be thrilling and an educational experience. 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 parent/guardian 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. Students 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 handbook.

Animals on District Property

SBAC Board Policy 8390 - The Board recognizes that there are occasions when animals are present on District property and reasons for those animals' presence. Animals are commonly utilized by teachers during classroom presentations and are often housed in classrooms and other locations on campus. Additionally, employees, students, parents, vendors, and other members of the public may be accompanied at school by a service animal in accordance with Federal and State law and this policy.

"Service animal" means "an animal that is trained to perform tasks for an individual with a disability. The tasks may include, but are not limited to, guiding a person who is visually impaired or blind, alerting a person who is deaf or hard of hearing, pulling a wheelchair, assisting with mobility or balance, alerting and protecting a person who is having a seizure, retrieving objects, or performing other special tasks. A service animal is not a pet." (F.S. 413.08) There are rules and regulations related to having a service animal in school, see the board policy for more information.

All animals housed on District property for any school purposes, such as to conduct random searches for illegal substances or to support classroom activities, or brought on District property on a regular basis for any purpose, including service animals, must meet every veterinary requirement set forth in State law and county regulation/ordinance
This policy shall apply to all animals on District property, including service animals.

Taking into consideration that some animals can cause or exacerbate allergic reactions, spread bacterial infections, or cause damage and create a hazard if they escape from confinement, the principal may permit non-service animals to be present in classrooms to support curriculum-related projects and activities only under the following conditions:

the staff member seeking approval to have a non-service animal in his/her classroom shall:

- Provide a current satisfactory health certificate or report of examination from a veterinarian for the animal.
- Take precautions deemed necessary to protect the health and safety of students and other staff.
- Ensure that the animal is treated humanely, keeping it in a healthy condition and in appropriate housing (e.g., a cage or tank) that is properly cleaned and maintained; and, keep the surrounding areas in a clean and sanitary condition at all times.
- Other staff members and parents of students in areas potentially affected by animals have been notified in writing and adjustments have been made to accommodate verified health-related or other concerns.
- Except for canines brought on the premises by law enforcement personnel for law enforcement purposes, no other animals may be on school premises at any time without prior approval.

Asthma

Asthma is a chronic respiratory condition resulting in constriction and inflammation of bronchial tubes in the lungs. The condition narrows air passageways causing recurrent episodes of breathing difficulties, often called asthma attacks. Many things can trigger an attack, such as, physical activity, respiratory illness, weather changes, environmental factors, emotional upset and allergic reactions. Florida Statute 1002.20 (3)(h) allows students to carry emergency medications in school.

Symptoms of attacks may include: shortness of breath, coughing, wheezing, rapid breathing, and chest tightness/discomfort, anxiety/restlessness.

Severe signs of exacerbations (attacks) are:

- Breathing in quickly with inability to speak
- Increased use of stomach muscle and chest muscles during breathing
- Leaning over to breathe
- Nasal flaring, neck and chest retractions

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Keep student in a sitting position and within nurses' view.
2. Assess student, including Fingertip Pulse Oximeter - Blood Oxygen Monitor.
3. Check peak flow reading if ordered and follow asthma action plan of student.
4. Give inhaler/nebulizer medication as ordered by physician or if student is a known asthmatic administer standing order inhaler. *Follow standing order instructions.
5. Continue to monitor student for further difficulty.
6. If student improves, send back to class and notify parent/guardian.
7. Call 911 if student does not improve within 15 minutes after medication and rest and/or exhibits any of the following symptoms:
 - a. Struggling for air/breath and/or talking in broken sentences due to shortness of breath
 - b. Pale or blue in color around lips or fingernails
 - c. Not mentally alert, difficulty concentrating, or appears confused
 - d. Using neck, rib or stomach muscles to breathe
 - e. Having obvious difficulty breathing
 - f. Medication is not helping symptoms
 - g. Peak flow reading is in the red zone

When airway gets very tight, wheezing may STOP because child cannot breathe with enough force to cause the wheeze. Remember asthma can be fatal. When in doubt call 911.

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

- Encourage use of prescribed inhaler prior to PE.
- Student may carry inhaler, if responsible, with signed parental consent form.
- Student should have a peak flow meter. Peak flow meters require a doctor's order.

Standing Order for Inhaler

(See Next Page)



INHALER STANDING ORDER ALACHUA COUNTY PUBLIC SCHOOLS

ADMINISTRATION of INHALER standing physician order may ONLY be carried out by an Alachua County licensed school nurse to a student or staff member WITH KNOWN ASTHMA exhibiting signs and symptoms of an asthmatic exacerbation. Asthma attacks are life-threatening and require rapid decision making. When signs and symptoms indicate exacerbation of symptoms, licensed nurse will administer the correct dose of the inhaler as described below. In the event a staff member is administered the emergent inhaler, notify Administration.

Signs and symptoms of possible asthma exacerbation may include:

- Audible wheezing or scant breathing sounds
- Chest contractions, retractions, nasal flaring
- Inability to talk, constant coughing
- Lips or fingernails are grey or blue
- Bent over breathing or complains of chest tightness

Administer as directed:

1. Shake inhaler. Prime with 1 puff if not used regularly (greater than 2 weeks).
2. Administer Albuterol Sulfate (VENTOLIN/PROAIR) HFA 90mcg, 2 puffs by mouth **with spacer**.
3. Monitor student and vital signs closely.
4. If symptoms are relieved:
 - a) CALL Parent/Guardian and discuss symptoms/treatment.
 - b) Student can return to class after 30 minutes and if symptoms are improved.
5. After 5 minutes, if symptoms are the same or are getting worse and you cannot reach Parent/Guardian:
 - a) Administer 2 more inhalations of Albuterol Sulfate (VENTOLIN/PROAIR) HFA 90mcg.
 - b) Call 911
6. Call and inform school administration.

*If symptoms progress into severe respiratory distress, stand-by to administer **CPR**.

Make bin labeled with students' name. Place used spacer in the bin and store in the medication cabinet. **Request new spacer from SBAC Lead Nurse.**

Medical Director Signature: _____ Date: _____

Expires 1 year from signature

Originals kept on file at Alachua County Public Schools/Health Services Department and UF Pediatrics Department.

Back and Neck Injuries

DO NOT MOVE ANYONE WITH SUSPECTED BACK OR NECK INJURIES UNLESS NECESSARY for safety.

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

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.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

If the student is lying in a safe area:

1. Call 911. **DO NOT** move student.
2. **DO NOT** bend, twist, or rotate the neck or body of the student.
3. Gently place pillows or rolled blanket on both sides of head and neck for immobilization.
4. Observe for breathing difficulties and/or shock.
5. Maintain adequate airway with jaw thrust (do not extend neck).
6. **Initiate steps of CPR as necessary.** Use jaw thrust to open the airway.
7. Notify the principal/administration and parent/guardian.

If the student **MUST** be moved, in case of danger at the scene, 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. Enlist the assistance of another person in order to provide as much support as possible

Bed Bugs

Bed bugs are reddish-brown in color, oval and flat. They are about the size of an apple seed. Bed bugs feed on the blood of humans when people are asleep. During the day, they hide in cracks and crevices and can be found in seams of mattresses, box springs, bed frames, nightstands, electrical outlets, carpeting, walls, etc. No pesticides will be used in schools in response to a single case of bedbugs (i.e., no carpet or backpack spraying). Bed bugs do not infest people and one found bed bug is not an infestation.

1. Administration should notify the contracted pest control provider if an infestation is suspected. Pest control will determine if there is an infestation.
2. If it is determined that an infestation is in a classroom:
 - a. Administration should allow pest control to treat with pesticides that comply with state and local laws and regulations.
 - b. Staff and parent/guardians may be notified by administration with a letter home.

Parent of affected child will be advised to contact pest control for their own home.

Transmission: Bed bugs are not known to transmit disease but are a nuisance. Bed bugs may attach to personal belongings such as backpacks, clothing, or other items.

Signs and Symptoms:

- Bites are usually red, often with a darker red spot in the middle
- Bites are arranged in a rough line or clustered and commonly located on the face, neck, abdomen, arms and hands

- Some people may experience an allergic reaction that can include itching, blisters and hives
- Scratching causes sores which may become infected

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Wash the affected area/s with soap and water and cover with a Band-Aid/s or dressings.
2. Apply Caladryl or Hydrocortisone and ice to itchy areas.
3. Notify parent/guardian.
4. Students should not be excluded from school for a rash due to bed bugs. However, consider an unknown rash to be contagious until bed bugs are confirmed with a note from a licensed health care provider.

Bites, Scratches, and Stings

Human Bites

If bite cause a break in the skin, treat both the person who was bitten and the “biter”.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

Maintain confidentiality at all times. Parent/Guardians DO NOT have access and/or SHOULD NOT be given the name of the student who did the biting.

1. Immediately, cleanse wound with soap and water or rinse mouth with water.
2. May use alcohol wipe to clean bite wound.
3. Cover with sterile, non-stick bandage.
4. Notify Principal/Administration and Parent/Guardian
5. Advise Parent/Guardian to contact their medical provider to ascertain Tetanus vaccination status and need for medical attention. (Nurse can look up status for parent).
6. See Clinic Infection Control Guidelines section and follow procedures under exposure plan.
7. If either child is known to be infected with any Blood Borne Pathogen, school nurse/supervisor of health services and principal/administration should be notified immediately.
8. If this event involves a staff member being bitten or exposed, an Accident Investigation Report and First Care form must be completed.

Insect Bites/Stings

Most bites and stings trigger nothing more than minor discomfort. They often result in itching, redness or mild swelling in the injured area. However, in some instances a bite or sting may cause a life-threatening allergic reaction.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. The stinger if still present should be removed, by gently scraping with the edge of a tongue blade, the edge of a credit card or other dull blade instrument (DO NOT use tweezers. The use of tweezers may cause additional venom to be released into the site).
2. Wash area with soap and water.
3. Apply cold pack/compress.

4. If the student shows signs of anaphylactic shock, stay with the student and manage accordingly.
5. For minor insect bites such as red ant or mosquito may use “sting relief” or rubbing alcohol.

Caterpillar Contact

When there is contact of a caterpillar’s setae or spines to human skin it can cause a reaction.

Signs and Symptoms: redness, swelling, itching, rash, welts, and small, fluid-filled sacs called vesicles. There may also be a burning or stinging sensation. Symptoms can appear within minutes and last for one or more days.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. For suspected setae exposures, adhesive tape applied to the skin then removed will remove remaining caterpillar spines. Repeat with fresh tape as necessary.
2. Remove any constricting clothing or jewelry as soon as possible.
3. Wash area with soap and water.
4. Apply cold pack/compress.
5. If the student shows signs of anaphylactic shock, stay with the student and manage accordingly.
6. For minor insect bites such as red ant or mosquito may use “sting relief” or rubbing alcohol.
7. Notify principal/administration and parent/guardian.
8. For caterpillar-related eye exposures, wash the eye with water or eye wash. Suggest ophthalmologic consultation.

Snake Bite

Unless snake is reliably identified as non-poisonous, assume that it is poisonous. DO NOT try to capture the snake. If possible, note any identifying characteristics of the snake such as large triangular head, rattle or coloration.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call 911. Keep student quiet, still and calm.
2. Remove jewelry or constricting items near the bite site due to possible swelling.
3. Keep bitten part of body below heart level.
4. Immobilize the affected body part.
5. DO NOT use tourniquet or cold packs and DO NOT suck or cut the poison from the bite. Check vital signs. Stay with student until 911 arrives. Monitor for signs and symptoms of shock.
6. Notify principal/administration and parent/guardian.

Spider Bite

A spider bite usually looks like any other bug bite causing a red, inflamed sometimes itchy or painful bump on the skin. Two poisonous spiders known to the Florida region are “Black Widow” and “Brown Recluse”.

Signs and Symptoms from bites of poisonous spiders:

- Swelling around the bite

- Pain around the bite
- Ulcer forming around the bite
- Swelling and pain that spreads to stomach, back, or chest
- Stomach cramps or body aches
- Chills, nausea, sweating

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call parent/guardian and suggest physician evaluation if unsure if the bite was from poisonous spider.
2. Call 911, if student experiences severe pain, abdominal cramping or trouble breathing.

Bleeding Wound (Hemorrhage)

The depth of injury and type of vessel broken determines severity of the bleeding and how difficult the bleeding is to control. First Aid responder will follow universal precautions when providing care.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. If you suspect an internal bleed, seek medical treatment immediately. **Call 911.**
2. Direct pressure and elevation. Hold a thick dry 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. **THIS METHOD ALONE CAN CONTROL MOST BLEEDING.**
3. Apply firm pressure for 10 minutes over skin lacerations or abrasions.
4. 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.
5. In an event that the school nurse arrives to an emergent scene and someone has applied a tourniquet, do not loosen. Seek medical attention immediately.
6. 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.
7. If student appears to be in shock (pallor, rapid pulse, weakness, sweating, etc.), call 911. Keep student under observation and keep in warm, comfortable and flat in bed with feet raised.
8. Notify principal/administration and parent/guardian.

NOTE: If there is a broken bone or embedded object protruding from the wound site:

1. **DO NOT** use direct pressure. Apply pressure to the pressure point* above the wound to slow or stop the flow of blood to the wound.
2. **DO NOT** disturb a broken bone or attempt to remove a deeply embedded object.

A pressure point is a spot on the body where you can apply pressure by compressing the nearby artery. Apply pressure to the artery against the bone underneath. For an arm injury, apply pressure to the brachial artery or for a leg injury press onto the femoral artery.

Bone, Joint, and Tissue Injuries

If a student has an injury at school such as a “jammed” or sprained finger/toe, sprained wrist/ankle or knee the school nurses **DO NOT** buddy tape, wrap or splint so that the child can remain at school. This is a parent/guardian, physician or trainer’s responsibility. There must be a physician order to be able to maintain a wrapped injury at school.

NOTE: A medical provider must differentiate between a fracture from a sprain or strain. Therefore, school nurses will proceed as if there were a fracture if pain, swelling, discoloration, or temperature change is evident.

Intervention for possible closed fracture or dislocation of arm or leg: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Call 911 if needed.
2. Keep student quiet. Observe for shock.
3. Do not move student unless safety is a factor. In which case, only move student after immobilizing the limb with a splint and determining that back injury is not suspected.
4. Notify principal/administration and parent/guardian.
5. Apply cold pack/compress to site of pain.
6. DO NOT attempt to straighten any deformity.

Intervention for compound (open) fracture: The following are interventions if warranted following the school health staff's evaluation/assessment. Apply pressure to the artery against the bone underneath. For an arm injury, apply pressure to the brachial artery or for a leg injury press onto the femoral artery.

1. Call 911.
2. Cover exposed bone with a dressing. Control hemorrhage, if necessary (use procedure on supply artery, see above pressure point).
3. Splint limb.
4. **DO NOT** attempt to push bone back under skin.
5. Observe for shock.
6. Notify principal/administration and parent/guardian.

Intervention for bruises, blows, sprains, and strains: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Observe area for pain, swelling, deformity or discoloration.
2. Apply cold pack/compress to site.
3. Elevate limb if possible. Keep student calm and still.
4. **DO NOT** allow student to bear weight on the injury.
5. Notify principal/administration and parent/guardian

Only immobilize an injury to wait for a parent/guardian or emergency medical provider to arrive using a triangular sling, splint or arm board wrapped to support both joints proximal and distal to the injury.

1. Regularly check distal pulses with splint or arm board in place. Observe for tightness of wrap due to swelling causing loss of blood flow
2. Monitor temperature, color, sensation of both injury/body part distal to injury

Breathing Difficulties / Shortness of Breath

Breathing difficulties can come on gradually or suddenly. Many conditions can cause breathing issues, including stress or anxiety. Ask student for causative conditions (asthma, anaphylaxis, diabetes, heart disease). Manage treatable conditions accordingly.

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

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Keep student in a sitting position and within nurses' view.
2. STAY WITH STUDENT. Be calm and reassuring.
3. Assess student, including Fingertip Pulse Oximeter - Blood Oxygen Monitor.
4. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.
5. 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 up to 20 minutes more. If the student feels well enough to return to class, he/she may.
6. Watch for signs of serious difficulty requiring mouth-to-mouth resuscitation and emergency transport (911) such as:
 - Cessation of breathing
 - Unconsciousness or decreased level of consciousness (dazed, confused, irrational, and/or combative behavior)
 - Cyanosis (blue lips, fingernail lids)
7. If asthmatic and shortness of breath continues without results from administration of prescribed inhalers, etc., call 911. Calling 911 requires notification of principal/administration and parent/guardian.

Bullying and Harassment

All school employees are required to report witnessed or alleged bullying or harassment to the principal/administration. The district is committed to providing an educational setting and workplace that is safe, secure, and free from bullying and harassment for all students and employees.

Prohibited Conduct

The district will not tolerate bullying and harassment of any type. Conduct that constitutes bullying and harassment, as defined herein, is prohibited:

- During any education program or activity conducted by the district;
- During any school-related or school-sponsored program or activity or on a school bus or at a district school bus stop;
Through the use of data or computer software that is accessed through a computer, computer system, or computer network within the scope of the district; or
- Through the use of data or computer software that is accessed at a non-school-related location, activity, function, or program or through the use of technology or an electronic device that is not owned, leased, or used by the district or a school, if the bullying substantially interferes with or limits the victim's ability to participate in or benefit from the services, activities, or opportunities offered by the district or school or substantially disrupts the education process or orderly operation of a school.

All other members of the school community, including students, parent/guardians, volunteers, and visitors, are encouraged to report any act that may be a violation of this policy to the principal/administration. Refer to SBAC policy 5517.01 for further information.

Burns

Destruction of a layer or layers of skin caused by heat, electricity, or chemicals. The deeper the burn means the burn is more severe. A general rule is that a deep burn (deep second-degree and all third-degree burns) which are larger than a quarter or half-dollar needs medical attention.

Important factors in determining the severity of a burn:

Depth (degree):

- First degree (superficial): redness, mild swelling and pain with no blisters
- Second degree (partial-thickness): red or mottled appearance, blisters, swelling and sometimes a wet appearance to the skin
- Third degree (full thickness): loss of skin, destruction and/or charring of tissues (red, raw, ash white, black, leathery, or charred skin usually with little or no pain)

Location:

Critical areas are hands, face, feet, genitals and chest. All second and third degree burns to these areas need medical attention.

For all critical burns, **that have the following symptoms**

- Breathing difficulties and/or respiratory distress
- Burns covering more than one body part
- Burns to the head, neck, chest, hands, feet or genitals
- Burns resulting from heat, electricity or chemicals

Call 911, treat for shock if necessary, and notify Parent/Administration and Parent/Guardians.

Heat Burns

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Extinguish flames, remove student from source of burn. NOTE: Ensure power is OFF before going near the student.
2. Immerse or rinse area in cool water unless there are deep open areas of tissue. Do not use ice.
3. Apply a loose sterile dressing to the area.
4. Do not remove clothing from a severely burned area if caused by heat or flame.
5. Do not apply any ointments.
6. Do not break blisters.
7. Notify principal/administration and parent/guardian. Activate 911 if needed.

Chemical Burns

Major chemical burns need emergency medical help. Minor chemical burn can usually be treated with first aid. If unsure exposure is to a toxic chemical, call a Poison Control center then call 911.

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Put on gloves to remove contaminated jewelry or clothing from burned area.
2. Rinse with cool water for at least 20 minutes or until EMS arrives if 911 was called. Do not use ice.
3. Apply a loose sterile dressing to area.
4. Notify principal/administration and parent/guardian. Activate 911 if needed.

Chemical Burn to Eyes

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Call 911, treat for shock as needed. Any chemical burn to the eye requires immediate evaluation and management.
2. Continuously, rinse eye continuously with a slow and steady stream of water or with provided eyewash bottle, following directions. Otherwise, continuously rinse eye until EMS arrives.
3. Do **NOT** remove contact lenses, just continuously rinse until EMS arrives.
4. Ask student/staff what chemical was splashed into eye.
5. Call Poison Control.
6. Follow MSDS interventions if available and known chemicals.
7. Notify principal/administration and parent/guardian.

Chest Pain

Chest pain in children and adolescents is common, but usually benign. Cardiac causes are uncommon unless known cardiac problems exist. Initiate appropriate emergency procedures for chest pain with fast heartbeat, dizziness or fainting that may indicate cardiac cause. In all cases, calling 911 requires notification of principal/administration and parent/guardian.

Common causes of chest pain in children and adolescents are:

- Musculoskeletal
- Costochondritis (benign and often temporary inflammation of cartilage jointing each rib to the sternum)
- Asthma
- Gastroesophageal reflux
- Anxiety
- Precordial catch syndrome (sharp stabbing chest pain below breast that last a few seconds and is worsened by taking a deep breath. It may be caused by a pinched nerve)

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Take careful history and type of pain (i.e., stabbing, sharp, dull, throbbing, pressure etc.).
2. Determine onset of symptoms, length of time of symptoms, and any association of activity with symptoms.
3. Take vital signs and make student comfortable. If pain resolves and student feels well enough after a period of rest up to 20 minutes, student may return to class.
4. If needed, notify parent/guardian for further student medical evaluation.
5. Call 911 if student is seriously compromised, cyanosis, difficulty breathing, and decreased or loss of consciousness.

If child/adolescent or adult is indeed having chest pain due to cardiac problem, complains of intense crushing pain which possibly radiates to neck, jaw, shoulder, arm, or back, this may be a heart attack and appropriate emergency measures should be taken.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call 911 (Notify Resource Officer to call if on campus) and get AED.
2. Notify principal/administration and parent/guardian.

3. Initiate steps of CPR as necessary.

If adult (**over 18 years**) consent is given and pain appears to be possible heart attack (MI), and EMS has instructed as such, school health personnel will:

1. **Administer by mouth: Aspirin 325 mg tablet to adult.** Aspirin is relatively safe to administer. Do not administer if have known allergy, stomach problems, or taking blood thinners or anti-platelet drugs. Aspirin can be chewed for rapid action.

Child Abuse and Neglect Reporting

Florida Statute s.39.201 (1) (a) mandates any person who knows or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter.

The law recognizes educators as trained professionals, caring people, and the largest single group to work with children. Examinations by school staff are not permitted either alone or with DCF staff. No photos, interviews or verbal reports with child will be performed by the school nurse.

Failure To Report

Suspicion of child abuse or neglect is adequate grounds for a referral. It is not the responsibility of school health personnel or school staff to prove abuse or neglect.

- Failure to report child abuse to DCF is a third-degree felony under 39.205(1).
- Failure to report a sexual battery under 749.027 is a misdemeanor of the first degree.
- Failure to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or preventing someone else from doing so is a misdemeanor of the second degree under 415.111(1).

Nursing Protocol in Regards to Department of Child Services

1. DCF must have badge and official paperwork to receive information.
2. Nurses should refer DCF investigators seeking records to SBAC Attorney Office.
3. Nurses do not interview, assess students or take photographs with DCF workers.
4. Referral to school crisis team/counselor is expected.
5. Referral Agencies: State-wide toll-free registry: 1-800-96-ABUSE.

The Florida Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect.

- Report online at <https://reportabuse.dcf.state.fl.us/>
- Call 1-800-962-2873
- Florida Relay 711 or TTY 800-955-8771
- Fax your report to 800-914-0004

If you suspect or know of a child or vulnerable adult in immediate danger, call 911 or the schools Resource Officer.

Intervention:

1. School nurse will assess and care for first aid needs if needed.
2. Notify proper authorities.

3. Notify principal/administration.
4. School nurse will document care and that the proper authorities were contacted per policy.

Physical Abuse

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

Neglect/Emotional Maltreatment

- Child consistently dirty, unwashed, hungry, or inappropriately dressed.
- Child without supervision for long periods of time.
- Child has unattended physical problems and health care needs.
- Child constantly tired or listless.
- Child rarely attends school.
- Child exhibits behavioral problems (overly compliant, lags in emotional development, attempts suicide).
- Repeated school absences.

Sexual Abuse

- Child has venereal disease or symptoms or pregnant.
- Child experiences pain or itching in the genital area, painful urination.
- Child is unwilling to participate in physical activities.
- Child openly engages in sexual behavior or talk which is age inappropriate.
- Child develops worsening behavior or school performance without obvious cause.
- Child complains of or hints at inappropriate sexual behavior.
- Child appears unusually sad or withdrawn with no obvious explanation and this condition persists for days or weeks.
- Repeated school absences.

Choking / Abdominal Thrusts

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. A sign of choking may be the universal choking sign which is grabbing the throat with one or two hands, or simply pointing to the throat. Other symptoms include; coughing or gagging, sudden inability to talk, wheezing, hand signal and panic, unconsciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Ask the student if they are able to breathe. If student is able to cough forcefully, do not interfere. Simply observe them unless they develop the inability to breathe or loss of consciousness.
2. If the student cannot cough effectively or is making high-pitched coughing or wheezing sounds, do the following: **Direct a bystander to call 911.**
3. Perform abdominal thrusts:
 - a. From behind, wrap your arms around the student's waist.

- b. Make a fist with one hand and place the thumb-side of your fist against the student's abdomen, well below the tip of the breastbone and above the navel.
 - c. Grasp your fist with your other hand and press into the student's abdomen with a quick upward thrust, thrust inward and upward. Repeat until the student starts coughing, object is expelled or student loses consciousness.
 - d. If student loses consciousness, place student on a hard, flat surface. Initiate steps of CPR, starting with compressions.
 - e. Remember to look for a foreign body when you open the airway for breaths. Remove foreign body if able. DO NOT do blind finger sweeps.
 - f. If object is dislodged, turn student on side until EMS arrives.
 - g. The student must be seen by a physician who may want to do an x-ray to verify that there was no aspiration or injury.
4. Notify principal/administration and parent/guardian.

Complex Medical Procedures

Complex Medical Procedure require yearly-renewed physician's orders and Medication Authorizations if needed. For student requiring these procedures an IHP/504 may be part of the interdisciplinary consultation and evaluation for IEP meetings.

Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP) or other individuals designated by the school principal may provide certain health-related services or assistance to students, as necessary. Delegation of nursing tasks and services to UAPs must be in accordance with s. 1006.062, F.S. and Chapter 64B9-14, F.A.C. requiring child-specific training. Service provision activities include the completion and documentation of complex medical procedures or monitoring the student who performs the procedure independently.

Health Services training forms will be completed annually for unlicensed health staff, techs and UAPs. See specific training forms for instructions and guidance of each complex medical procedure. When any complex medical procedure is performed, it will be documented in Skyward immediately following the intervention.

Complex medical procedures include but are not limited to:

- Cardiac Monitoring
- Carbohydrate Counting
- Glucose Monitoring
- Catheterization
- Gastrostomy Tube Feeding (J-Tube, Peg)
- Ileostomy Care
- Colostomy Care
- Urostomy Care
- Oxygen Therapy
- Specimen (Urine or Blood) Collection or Testing
- Tracheostomy Care, Suctioning (Oral or Tracheostomy)
- Ventilator Dependent Care

-School Health Program Coding Manual 2021

Covid 19

Per CDC guidelines, COVID-19 is mostly spread by respiratory droplets released when people talk, cough, or sneeze. The virus may be caused by touching contaminated surfaces, causing

infection. Therefore, personal prevention practices (such as frequent handwashing, wearing a mask, social distancing, staying home when sick) and environmental cleaning and disinfection are recommended.

Signs and symptoms: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When to seek emergency medical attention:

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately and call 911**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. School Nurse to follow SBAC policy and guidelines. Nurse should get into the habit of asking students who do not 'feel good' the COVID-like symptoms and any close contact with positive case.

1. **Take Temperature. If temperature of 100.4 or greater or COVID-like symptoms and follow the most recent SBAC protocol and guidelines.**
2. Notify Administration.
3. Notify parent/guardian for immediate student pick up.
4. Educate parent/guardian on most recent protocol and guidelines.

COMMUNICABLE DISEASE

There is an increased risk of infection transmission between persons in a school due to close contact in group settings and activities where equipment and supplies are shared. This causes an added risk of absenteeism due to respiratory, gastrointestinal or other communicable illnesses. The Alachua County Public Schools collaborate with the local health department to help with outbreak investigation which in turn provides education about prevention and control of communicable diseases in schools. See Reportable Disease Chart last page of handbook.

A Note About How to Stay Healthy

Practicing good personal hygiene prevents many communicable diseases. Reminding students of certain essential practices such as hand washing before meals and after using the restrooms is essential. School nurses are available to provide hand-washing classes to students.

Most Communicable Diseases Can Be Prevented by Following the Steps Listed Below:

- **Hand washing:** Wash hands with soap and warm water frequently, especially after using the restroom. Give students enough time to properly wash their hands. (single most important factor)
- **Stay home when ill:** Strongly suggest that ill students and staff stay home when ill. Avoid close contact with others during the infectious period.
- **Education:** Be informed about signs, symptoms and prevention of diseases. Share information with students and parent/guardians.
- **Disinfect surfaces:** Clean and disinfect surfaces or objects, focusing especially on frequently touched surfaces.
- **Vaccinate:** Check immunization status of students monthly.
- **Seek care:** Referrals to health care provider for those ill with symptom/s to get diagnosed and treated.

Communicable Disease Chart

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of students from school | Control |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <u>Ascaris (Roundworm)</u> reach maturity about 2 months after ingestion | Live worms seen in stool or vomitus. Abdominal discomfort. Malnutrition. | By transmission of eggs to the mouth from the soil, items and excrement. | Until medically treated. | Warm, wet climate. No special season. | No | Personal hygiene (hand washing), home cleanliness and sanitation. |
| <u>Chickenpox</u> (Varicella) SHINGLES (same) | Scattered rash, red with small central blisters. Crusts form later. May have fever and fatigue. | Coughing, sneezing, direct contact. Highly contagious. | 10-21 days | Variable | Yes, until all vesicles are dried/ crusted, approximately 6 days after first vesicles and no new vesicles for 24 hours | Immunization . Exclude infectious children. |
| <u>Common Cold</u> Colds are caused by viruses; antibiotics are not indicated | Runny nose, watery eyes, fatigue, coughing, and sneezing | Cough/sneeze , or Direct contact of a contaminated object then touching mouth, nose, or eyes | Range 1-5 days Commonly 2 days Variable | Variable. Greatest in the Fall and Winter. | No, unless fever. Exclude until NO fever for 24 hours without the use of fever reducing medications. | Teach effective hand washing and good respiratory hygiene and cough etiquette. |

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of students from school | Control |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <u>Conjunctivitis (“Pink Eye”)</u> Allergic Usually of both eyes | Itching, redness, excessive tearing. | Contact with agent that causes allergic reaction | No contagious period | Throughout the year. | No | Avoid allergen. Consult physician for diagnosis and treatment if needed. |
| <u>Conjunctivitis (“Pink Eye”) Bacterial</u> One or both eyes | Red or pink, itching painful eyes. Green/yellow discharge. Crusted shut in am. | Contact with discharge from eye or upper respiratory track of infected person | Range 1-3 days. As long as the infection is active. | Throughout the year. | Yes, for student in acute stage until treated 24 hours later | Observation of school contacts for 2-3 days. Personal hygiene. |
| <u>Conjunctivitis (“Pink Eye”) Chemical</u> Usually of both eyes | Red, watery eyes | Usually after contact with irritant | No contagious period | Throughout the year. | No | Avoid chemical. *Chlorinated water *Perfumes *Cleaners |
| <u>Conjunctivitis (“Pink Eye”) Viral</u> May affect only one eye | Pink, swollen, watery eyes, sensitive to light | Contact with discharge from eye or upper respiratory track of infected | Up to 14 days after appearance of signs/symptoms | Throughout the year. | Yes, for student in acute stage until treated 24 hours later | Observation of school contacts for 2-3 days. Personal hygiene. |
| <u>Cutaneous Larvae Migrans</u> “The Creeping Eruption” | Tunnel-like lesions of dog/cat hookworm under the skin | Not to others | No contagious period. Disease is self-limiting (approx. 5-6 weeks) | Summer | No | Control itch to prevent infection from scratching |
| <u>Fifth Disease</u> Human Parvovirus, B19 Disease, Erythema Infectiosum | Redness of the cheeks (slapped cheek appearance) and body. Rash, muscle aches, stuffy nose. | Resp. droplets in air, or by blood contact | 4 – 14 days *If exposed, Pregnant women should contact MD | Winter and spring | Yes, until rash appears. | Teach effective hand washing and good respiratory hygiene and cough etiquette. |
| <u>Gastroenteritis</u> Stomach/Intestinal Flu *Suspect food poisoning contact Health Department | Nausea, vomiting, abdominal pain/cramping, diarrhea, fever, pallor, loss appetite | Oral/Fecal contamination from infected person | Variable. Average 4-6 days. | Throughout the year. Common in the Fall or Winter. | Yes, until on full diet and formed stools. NO fever for 24 hours without the use of fever | Teach effective hand washing. |

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of students from school | Control |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| & SBAC Food Service Director if cafeteria consumed food. | | | | | reducing medications. | |
| <u>German Measles</u> Rubella | Mild cold symptoms. Fine rash/fever. Glands behind ears enlarged. | Contact with/ discharge from upper respiratory track of infected | One week before onset of rash, and about one week after rash disappears | Winter and Spring | Yes, until 7 days after onset of rash. Must be confirmed by physician. | Immunization . Observe classmates for 21 days. |
| <u>Hand, Foot, and Mouth Disease</u> | Fever, sores in mouth, on hands and feet. Rash with blisters, sore throat, malaise | Airborne and drainage from sores | First 7-10 days of symptoms | Summer and Autumn | Until exposed sores are healed over. No fever or malaise | Teach effective hand washing and good respiratory hygiene and cough etiquette. |
| <u>Hepatitis A</u> Short-term liver infection | Headache, fever, loss appetite, nausea, vomiting. Dark urine. Jaundice. | Direct contact with infected person or contaminated food. | 2 weeks preceding jaundice and up to 7 weeks | Throughout the year. | Yes, for first 2 weeks of the illness or 1 week after onset of jaundice. Must be confirmed by physician. | Immunization Teach effective hand washing and good hygiene |
| <u>Hepatitis B</u> Short-term or chronic liver infection *May have no symptoms in children | Fever, malaise, nausea, vomiting, jaundice | Direct contact with blood or body fluids | Range 2 weeks – 9 months. Common is 2-3 months. | Throughout the year. | Yes, acute symptoms <u>only</u> . Must be confirmed by physician. | Immunization Teach effective hand washing and good hygiene |
| <u>Hepatitis C</u> *May have no symptoms to Fever, malaise, loss appetite | Nausea, vomiting, cramps, dark urine, clay color stool, joint pain, jaundice | Parenteral (IV) contact with infected blood, sharing of personal items. | 2-12 weeks | Throughout the year. | Yes, acute symptoms <u>only</u> . Must be confirmed by physician. | No vaccine |
| <u>Impetigo</u> (Streptococcal infection on skin). *Exclude if on scalp | Reddened spot with blister which drains honey-colored serum/scabs. | Respiratory droplets, contact infected person or with objects | 1-10 days and as long as lesions continue to drain. | Spring and Summer. | Yes, until after 24hrs on antibiotics lesions must be covered until dry. | Early treatment. Stress good personal hygiene |

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of students from school | Control |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------|----------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <u>Influenza “FLU”</u> Type A and Type B | Headache, fever, sore throat, runny and stuffy nose, cough, feeling bad. | Airborne, discharge from mouth or nose, contaminated articles. Direct contact. | 1-4 days | Greatest in the Fall and winter. | Yes, for 24 hours after fever free without fever reducing medication. | Immunization Teach effective hand washing and good hygiene |
| <u>Measles</u> (Rubeola) | Fever, runny nose, inflamed eyes, cough. Flat/raised rash on face spreading to rest of body. | Respiratory, airborne, direct contact from nose and throat secretions. | 7-21 days Very contagious. | Winter and early spring. | Yes, until 4 – 5 days after rash appears. Must be confirmed by physician and Health Dept. | Immunization Contact ACHD Observe classmates for 21 days. |
| <u>Meningitis -Bacterial</u> | Stiff neck, fever, malaise, fever, headache, photophobia, and/or vomiting | Contact with respiratory droplets | Variable Commonly 2-10 days | Throughout the year | Yes, until 24 hours on antibiotics, symptom free | Immunization Teach effective hand washing and good respiratory hygiene and cough etiquette. |
| <u>Meningitis - Viral</u> | Sudden onset of fever and headache - May have stiff neck, photophobia, and/or vomiting | Contact with respiratory droplets or human feces. | 3-6 days | Throughout the year | Yes, until symptom free and on physician recommendation | Teach effective hand washing and good respiratory hygiene and cough etiquette. |
| <u>Meningococcal Disease</u> | High fever, headache, may have a rash | Contact with respiratory droplets | | | Yes, until 24 hours of antibiotic treatment | |
| <u>Molluscum Contagiosum</u> | Small raised round flesh-colored lesions, found mostly in joints (elbows, behind knees, etc.) | Contact with lesions or contaminated surfaces | 2-7 weeks | Throughout the year | No | Teach effective hand washing, avoid sharing towels |

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of students from school | Control |
|-------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------|---------------------------|-----------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Mononucleosis Epstein-Barr virus | Fever, sore throat, swelling lymph glands, malaise, fatigue. | Contact with respiratory droplets or contaminated surfaces | 4-6 weeks | Throughout the year | No, if no fever, if feeling well enough to attend. | Not kissing or sharing drinks, food, or personal items, like toothbrushes, with people who have infection |
| MRSA *Methicillin-Resistant staphylococcus aureus | Raised pustule, lesion, may resemble bug bite | Through open wounds with drainage direct contact | While draining fluid | Throughout the year | Yes, until treated by doctor. Must be covered & taped all 4 sides | Hand washing, clean clothes. |

What is MRSA?

Strains of staph bacteria that have developed a resistance to the most common antibiotics used for treatment (the methicillin family).

It is a rapidly-progressing bacteria that attacks the soft tissue area of the skin and can become systemic by entering the bloodstream which endangers joints and vital organs.

What does MRSA look like?

The most common misdiagnoses of MRSA are spider bites. Spider bites are very rare; they should be treated as suspected MRSA infections.

How do you contract MRSA?

HA-MRSA (Hospital Acquired) is usually colonized in the nares (nose) and the colonized individual may not show any symptoms of the infection.

MRSA can be transferred from the nose to other surfaces and individual via the hands.

CA-MRSA (Community Acquired) does not always colonize in the nares.

It is spread via contact with skin that has the infection or surfaces that have come in contact with infected skin. MRSA can live for months on surfaces and fabrics.

How do you help prevent a MRSA infection?

If MRSA is suspected, a medical professional should be notified immediately.

To avoid contamination, wash skin areas that are at risk frequently with an antimicrobial soap.

When a sink is not available or convenient, use an alcohol rub or wipe.

How do you treat MRSA?

Consult a physician or medical professional if MRSA is suspected.

Use a topical antimicrobial that is proven to kill MRSA.

Keep all suspected MRSA infections covered with a clean, dry bandage.

Clean all cloths, linens and towels in HOT water and dry completely.

Clean all potentially contaminated surfaces with a cleaner proven to kill MRSA.

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of Students from School | Control |
|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <u>Mumps</u> | Fever. Swelling of salivary glands | Contact with respiratory droplets or contaminated surfaces. | 12-25 days | Winter and Spring. | Yes, for 5 days after swelling appears | Immunization Contact Health Department. Must be confirmed by a physician. |
| <u>Norovirus/Rotavirus</u> (viral stomach infection) | Stomach pain, nausea, diarrhea and/or vomiting, fever, headache and body aches | Contact from an infected person, contaminated food or water, contaminated surfaces | 1-5 days The virus can stay in stool for 2 weeks or more | Throughout the year. | Yes, until 48 hours without vomiting or diarrhea. | Wash hands frequently. Good personal hygiene. Prevent exposure when ill. |
| <u>Pertussis</u> (whooping cough) | Runny nose/ congestion. Sneezing, red, watery eyes. Fever. Dry cough, (whoop sound) | Droplets in the air from infected person coughing or sneezing. | 5-21 days | Throughout the year. | Yes, until antibiotic finished | Immunizations. Teach effective hand washing and good respiratory hygiene and cough etiquette. |
| <u>Pinworms</u> | Perianal itching | Touching feces or objects contaminated with feces, then touching mouth | Range 2 weeks- >2 months Commonly 4-6 weeks | Throughout the year. | No | Medical Evaluation needed. Teach effective hand washing |
| <u>Scabies</u> | Intense itching, Red, raised eruptions between fingers, toes, under arms, at beltline. | Direct contact, shared clothing or linens | 4-6 weeks after exposure, 1-4 days after re-exposure. | Throughout the year. | Yes, until treatment completed. | Personal hygiene. All household members should be treated. |
| <u>Strep Throat</u> Streptococcal Pharyngitis, including <u>SCARLET FEVER</u> | Sore throat, possibly fever, swollen lymph nodes. Scarlet fever is strep throat with a rash | Contact with respiratory droplets or contaminated surfaces. | 1-5 days | More common in cold months. | Until 24 hours after starting antibiotic. | Personal hygiene. All household members should be treated. |

| Disease and Incubation Period | Common Early Signs and Symptoms | How Spread | Period of Communicability | Seasons of Prevalence | Exclusion of Students from School | Control |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <u>Ringworm – Head</u> <u>TINEA CAPITUS</u> | Scaly, round, red patches on scalp (Hair becomes brittle and breaks off easily). | Direct or indirect contact with skin lesions, contaminated materials and surfaces | As long as the fungus stays present in the skin lesion | Throughout the year. | Yes, until treatment by physician | Good personal hygiene, frequent observation of children with sores. |
| <u>Ringworm - Body</u> <u>TINEA CORPORIS</u> | Round, red, scaly patches with raised edges on skin. | Direct or indirect contact with skin lesions, contaminated materials and surfaces | As long as the fungus stays present in the skin lesion | Throughout the year. | No, cover with bandage, call Parent/Guardian and refer to medical provider | Good personal hygiene, frequent observation of children with sores. |
| <u>Tinea Pedis</u> Athlete's Foot | Scaling or cracking of skin between toes, or blisters containing fluid. May appear on other parts of body, especially groin and hands. | Direct or indirect contact with skin lesions, contaminated materials and surfaces. | As long as the fungus stays present in the skin lesion | Throughout the year. | No | Keep feet dry and cool. Dry between toes after bathing. Exclude active cases from school showers. |
| <u>Tuberculosis</u> Pulmonary | Gradual onset of fatigue, anorexia, fever, failure to gain weight, and cough | Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs | Variable | Throughout the year. | Yes, until antibiotic treatment has begun AND a physician's certificate or with county health dept permission | Teach good respiratory hygiene and cough etiquette. |
| <u>Zika</u> A blood or urine test can confirm Zika infection diagnosis from a medical provider. | No symptoms or will only have mild symptoms. Fever, rash, joint pain, conjunctivitis, muscle pain, headache | Bite of an infected mosquito, can be passed from a pregnant woman to her fetus, and through unprotected sex | Variable. See your doctor or other healthcare provider if you have the symptoms described and/or have traveled an area with known Zika | Throughout the year. | No. Symptoms last for several days to a week. Students with fevers should stay home till fever free for 24 hours without medication use. | Prevent mosquito bites: Use bug spray, empty standing water. Plan for travel. Protect yourself during sex. |

Dental: Mouth / Teeth / Jaw Injury

Mouth Sores

Sores that may develop on the soft tissue of the mouth, including the lips, cheek, gum, tongue and the floor and roof of the mouth. If STD is suspected, refer as necessary.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assess and describe sores.
2. Have student describe duration, pain level, and any other symptoms (flu-like symptoms, cold recently etc.).
3. Rinse mouth with cool water.
4. Education on infection control.
5. Notify parent/guardian and suggest physician evaluation if:
 - Sores are larger than half inch in diameter
 - White patches are present
 - Frequent outbreaks of mouth sores, sores that do not go away or get worse
 - After starting new medication
 - Recent transplant surgery

Notify parent/guardian for student pick up if:

- Rash, joint pain, fever or diarrhea
- Unable to participate in school
- Exclude if inability to swallow or excessive drooling with breathing difficulty

Broken, Loose, or Knocked Out Teeth

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Locate tooth/teeth if missing from mouth.
2. Replace the permanent tooth in its socket (not primary teeth)
 - Pick tooth up by crown, not roots
 - To clean, gently rinse with only water
 - Reposition tooth in the socket immediately
 - Hold in place with finger, have child hold in place or have student bite down
3. If permanent tooth cannot be replaced in the socket, keep the tooth in a glass of cold milk, or saline. DO NOT STORE TOOTH IN WATER; water storage damages the root surface cells.
4. Apply cold pack/compress.
5. Notify parent/guardian.
6. For a permanent tooth that has been completely knocked out or severely loosened, instruct the parent/guardian to contact a dentist immediately. Primary teeth will not be replanted because they can damage permanent tooth but dental advice should be encouraged.
7. If Parent/Guardian cannot be reached and this is a permanent tooth, 911 may be called.

Toothache

Pain in or around a tooth.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Try to determine cause.
2. If food is wedged in a noticeable cavity at the area of pain, dental floss may be used GENTLY to attempt to remove it.
3. Rinse mouth with warm salt water.
4. Orajel (benzocaine) may be used topically on gum area to relieve pain.
5. Notify and advise parent/guardian to seek dental attention. Offer referrals to area services available if indicated.
6. Administer over the counter medication if authorized.

Jaw Injury

Any injury to the jaw.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Apply cold compress to area.
2. If injury is severe, observe student for shock or breathing difficulty. Call 911 if needed.
3. If suspected fracture, immobilize the jaw by wrapping a bandage under the chin and tying it securely over the head.
4. Notify parent/guardian.

Lip Injury

Any injury to the lip.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Apply pressure to stop bleeding.
2. Apply cold compress to area.
3. Notify parent/guardian for severe uncontrolled bleeding or laceration requiring sutures.
4. Call 911 as needed.

Diabetes Management

Nurses should be aware that symptoms of new onset Type I diabetes usually develop over a short period. They include increases thirst and urination, constant hunger, weight loss, blurred vision, and tiredness. Nurses should call parent/guardian and refer for medical evaluation for students presenting with the above-unexplained symptoms.

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. Capable students are permitted to self-manage their diabetes on school campus and field trips. The most urgent situation for which the school must be prepared is hypoglycemia (low blood glucose). 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.

Parent/Guardian Must Comply with the Following:

1. Complete Medication/Treatment Authorization forms, including self-carry authorization forms where indicated.
2. Supplying Physician's Orders. These are usually in the form of a **Diabetes Medical Management Plan**.
3. Ensures an adequate supply of medication(s) and treatment(s) supplies that are up to date is given for proper care.
4. For self-carry students who are independent, a physician's order (DMMP) is desirable to have filed in the clinic for emergencies. School nurse may request a copy from the parent/guardian.

Insulin kept at room temperature will last approximately 1 month. However, many insulins differ. Therefore, the use of a stability chart for individual insulins is recommended. Clear Insulin that has discoloration or Insulin that has crystallization/frosting will not be used. Parent/Guardian can return unopened to pharmacy for possible exchange or refund.

Insulin Protocol

1. Medication protocols and DMMP will be followed on all medication(s).
2. Check stability chart for insulin in pen/vials (Look on internet for current stability chart).
 - Stability unopened and stored in refrigerator.
 - Opened at room or refrigerator temperature (days)
 - Unopened at room temperature (days)
3. Parent/Guardian must bring dated (date of opening) insulin pen/vial.
4. If insulin pen/vial is unopened, school nurse will date on opening.
5. It is the parent/guardian responsibility to furnish the school with medications prior to expiration dates.
6. Nurse will attempt a courtesy call to parent/guardian for replacement before expiration.

In the event that the parent/guardian does not bring in new insulin before current insulin expires, the school nurse may administer the expired insulin up to two times (unless medication is discolored or crystalized/frosted).

Federal law Statute 6.0253(2) and 6A-6.0253(2) gives students the right to receive the diabetes care they need to be safe and participate in school activities just like any other child. Trained unlicensed school staff can provide all aspects of diabetes care, and a nurse or unlicensed staff person must be available at all time to provide that care. Florida Department of Education Rule 6A-6.0253(2) this includes provision of emergency diabetes care Florida Statute 1002.20(j). Schools should provide the following:

- Trained staff to provide diabetes care during field trips, extracurricular events and all school- sponsored activities.
- Provide for back-up plan and staff to maintain interventions in event of nurse's absence. Only licensed nurse, child, parent/guardian, parent/guardian appointee, or trained designee appointed by the school administrator may administer insulin.
- If school nurse is absent, school health tech may assist student in carbohydrate count and insulin administration if school nurse or parent/guardian has trained them.
- Routine and as needed blood glucose testing may be provided in the school clinic. Provisions for independent, in class, monitoring may apply to some student situations.
- It is safe to feed a child with Type 1 Diabetes who is feeling bad.
- The student will be encouraged to wear a Medic-Alert at all times. The nurse will be responsible to ensure that the student is flagged in Skyward for diabetes.

- Children with diabetes can eat a normal school lunch. Some restrictions may apply for specific students and this will be written on their Diabetes Medical Management Plan (DMMP). Nurses will contact teachers and food services to alert them about diet restrictions. Parties and afterschool program may require different snacks be provided if glucose levels are below or above targets set forth in the DMMP. Care should be taken to ensure that students receive equal treatment during these situations.

Safe Delegation

Diabetes Medical Management Plan contains specific written instructions for dosing of Insulin and any other prescribed diabetes medication instructions from the healthcare provider. The school nurse will arrange training for Unlicensed Assistive Personnel (UAP) and be available for, at a minimum, indirect supervision (as defined in Rule 64B9-14.001, F.A.C.), ongoing supervision, monitoring, and consultation.

1. The delegated UAP has demonstrated competence in recognizing the signs and symptoms of hypo- and hyperglycemia and in responding with the student specific interventions.
2. If a student raises concerns or requires assistance with the calculated insulin dose, the UAP or licensed personnel will verify the dose with the school nurse, the DMMP, or the healthcare provider before it is given. When only one trained staff member is on site, the student's medication dosage could be remotely verified by communicating with the parent/guardian, the school nurse, and/or the healthcare provider.
3. Situations may occur in which existing school health staff are unavailable or have conflicting responsibilities that would interfere with their ability to devote appropriate time and attention to the student with diabetes. In those situations, some alternative solutions to consider are:
4. Train administrative personnel to act as backup for delegated UAP.
5. Temporarily change-staffing patterns in the school until the student and/or UAP demonstrate competence.
6. The parent/guardian has the right to request temporary or permanent reassignment of the student to a school where a diabetes-trained nurse or UAP is in place.
7. Explore any other locally designed solution that protects the health and safety of the student and promotes the student's ability to attend school in the least restrictive environment.
8. Parent/Guardian may come to school and assist when a nurse or UAP is not available.

Hypoglycemia

Hypoglycemia is most likely to occur in a person taking insulin after physical education, before a meal, or approximately 1 to 1.5 hours after receiving a dose of rapid acting insulin. Symptoms can vary with each student as well as each hypoglycemic event. Some children will not have an awareness of low blood glucose symptoms

Early Signs of Hypoglycemia: hunger, paleness, sweating, "jitters" or feeling shaky, headache, weak, cold, clammy, fatigue, or mood changes (*crabbiness), spacey and quiet, anxiety, dizziness, drowsiness, inability to concentrate. **CHECK BLOOD GLUCOSE UNLESS CHILD IS UNRESPONSIVE.**

Moderate symptoms include: Headache, behavior change, poor coordination, blurry vision, weakness, slurred speech, confusion.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

FOR ALERT STUDENT: Refer to student's individualized Diabetic Management Plan

1. Test glucose. If below target in DMMP, give the student concentrated sugar immediately in one of the possible ways listed below:
 - 15 grams of fast-acting glucose like glucose tabs (3-4 chewable glucose tablets or 1 dose of glucose gel 15g dose)
 - Fruit juice (4 ounces)
 - Regular soda (4 ounces)
 - Sugar dissolved in a small amount of water (3 packets or 1 tablespoon)
 - 1 tablespoon of honey, or cake icing

Giving concentrated sugar should relieve the signs and symptoms within 10 to 15 minutes.

Chocolate is not an appropriate form of treatment as it also contains fat that slows down the absorption of the carbohydrate and does not raise blood glucose levels as quickly. A fast-acting source as those items above is preferred.

2. Wait 10-15 minutes and re-test blood glucose.
3. On target or blood glucose over 80? Stop treating and see #4.
4. Below target? Blood glucose under 70? Repeat step 1 and 2.
5. On target, blood glucose over 70? Stop treating. Ask student if meal/snack was missed. If blood glucose is improved, but next regular meal is more than one hour away, follow treatment with an extra snack per medical provider's orders (usually a carbohydrate and protein). Often the student will carry a snack and should be allowed to eat it. Obtain a snack if child does not have one. Student can return to class.
6. If no improvement, call parent/guardian and advise physician medical evaluation.

Advanced Hypoglycemia:

Signs of Advanced Hypoglycemia: These may occur without warning. They include disorientation, dizziness, uncooperativeness (even combativeness), inability to swallow, seizures, and loss of consciousness. If a student is disoriented, dizzy or combative immediately give student icing, honey, or gel squeezing slowly inside the cheek below the gum line of the mouth and massage over the outer cheek. **BE ALERT FOR THE POSSIBILITY OF CHOKING.** If unconscious, or seizing presume the student is having low blood glucose and **CALL 911** immediately. Turn student on their side and give I.M. Glucagon, if prescribed and trained. (See Glucagon section). Glucose gel tube can be administered inside cheek and massaged from outside while waiting or during administration of glucagon. Glucagon/Glucose gel could be used if student has documented low blood sugar and is vomiting or unable to swallow. Glucagon is a fast-acting drug and the student will usually improve within 10-15 minutes.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. If breathing and pulse are present, assume the person with diabetes is having severe hypoglycemia. **DO NOT** give any food or liquid to a person who cannot swallow or is unconscious/unresponsive. **CALL 911.**
2. Obtain and administer glucagon. Turn student to their side to prevent aspiration and choking. Student should remain in this recovery position until fully awake. *After administering glucagon be alert as student may vomit.
3. When the student regains consciousness, feed them a high sugar liquid (sugar dissolve in water, honey and water, 4-6 ounces fruit juice, 6 ounces regular soda). Have student take small sips, as they may be nauseated and vomit.

4. Once a student can safely swallow, clear liquids without vomiting provide a longer-acting source of sugar (carbohydrate with protein).
5. Monitor student for absent pulse/respiration or seizure activity until rescue personnel arrives. Observe closely for another episode of hypoglycemia.
6. Initiate CPR if necessary.
7. Notify parent/guardian.

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 Glucagon will work whether injected into the muscle or subcutaneous fat.
4. Injecting air will not harm the student.
5. Check expiration date on glucagon and follow instructions for preparation and administration.

Hyperglycemia

Diabetic Ketoacidosis is a life-threatening condition that affects people with diabetes. It occurs when the body cannot use sugar (glucose) as a fuel source because there is no insulin or not enough insulin. Fat is used for fuel instead. When fat breaks down, waste products called ketones build up in the body and are flushed out in urine. Urine testing for ketones is asked for in hyperglycemia emergencies and may be taught to non-licensed personnel if needed.

When these symptoms are present, it is an emergency, as a child will need insulin to transport glucose into the cells.

Common symptoms can include:

- Decreased alertness
- Deep, rapid breathing
- Dry skin and mouth
- Flushed face
- Frequent urination or thirst that lasts for a day or more
- Fruity-smelling breath
- Headache
- Muscle stiffness or ache
- Stomach pain, nausea and vomiting

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Check if student has taken their daily dose of insulin. If not, administer the sliding scale insulin if available. Follow student's Diabetic Management Plan.
2. Check urine for ketones if indicated.
3. Encourage water and moderate exercise. ONLY if ketones are negative.
4. Notify parent/guardian.

Blood Glucose Measurement Standing Order

(See Next Page)



BLOOD GLUCOSE MEASUREMENT STANDING ORDER ALACHUA COUNTY PUBLIC SCHOOLS

Performing a BLOOD GLUCOSE MEASUREMENT via FINGER STICK standing physician order may ONLY be carried out by an Alachua County licensed school nurse to a student or staff exhibiting signs and symptoms of excessively high or low blood glucose, such as **confusion, diaphoresis, and seizures**. School nurse may obtain finger stick blood sample for blood glucose measurement using the clinic stock glucometer. In the event this is performed on a staff member, notify Administration.

Perform as directed:

1. Perform a BLOOD GLUCOSE MEASUREMENT via FINGER STICK.
2. Monitor student and vital signs closely.
3. When a significant life-threatening event occurs the school nurse should proceed with emergency care for hypoglycemia and hyperglycemia and call 911 as needed.
4. Continue to monitor vital signs and provide supportive care.

Medical Director Signature: _____ Date: _____

Expires 1 year from signature

Originals kept on file at Alachua County Public Schools/Health Services Department and UF Pediatrics Department.

Earache

Ear pain that affects one or both ears.

Signs and Symptoms: ear pain, pulling or tugging on the ear, headache, irritability, sense of fullness in the ear, muffled hearing or difficulty responding to sounds, fever, difficulty sleeping or loss of balance

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Take temperature and history of pain.
2. Determine onset of symptoms, length of time of symptoms. And any association of activity with symptoms.
3. Assess ear canal with otoscope.
4. Notify parent/guardian for further medical evaluation.
5. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.

Eye concerns/Injury

For care always tip the head so the affected eye is below the unaffected eye. Have student remove contacts before giving first aid unless chemicals have splashed in the eyes. Flush first without removing the contact lenses.

With any eye injury DO NOT allow student to rub eye. DO NOT stick any solid object (tweezers, finger, etc.) in eye to remove a foreign body, always check the visual acuity. As always, If severe call 911.

*Eye Infection: (See Conjunctivitis)

Chemical in Eye

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Call 911, treat for shock as needed. Any chemical burn to the eye requires immediate evaluation and management.
2. Continuously, rinse eye with cool water/shower, or use provided eyewash bottle, following directions. Otherwise, continuously rinse eye until EMS arrives.
3. Remove contact lenses (if any).
4. Ask student/staff what chemical was splashed into eye.
5. Call Poison Control.
6. Follow MSDS interventions if available and known chemicals.
7. Notify principal/administration and parent/guardian.

Laceration to Eyelid

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment.

1. Do not wash or rub eye.
2. Cover the affected eyelid with gauze. Apply cold compress over gauze if tolerated.
3. Keep student sitting up.
4. Notify parent/guardian.
5. *911 may be called if needed

Puncture / Penetrating Object of Eye or Eyelid

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call 911.
2. Loosely bandage eye. Use a paper cup over injured eye if an object is protruding.
3. Do NOT apply pressure.
4. Do NOT remove object stuck in the eye.
5. Notify principal/administration and parent/guardian.

Scratch on Eye

A scratch on the eye may cause a corneal abrasion. Notify parent/guardian and suggest a physician evaluation.

Signs and Symptoms: Pain, gritty feeling in the eye, tearing, redness, sensitivity to light, headache.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Rinse eye with saline or clean water.
2. Encourage student to blink and cry.
3. Try to keep student from rubbing the eye/s.
4. Keep eye closed. Nurse may cover eye with loose gauze if it hurts student to blink.
5. Notify parent/guardian.

“Foreign Object” in Eye

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Encourage student to blink and cry.
2. Try to keep student from rubbing the eye/s.
3. Gently pull lashes so that upper lid comes down and away from the eyeball. Have student look down. Release lid after 3-5 seconds.
4. Gently pull lower lid down away from eyeball. If object is seen and does NOT appear embedded, gently rinse with tap water or eyewash.
5. Notify parent/guardian and suggest physician evaluation.

Stye (bump on eyelid)

A stye appears as a red lump on the eyelid that is similar to a boil or a pimple with eyelid pain, tearing and possible crusting around the eyelids. Most styes are harmless do not affect the ability to see clearly.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Nurse may apply a warm paper towel to affected eye and encourage self-care measures at home, such as applying a warm washcloth to the closed eyelid for 10 to 15 minutes several times a day.

2. Notify parent/guardian and refer to healthcare provider if no improvement in 2-3 days or if redness or swelling extends beyond eyelid into face.
3. Advise student: Do not “pop” area like a pimple.

Trauma to Eye / Hematoma

Ocular or orbital trauma to eye or area around the eye from an injury.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Check pupils for reaction to light, size, and equality.
2. Ask student if they lost consciousness and details.
3. Apply ice pack to bone surrounding eye.
4. Notify principal/administration, parent/guardian and 911 if there was or is loss of consciousness or vision loss.

Fainting

Syncope is a brief, partial or complete loss of consciousness. **Some causes of fainting:** excessive heat (exhaustion, dehydration, emotions, hypoglycemia, eating disorders, anemia, cardiac arrhythmias, vasovagal response (bearing down), menses, pregnancy, drug use, etc.

Signs and Symptoms: Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea, visual disturbances.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assist student to a lying position on their back. If the individual is breathing, raise their legs About 12 inches above heart level to restore blood flow to the brain.
2. Check the patient’s airway for any obstruction. Check for vomiting – If the person has vomited, turn them on their side to clear their airway.
3. Check for breathing, coughing or movement (signs of circulation).
4. Bathe face with cool wet paper towel/cloth. Try to loosen all belts, ties, collars and restrictive clothing.
5. Obtain vital signs.
6. When the person regains consciousness, do not let them get up too quickly. Attempt to determine the cause and treat accordingly, such as giving fluids for dehydration.
7. Administer first aid if student sustained an injury from fainting.
8. Notify parent/guardian.

Call 911 if:

- The individual is not breathing and has no pulse; Initiate CPR.
- The individual was injured and is bleeding after falling; apply direct pressure to control the bleeding and do not move them due to possible head/neck injury.
- They remain unconscious for more than 2-3 minutes, put the patient into the recovery position (if no neck injury) and get emergency medical help.

Student will need to see a doctor if:

- Before losing consciousness, there were chest pains, arrhythmia (irregular heartbeat) or a pounding heartbeat (palpitations).
- Fainting resulted in an injury.

- Fainting preceded by fecal or urinary incontinence.
- There is a history of heart disease or diabetes (check for medical identification bracelets).
- They are pregnant.
- They experience recurring episodes of syncope.
- They were unconscious for more than 2-3 minutes.
- They have a pounding or irregular heartbeat.
- They have loss of speech, vision problems, or are unable to move one or more limbs.
- They have convulsions or a tongue injury.

Fever

For a temperature of 100.4° F (38° C) or greater with temporal thermometer, and/or if a student appears significantly ill, notify Parent/Guardian to pick student up and take home.

If temperature is $\geq 103^{\circ}$ F, child is extremely ill and/or with Influenza like Illness (ILI)/Covid like illness such as cough, aches, sore throat or severe abdominal pain and parent is not available/unreachable or emergency contacts are unreachable, 911 may be called per school protocol.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assess student and take temperature.
2. Notify parent/guardian for student pick-up.
3. Encourage fluids by mouth unless fever is accompanied by abdominal pain.
4. Keep student comfortable.
5. Administer over the counter medication if available.
6. Student with a fever is not to return to school until fever free for 24 hours without Tylenol, Ibuprofen or another fever reducing medication during that time.
7. School nurse is to follow the most recent CDC Guideline updates and SBAC policy directives.
8. A febrile seizure is a convulsion in a child triggered by a fever. Febrile seizures occur most often in otherwise healthy children between ages 9 months to 5 years. Toddlers are most commonly affected. If student has a febrile seizure, call 911 and follow procedures as listed under Seizure/Epilepsy.

The American Academy of Pediatrics has stated that there may be contradictions to the use of Aspirin for children, especially with flu-like illnesses or suspected chicken pox. Do not give aspirin or aspirin containing products without a written doctor's order

Foreign Objects in Ear, Nose, and Throat

Foreign objects lodged in the ear or nose may cause pain, redness, drainage or infection. Objects in the mouth may be swallowed or breathed (aspirated) into the lungs. The treatment for foreign bodies in the ear or nose is prompt removal of the object by the student's healthcare provider. Nurse may NOT attempt removal of objects lodged in ear or nose. CPR will be performed if object blocks the airway.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Take careful history and type of pain (i.e., stabbing, sharp, dull, throbbing, pressure etc.).
2. Determine onset of symptoms, length of time of symptoms, and any association of activity with symptoms.
3. Take vital signs and make student comfortable.

4. Notify parent/guardian for further student medical evaluation.
5. Call 911 if student is seriously compromised, trouble breathing, blood coming from ear or high temperature and unable to reach parent/guardian.

Gastric Upset

For chronic complaints of abdominal discomfort, confer with Parent/Guardian regarding appropriate intervention.

Intervention: The following are interventions, if warranted, that the school health staff may use after evaluation/assessment.

Potential causes of a stomachache and interventions:

- Hunger – Give snack and water and allow student to go back to class.
- Ulcer – Ulcers can be derived from allowing the stomach to sit empty too long or too often, from ongoing stress, bacterial infection, and certain medications.
- Constipation – Give the student water, allow them to attempt to use the restroom, if not successful and student is still unable to function in school call Parent/Guardian, otherwise allow the student to rest up to 20 minutes and then complete the school day.
- Diarrhea – Check temperature, if feverish it may be due to a stomach virus or food poisoning. Encourage fluid intake to avoid dehydration and contact a Parent/Guardian. See Nausea/Vomiting/Diarrhea for further instructions.

If no fever and not excessive, rehydrate, allow them to rest and then finish the school day.

- Emotional upset – Allow them time to calm down, talk with the student, the student may want to talk with the guidance counselor, if so, notify the counselor and set up a time. Allow the student to rest up to 20 minutes and then complete the school day.
- Stomach Virus – Check temperature, if fever is high, call Parent/Guardian for pick up.
- Abdominal Injury – See Abdominal Pain.
- Menstrual Discomfort/Pain – See Abdominal Pain. *NOTE – Do not apply heat to abdominal pain unless you are sure that it is menstrual cramps and student is not pregnant.

Glycogen Storage Diseases (Glycogenesis; GSD)

Glycogen is the storage form of glucose in our bodies. Glycogen storage diseases (GSDs) are a group of inherited genetic disorders that cause glycogen improperly form or release in the body. Students with GSD are missing one of the several enzymes that break down glycogen, and glycogen can build up in the liver, causing problems in the liver, muscles or other parts of the body. Blood glucose is tested frequently throughout the day for hypoglycemia. Cornstarch helps maintain a steady, safe glucose level. Cornstarch is a complex carbohydrate which helps maintain a steady, safe glucose level.

The most common symptoms of GSDs include:

- Low blood sugar
- Enlarged liver
- Slow growth
- Muscle cramps

Dietary changes include:

- Children over age two – frequent small carbohydrate feedings throughout the day; may include uncooked cornstarch (provides a steady slow-release form of glucose)
Medication: predetermined measurement of uncooked cornstarch must be listed as a medication
- Elimination of foods that are high in fructose or lactose
- Allopurinol (Aloprim, Zyloprim) – medication which reduces uric acid levels in the blood to prevent gout and kidney stones.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Follow student's GSD management plan.
2. Notify parent/guardian as needed.

Headache

Headaches have a wide range of causes. Determine contributing factors: Lack of food or sleep, vision problems, cold/sinus problems, or injury to head. Headache may precede the onset of illness, stress, vision concerns, exposure to allergens/toxin, classroom avoidance or have unknown causes. Students may experience headache due to mild dehydration.

If the headache is sudden and severe, there is no known medical history of migraine, or if there are any symptoms such as altered mental status, slurred speech, blurred vision, sensitivity to light, vomiting or weakness on one side, condition may not be a simple headache. CALL 911. Call parent/guardian and notify principal.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

Give no medication unless child has own supply and written Medication Administration form.

1. Obtain history: occurrence, frequency, duration, location, severity and description.
2. Take temperature. Check for fever. (Headaches are commonly associated with fevers.)
3. Student may rest with a cool cloth or ice pack on forehead at nurse's discretion.
4. Call the parent/guardian if student is too ill to return to class.
5. Refer to physician if child has chronic headaches.

Some indications that a headache may be more serious: 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 eyestrain. Nurse should check vision if headaches are chronic.

Head Injury/Concussion

A head injury is any trauma to the scalp, skull or brain. The injury may be a superficial abrasion, bruise, minor bump (goose egg) or serious and life threatening. A head injury can be serious even if it appears minor. **NOTIFY** parent/guardian and for **ALL** head injuries and suggest a physician evaluation. School Nurse must complete an Accident Investigation Report for **ALL** head injuries. Concussions are a traumatic brain injury caused by a blow, bump, or jolt to the head and must be diagnosed.

Head injury symptoms can change over time, even days after, therefore for any hit to the head (even without any of the below signs and symptoms) contact parent/guardian and educate them on the following:

- Where, when and how injury occurred plus description of injury
- If student had no symptoms and begins symptoms at home or symptoms change/get worse
- If their child just doesn't "feel right" or is "not acting like themselves"
- Educate for them to notify a healthcare provider

Signs and Symptoms:

- Nausea or repeated vomiting
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache that gets worse and does not go away
- Feeling sluggish, foggy or groggy
- Concentration or memory problems
- Confusion
- Possible loss of consciousness
- One pupil larger than the other
- Is drowsy or cannot be awakened
- Weakness, numbness, or decreased coordination
- Convulsions and Seizures

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

Superficial Abrasions and Bumps

1. Assess student. Try to determine the cause of the injury and if a neck injury is possible.
2. If superficial, follow first aid for abrasions and lacerations.
3. Bumps: Apply cold pack/compress. DO NOT apply pressure to area of swelling.
4. Let student rest and monitor student's behavior.
 - **See Call 911 protocol: If symptoms change or worsen**
5. Notify principal/administration and parent/guardian as appropriate.
6. Student can return to class if feeling better.
7. Request teacher and student notify nurse if symptoms worsen or there is a change in behavior.

Head Injuries on School Grounds

1. Assess student. Try to determine the cause of the injury and if a neck injury is possible.
2. If there is a suspected neck injury, do not move the student.
3. Arrange rolled up blankets or clothing on both sides of the trunk, head and neck for immobilization.
4. Call 911. Do not leave student alone. Do not give anything by mouth.
5. If CPR is necessary, the lower jaw should be pulled forward gently to open airway, the head tilt should be minimal. A TRAINED individual should perform CPR.
6. Determine the level of consciousness: awake and alert, dazed, semi-conscious, or unconscious.
7. 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.

8. For bleeding, gently hold gauze over wound. Apply ice packs to bruises, swelling.
9. Notify principal/administration and parent/guardian.

Call 911 for any Head Injury:

- Any student who has lost consciousness, even if consciousness is regained.
- Vomiting following a blow to the head.
- Inability to move a limb or limbs.
- Oozing of blood or watery fluid from ears or nose.
- Sleepiness or dazed demeanor following a blow to the head.
- Unequal pupils.
- Pale color that does not return to normal in a short time.

Heat Exhaustion / Heat Stroke

Heat exhaustion is a heat-related illness that can occur after exposure to high temperatures for several hours and have become dehydrated (excess loss of body fluid). There are two types of heat exhaustion; one caused by water depletion and the other from salt depletion.

Heat Exhaustion

Symptoms of heat exhaustion:

- Confusion
- Dark Color Urine (a sign of dehydration)
- Dizziness
- Fainting
- Fatigue
- Headache
- Muscle cramps
- Nausea
- Pale skin
- Profuse sweating
- Rapid heartbeat

Prevention:

When the heat index is high stay inside. If you must go outdoors, you can prevent heat exhaustion by taking the following steps.

- Wear lightweight, light-colored, loose-fitting clothing and a wide brim hat.
- Use sunscreen with SPF of 30 or greater.
- Drink extra fluids. To prevent dehydration, it is recommended to drink at least eight glasses of water, fruit, or vegetable juice per day. Because heat related illness could also be a result of salt depletion, it is advisable to substitute electrolyte rich sport drinks for water during extreme heat and humidity.
- Take additional precautions when exercising outdoors. Take extra precautions during football practice, marching band practice, other sporting events, etc. which occur during summer months. The general recommendation is to drink 24 ounces of fluids 2 hours before exercising or practice. During exercise, an individual should drink at least 8 ounces every 20 minutes, even if you do not feel thirsty.
- Avoid fluids containing caffeine because these fluids can cause dehydration

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Stop activity. Get student out of heat and sun immediately to rest, preferably to an air-conditioned room.
2. Remove any tight or unnecessary clothing.
3. Apply cool wet towels to neck, armpits, and groin (use fans if available).
4. If conscious, administer sips of fluid. If nausea or vomiting occurs, discontinue fluids.
5. *If such measures fail and do not provide relief after 20 minutes, notify parent/guardian to pick up and advise calling physician for medical evaluation.

*** Untreated Heat Exhaustion can progress to Heat Stroke**

Heat Stroke

If heat exhaustion progresses, it can become heat stroke. Heat stroke is the most serious form of heat injury and is a medical emergency.

Symptoms of heat stroke:

- Core body temperature above 105° F, but fainting may be the first sign
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness and cramps
- Rapid heart rate, which may be strong or weak
- Behavioral changes such as confusion, disorientation or staggering.
- Seizures
- Unconsciousness

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. If suspected, call 911 immediately.
2. Move to cool shady area or air-conditioned room if possible.
3. Remove any unnecessary clothing.
4. Take temperature, if thermometer is available, and try to cool body down with fans, cool wet cloths and ice packs under armpits, to groin, neck and back.
5. Notify principal/administration and parent/guardian.

Hemophilia

Hemophilia is an inherited blood disorder in which blood does not clot properly. People with hemophilia bleed longer, not faster. Severity can be mild, moderate, or severe. Internal bleeds in joints or muscles are most common. Even minor injuries can cause internal bleeding. Student probably is receiving frequent transfusions with special blood products.

Symptoms:

- Mild cuts, bruises, abrasions are not a serious problem; they bleed longer, not faster.
- Internal bleeding may occur anywhere in body; this is a serious problem.
- Muscles and joints: tingling sensation, pain, burning, tightening
- Abdominal: pain, tenderness, nausea, headache, dizziness, visual disturbances, purplish areas
- Indications of intramuscular hematoma (most commonly felt in knees, ankles, elbows): tingling, burning, pain, limited ROM, edema, increased warmth/tenderness

Symptoms of internal bleeding:

- Headache
- Dizziness
- Visual disturbances
- Neurologic deficit
- Altered LOC/pupillary changes
- Signs of shock
- Profuse, uncontrollable hemorrhage
- Severe abdominal pain
- Swelling and joint pain

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Firm pressure for 10 minutes over skin lacerations or abrasions.
2. Elevate affected limb.
3. Ice pack may help.
4. Carefully observe student following minor trauma for possible internal bleeding.
5. Notify parent/guardian of incident even if student returns to class.
6. If bleeding cannot be controlled, immediately notify 911, parent/guardian and principal.
7. Follow physician's orders for care.

Follow-up:

Allow for frequent absences for doctor's appointments and spontaneous bleeds.

Incontinence (Fecal or Urine)

Schools will support those children in the school environment so they can play an active role in school life, remain healthy and achieve their academic potential. Staff will maintain confidence and dignity of students while they are being cared for.

Paraprofessional policy 4120.01 Authorized Activity is to provide personal care services for students. The school nurse role is only to perform in an assistive capacity if needed. Parent/Guardians will provide incontinence items and change of clothes. Soiled clothing will be put in plastic bag and sent home with student at end of the day.

Nausea / Vomiting / Diarrhea

If multiple cases of nausea/vomiting/diarrhea occur in school at same time, obtain history of food ingested. Contact food service and principal/administration for follow up. Student may return to school after uncomplicated N/V/D when student has been symptom and fever free for 24 hours. If age-appropriate, ask about possible pregnancy.

Nausea/Vomiting

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Obtain history from student (if possible) as to onset and frequency of nausea/vomiting.
2. Take temperature.
3. At nurse discretion, offer crackers and small sips of water.
4. Encourage student to rest in a comfortable position and rest for up to 20 minutes.
5. If student improves after rest and is fever free, they can return to class.

6. If not improved, obtain vital signs.
7. Notify parent/guardian.

Exclude Student and notify parent/guardian for student pick up if:

- Fever
- Vomit that appears green or bloody
- Several episodes of vomiting
- Pain associated with vomiting
- Student looks significantly ill
- Recent history of head injury
- High heart rate or decreased blood pressure

Diarrhea

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Obtain history from student (if possible) as to onset and frequency of diarrhea.
2. Take temperature.
3. At nurse discretion, offer small sips of water.
4. Encourage student to rest in a comfortable position and rest for up to 20 minutes.
5. If student improves after rest and is fever free, they can return to class.
6. If not improved, obtain vital signs.
7. Notify parent/guardian.

Exclude Student and notify parent/guardian for student pick up if:

- Fever
- Blood or mucus in the stool, abnormal color of the stool
- Several episodes of diarrhea in a row
- Pain associated with diarrhea
- Student looks significantly ill
- High heart rate or decreased blood pressure

Lice (Pediculosis)

A student who has **live head lice** (pediculosis capitis) should be excluded from school until all live lice are removed. Students with only nits may remain in school, but parent/guardian should continue daily lice/nit checks and comb through hair to remove nits until completely clear. School nurse and principal reserve the right to temporarily exclude student if no improvement is evident. If this exclusion occurs, further education and referral will be given to parent/guardian.

Transmission

- Contact with a person with lice. Contact is common during play (slumber parties, sports activities, at camp, on a playground).
- Sharing clothing, such as hats, scarves, coats, sports uniforms or hair ribbons.
- Sharing combs, brushes or towels.
- Lying on a bed, couch, pillow, carpet or stuffed animal that has recently been in contact with a person with lice. Head lice can survive only 1 to 2 days away from the scalp.

Signs and Symptoms:

- Visible lice crawling on scalp and hair and/or nits (head lice eggs) adhered to hair shaft

- Tickling feeling or something moving in the hair
- Itching, caused by an allergic reaction to the bites
- Sores on the head caused by scratching that may become infected
- Irritability and trouble sleeping

Nit: Often mistaken for dandruff or hair spray droplets. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white in color. Head lice nits usually take about 8–9 days to hatch.

Nymph: A baby louse. It looks like an adult head louse, but is smaller. Nymphs mature into adults about 9–12 days after hatching from the nit. To live, the nymph must feed on blood.

Adult: The adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white. In persons with dark hair, the adult louse will look darker. Adult lice can live up to 30 days on a person’s head. To live, adult lice need to feed on blood. A louse can only survive 1-2 days away from the scalp.

Any student, including chronic cases where the student’s head is never quite free of nits (eggs)/lice, may be allowed to re-enter school with proof of use of prescription treatment. School nurse may also follow Health Services standing order protocol by providing parent/guardian with a dose of Sklice© as prescribed by Medical Director. Also acceptable is a completed referral to a facility providing an FDA cleared lice removal system.

Examination of Contacts

When a student with lice is found at any time during the school year, the school nurse will obtain the names of the student’s 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 live lice with their parent/guardian verbal consent. If several students are found with lice in an elementary classroom, all children in the classroom will be examined.

1. No nurse will send home head lice letter unless directed by Health Services Supervisor.
2. Principal/Administration requesting a letter be sent home to classrooms should call the Supervisor of Health Services.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assessing/Monitoring the student for lice with parent/guardian verbal consent. Adult lice or eggs (nits) are found in the hair, often behind the ears or near the nape of the neck.
2. Document all lice checks in Skyward.
3. If live lice are found, notify parent/guardian for student pick-up and give parent/guardian head lice information.
4. After lice treatment at home, the student must report to the health room clinic with Parent/Guardian to be examined by School Nurse for lice/nits before they can return to class.
 - If no live lice are present, student may return to class via the school nurse. Student must report to the health room in 10 days for a final lice/nit recheck. Principal/Administration and school nurse can determine if student is allowed to return to class.
 - If live lice are present, the student is sent home with parent/guardian. Note: Presence of lice 24 hours after treatment suggests a very heavy infestation, re-infestation, resistance to therapy, or incorrect use of treatment product. Discuss with parent/guardian what treatment was used and re-instruct on treatment options. The

- parent/guardian may contact their licensed healthcare provider regarding re-treatment with a pediculicide.
5. Notify principal/administration on students who have missed more than fifteen consecutive days due to the continued presence of live lice.

Lice Facts

- Lice cannot live for more than 24 hours, as they are a parasite that needs a blood meal from the scalp. Lice prefer the nice warm environment of human hair.
- Lice can spread with close head-to-head contact, sharing items of clothes/hats, towels, hair accessories, combs and/or brushes etc.
- Research shows that most children that get lice do not get lice at school. Lice are more prevalent returning to school after breaks.
- Students often get lice from sleepovers, group or club activities, camp, family gatherings, and/or playing sports.
- Pets do not get or transmit lice.
- Lice do not jump, fly, or swim.
- Lice do not cause disease, but can cause a secondary skin infection because of scratching.
- Lice feet are adapted to holding onto human hair and have difficulty attaching to smooth or slippery surfaces such as plastic, metal, polished synthetic leathers or similar materials.
- Lice can often be found on people with good hygiene and grooming habits.

Standing Order for Lice

(See Next Page)



SKLICE® STANDING ORDER ALACHUA COUNTY PUBLIC SCHOOLS

An Alachua County licensed school nurse may provide parent/guardian with a dose of Sklice® as prescribed by the Medical Director per this standing physician order to a student exhibiting signs and symptoms of a live pediculosis (lice) infestation. Any student, including chronic cases where the student's head is never quite free of nits (eggs)/lice, may be allowed to re-enter school with proof of use of permethrin 5%/Ivermectin (SKLICE® brand) treatment.

Distribute as directed:

1. After visualization of live lice and nits, contact parent/guardian.
2. Educate parent/guardian on care and treatment.
3. If need is determined, school nurse will distribute 1 prepackaged dose of SKLICE (Ivermectin Lotion 0.5%) to the parent/guardian of a student experiencing a live pediculosis (lice) infestation.
4. Insert directions must accompany medication.

Medical Director Signature: _____ Date: _____

Expires 1 year from signature

Originals kept on file at Alachua County Public Schools/Health Services Department and UF Pediatrics Department.

Nail (Broken or Ingrown)

Broken Nails

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Cleanse area with soap and water, pat dry.
2. If necessary, control bleeding.
3. When bleeding stops and if no allergies are present, triple antibiotic ointment may be used.
4. Apply clean Band-Aid or bandage if needed.

Ingrown Nails

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Cleanse area with soap and water, pat dry.
2. If no allergies are present, triple antibiotic ointment may be used.
3. Apply clean Band-Aid or bandage.
4. Notify parent/guardian if there are signs and symptoms of infection.

Nose Bleed

A blow to the nose or the head may cause nosebleeds. If fracture is suspected, refer for medical attention. A student with repeated episodes of nosebleed should be referred for medical evaluation. Possible causes are dry air, certain medications, nose blowing or picking, allergies, sinus infections or injury to nose.

Symptoms: Blood coming from the nose or complaint of tasting blood or swallowing blood

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Place student in sitting position with the head tilted slightly forward. Reassure student.
2. Apply firm pressure on both sides of the nose for 5-10 minutes (student can do this themselves).
3. If necessary, apply cold pack to the nose. Provide tissues.
4. Keep student quiet for 10-15 minutes after the bleeding stops. Advise student not to strain or blow nose for 24 hours.
5. If bleeding continues, notify principal/administration and parent/guardian.
6. If nose bleed was caused by an injury, a parent/guardian must be called. Accident Investigation Report must be completed.
7. If injury was caused by an altercation with another student, notify the dean/BRT.

Orthostatic Hypotension (Postural Hypotension)

Orthostatic Hypotension is low blood pressure that results after standing from a sitting or supine position. The lightheadedness that occurs may result in falls and injury.

Signs and Symptoms: Dizzy or light-headed particularly on standing up, blurry vision, weakness, fatigue, confusion, loss of consciousness

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Encourage to get up slowly.
2. Let student rest in a supine position if getting up causes' dizziness.
3. Encourage fluids.
4. Notify parent/guardian.
5. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.

If student is injured from fainting, assess student for injuries.

1. Treat injuries if needed
2. Notify parent/guardian

Piercings (Body)

Puncturing or cutting part of the body to create an open area for jewelry.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Cleanse wound with soap and water, pat dry.
2. If necessary, control bleeding according to procedures (see Bleeding).
3. When bleeding stops and if no allergies are present, triple antibiotic ointment may be used.
4. Notify parent/guardian if there are signs and symptoms of infection.

Poison

Poisons can be swallowed, inhaled, absorbed through skin or eyes, or injected.

Signs and Symptoms: Unknown substance in students' mouth, burns around mouth or on skin, strange breath odor, sweaty, upset stomach or vomiting, dizziness or fainting, and seizures or convulsions.

Call 911 and Poison Control 1-800-222-1222. DO NOT induce vomiting.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

If student is unconscious:

1. Initiate steps of CPR as necessary.
2. Position student on his/her side to prevent aspiration.
3. Notify principal/administration and parent/guardian.

If student is conscious:

1. Stay with student and keep student calm.
2. Identify the poison, if possible, how much was taken, and when.
3. Call the Poison Control Center for directions.
4. Save receptacle of suspected poison if available.
5. Notify principal/administration and parent/guardian.
6. Monitor student's behavior.

Postural Orthostatic Tachycardia Syndrome (POTS)

POTS primary symptom is orthostatic intolerance. Symptoms of lightheadedness or fainting is also accompanied by a rapid increase in heartbeat of more than 30 beats per minute, or a heart rate that exceeds 120 beats per minute, within 10 minutes of rising.

Signs and Symptoms:

- Orthostatic Intolerance
- Dizziness
- Fainting
- Fast Heart rate

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Let student rest in a supine position.
2. Encourage fluids.
3. Notify Parent/guardian.
4. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.

If student is injured from fainting, assess student for injuries.

3. Treat injuries if needed
4. Notify parent/guardian

If student is severely injured, call 911, treat and stabilize

1. Notify principal/administration and parent/guardian.

Pregnancy - Miscarry/Labor

Spontaneous loss of a fetus or female pregnant experiencing contractions/labor pains.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call 911
2. Stay with student/staff member and keep them calm.
3. Follow directives of 911 operator
4. Notify principal/administration and parent/guardian.

Rashes (*See Communicable Disease Chart)

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. Skin rashes can occur from a variety of factors, including infections, heat, allergens, immune

system disorders and medications. Nurses are not to diagnose. Nurses are to obtain history of recent exposures, illnesses and relay information to medical provider and/or parent/guardian for prompt treatment.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

When a rash or skin eruption of unknown cause is noted on a child:

1. Clean area and cover with loose bandage if appropriate.
2. Take temperature.
3. Student is to be quarantined away from others and sent to a medical provider to diagnose and treat. Exclusion from school for all unidentified rashes/skin conditions until diagnosis with a note from a licensed health care provider.
4. Notify parent/guardian for student pick up and suggest medical evaluation.

Exclude Student and notify Parent/Guardian for student pick up if:

- Rash or fever
- Oozing/open wound
- Bruising not associated with injury
- Joint pain and rash
- Unable to participate in school activities
- Measles until 4 days after start of rash
- Rubella until 6 days after onset of rash
- Chickenpox (varicella) until all lesions have dried (usually 5 days)
- Scabies until treated
- Impetigo that cannot be covered and is oozing fluid until treated for 24 hours
- Ringworm on scalp until lesions close (medical treatment required)
- Allergic or irritant reactions
- Shingles (must be able to keep lesions covered with clothes and/or dressing.)

Self-Injury

Self-injury consists of self-inflicted deliberately destructive acts resulting in tissue damage.

Common forms of self-injury:

- Cutting in lines on the arms or legs (with razor blades or knives)
- Repeatedly picking at scabs or other injuries
- Eraser or ice/salt burns onto any part of the body
- Using matches or cigarettes to burn the body
- Hair-pulling
- Head banging
- Punching walls or other hard surfaces repeatedly may also take the form of hitting oneself (observe for bruised and/or bloody knuckles)

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Give first aid.
2. Stay non-judgmental.
3. Explain to student that in treating them, you may have to share information with guidance counselor, dean/BRT, resource officer and/or parent/guardian for medical evaluation/mental health services for their best interest.

4. If the behavior or self-injury is deemed suicidal or otherwise life threatening, emergency procedures are followed. See *Suicide Threat*.

Suicide Threat / Attempt

Suicide is the act of taking one's own life on purpose. Always take suicide attempts and threats seriously. Consider any students, faculty or staff reference to suicide as serious.

Under such conditions as a suicide threat, commitment to student confidentiality is superseded by the need to initiate life-saving interventions.

Suicide Threat

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. DO NOT LEAVE THE INDIVIDUAL ALONE. Under no circumstances will the person be allowed to leave the school alone or be left in any room or office alone (including the restroom)
2. Do not allow the individual to leave until help arrives.
3. Notify school counselor, principal, dean/BRT and resource officer immediately if you become aware of a suicide threat.
4. Talk calmly to the person until appropriate personnel arrive at the scene.
 - a. Be positive and non-judgmental
 - b. Engage the person in conversation
 - c. Do not become confrontational
 - d. Do not make fast movements toward the individual

When trained personnel arrive (counselor, resource officer, administrator) they will decide the course of action to be taken. If a student is found to be at risk for suicide and the student suggests that a reason for this risk may be associated with parental/guardian abuse or neglect, the qualified school professional will NOT contact the parent/guardian. Contact abuse hotline as appropriate.

Suicide Attempt

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. **Call 911.** Keep everyone away from the scene, clear the area.
2. **Notify school principal/administration, counselors and resource officer** immediately of any suicide attempt. Notify parent/guardian.
3. DO NOT LEAVE THE INDIVIDUAL ALONE.
4. Provide first aid per policy.

Seizure / Epilepsy

Epilepsy is a medical condition in which a person has the likelihood to suffer repeated seizures. Such individuals require medical diagnosis for proper management in school.

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

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Prevent student from hurting him/herself by moving nearby objects away and breaking fall, if possible. Clear room of other students.
2. If vomiting occurs, turn the student onto his/her side with face to the side to allow drainage.
3. Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare). Time seizure. Observe and document details of seizure.
4. Do NOT restrain student.
5. Do NOT place your fingers or any object in mouth.
6. If student is a known epileptic patient and this is normal seizure pattern, allow him/her to rest following seizure. Notify principal/administration and parent/guardian. 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 Skyward Medication Administration Instructions in this handbook.

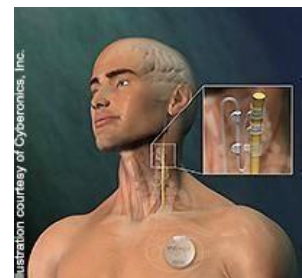
Diastat Protocol (See Medication Section)

Call 911:

1. Student has never had a seizure before.
2. Student has difficulty breathing or waking.
3. Seizure lasts longer than 5 minutes.
4. Rapid or repeated seizures activity.
5. Student is hurt during the seizure.

Vagal Nerve Stimulation Therapy

This diagram shows how the implanted VNS pulse generator is linked by electrodes to the left vagus nerve in the neck. The enlarged section of the diagram shows how the ends of the flexible silicone leads are wound around the nerve.



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). These wires (electrodes) are threaded under the skin and around the vagal nerve in the neck.

The battery is pre-programmed 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 record. Parent permission to apply this procedure will be required. Parent/Guardian 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 Skyward record.

| <u>Type of Seizure</u> | COMMON CHARACTERISTICS FOR EACH TYPE |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Absence (formerly called Petit Mal seizure). | Generally last 1-15 seconds, a blank stare, beginning and ending abruptly, (like lost in thought), unaware of what is going on but resumes normal activity immediately after seizure. |

| <u>Type of Seizure</u> | COMMON CHARACTERISTICS FOR EACH TYPE |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>Generalized Tonic-Clonic</u> (formerly called a Gran Mal or convulsive seizure). | In the tonic phase student will stiffen arms and legs. In the clonic phase, students' head and limbs will begin jerking in a rhythmic manner. They may yell, fall, experience incontinence of urine/stool, salivate, skin turn bluish, extremely tired after seizure, possible headache/muscle soreness, confusion. May take minutes to hours to recover from this type of seizure. |
| <u>Simple Partial</u> | The student will often stay awake and aware throughout the seizure, but cannot speak or control movements until after the seizure is over. Depending on the part of the brain affected during the seizure, the student may twitch, roll their eyes or blink, hands and feet may shake or bob up and down. They might smell, hear, feel a breeze, or see something that is not actually there. May become emotionally very happy (burst out laughing) or sad (crying) or frightened. |
| <u>Complex Partial</u> | Often affect a greater area of the brain in one of the brain's two temporal lobes and can affect consciousness. The student will often stop what they are doing and stare blankly, mumble, picking at clothes, chewing motions, repetitive motions, unorganized movements, experience altered consciousness like they are in a trance and unable to interact with their environment and other people. Sometimes called Temporal Lobe Epilepsy (TLE). |

Psychogenic Nonepileptic Seizure (PNES)

PNES sometimes called pseudoseizures, are non-epileptic seizures. Although PNES mimic epileptic seizures they occur from psychological disturbances rather than abnormal electrical brain activity. School nurses should follow students' doctors' orders for treatment and interventions.

Signs and Symptoms: Mimics seizure activity

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assess student for injuries
2. Treat injuries if needed
3. Notify parent/guardian

If student is severely injured, call 911, treat and stabilize

1. Notify principal/administration and parent/guardian.

Shock

Shock is a serious complication of injury or illness in which there is inadequate blood circulation to the brain to maintain vital body functions. Uncontrolled bleeding, heat stroke, diabetic emergency, car accidents, trauma, 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.

Shock is frequently NOT obvious until present in an advanced and life-threatening state. Ask yourself, “Could this student be in shock?”

Signs and Symptoms:

- Rapid pulse (usually greater than 120 beats per minute)
- Pale skin tone and sweating
- Agitation or irritability
- Confusion
- Complaints of feeling cold, weak, and/or faint
- Rapid breathing
- Pupils dilated

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

Never leave student unattended if shock is suspected

2. Call 911.
3. Keep student lying down. Elevate feet (about 12”) if no head, neck, chest, spine, hip, or leg injury is suspected. Reassure student.
4. Maintain an open airway.
5. Try to determine and manage the cause of shock (uncontrolled bleeding, heat stroke, diabetic emergency, etc.).
6. Cover student to prevent loss of body heat if exposed to cold and dampness; help maintain body temperature with a cover.
7. Do not give food or drink.
8. Notify principal/administration and parent/guardian.
9. Monitor closely until EMS arrives.

Sickle Cell Disease (Crisis)

Sickle cell disease is an inherited disorder where red blood cells are “sickle shaped” and can block the flow of blood to the rest of an individual’s body. There may be a decreased number of red blood cells causing anemia. Anemia symptoms are fatigue and decreased energy, pale color, and breathlessness. Some factors that may trigger a Sickle Cell Crisis are extreme physical activity, infections, stress, sudden changes in temperature or cold damp conditions.

Signs and Symptoms:

- Mild, moderate or severe pain
- Swelling of hands
- Swelling of feet
- Behavior changes
- Complaints of feeling cold, weak, and/or faint

Call 911 for the following symptoms:

- Sudden or worsening symptoms
- Chest or abdominal pain
- Severe headache
- Upper left abdominal pain
- Priapism
- Difficulty breathing

- Fever (>101 degrees)
- Sign and symptoms of a stroke
- Severe

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Check for fever.
2. Be responsive to complaints of pain.
3. Administer authorized medication/s.
4. Notify parent/guardian of any sickle cell student's clinic visit.
5. If student looks or acts very ill and student is unable to participate in school, notify parent/guardian and send student home.

Sore Throat (Pharyngitis)

A sore throat is an irritation to the throat which causes pain and scratchiness. A cold or the flu virus may cause sore throat (pharyngitis).

Signs and Symptoms:

- Report of pain in throat
- Inability to swallow
- Increased pain when swallowing
- Excessive drooling with breathing difficulty

Intervention:

1. Take temperature.
2. Obtain history: occurrence, frequency, duration, location, severity and description.
3. Have student gargle with warm salt water if able. If student reports relief, throat is of normal appearance and there is no fever, student may return to class.
4. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.

Splinters

A splinter is a foreign object that penetrates the skin. Splinters can lead to infection. If a splinter has been in the body for days or the wound is showing signs of infection suggest a physician evaluation.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Cleanse wound with soap and water, pat dry.
2. If necessary, control bleeding according to procedures (see Bleeding).
3. Disinfect the tweezers with rubbing alcohol.
4. If part of the splinter is sticking out, grasp the splinter with the tweezers and pull it out gently and slowly in the same direction the splinter entered the skin. Never squeeze out a splinter, as this may cause it to break into smaller pieces that are harder to remove
5. Apply antibiotic ointment and bandage.
6. If splinter is embedded under the skin, cleanse area and bandage. Notify parent/guardian. School nurses do not break skin or search for splinter in the body.

7. If splinter is very large, deep, located in or near the eye, face or if the area appears infected the parent/guardian is notified and a physician evaluation suggested.

Swollen Glands (Lymph Nodes)

Swollen glands refer to enlargement of one or more lymph nodes. It is the body's natural reaction to illness or infection. They can be found in the jaw, chest, arms, abdomen and legs. The most common reason to swell is an upper respiratory infection including other viruses and bacteria's such as; cold, flu, sinus infections, strep throat, mono, and skin wounds.

Signs and Symptoms:

- Swelling of the lymph nodes
- Difficulty breathing or swallowing
- Red, tender, inflamed, warm glands
- Fever
- Mumps, until 9 days after swelling of parotid glands

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Take temperature.
2. Obtain history: occurrence, frequency, duration, location, severity and description.
3. If student looks or acts very ill or is unable to participate in school, notify parent/guardian and send student home.

Tasing and Pepper Spray

Tasing

To electrically stun someone to temporarily incapacitate them. Tasers, also called "electrical control devices," are used by law enforcement with the intention to help subdue resistant suspects without physical contact or the use of firearms. Resource officers are trained to remove and administer first aid and may not involve the school nurse. Superficial skin injury and surface burns are the most frequent injuries seen from activation. Resource Officers' practice is to medically clear juveniles via an ER visit if they are taken into custody and any invasive force is used or any injury other than minor scrapes and scratches are present or complained of by the arrestee.

Signs and Symptoms:

- Small marks or burns on skin
- Tissue redness and swelling
- Local aches and pains
- Muscle spasms
- Being dazed
- Loss of memory of the event
- Unsteadiness/dizzy
- Temporary tingling
- Weakness in the limbs

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Apply first aid if indicated. Clean the skin around the dart exit wound and apply bandage.

- a. Projectiles may be removed by law enforcement officers or authorized EMS. School nurse do not remove.
 - b. Dislodged projectiles are a biohazard and considered evidence.
2. Treat injuries sustained if student fell to the ground.
3. If EMS is called, monitor closely until arrival.
4. Collaborate with Resource Officer on notification of parent/guardian.

Pepper Spray

Pepper Spray is an aerosol spray containing oils derived from cayenne pepper, irritating to the eyes and respiratory passages and used as a disabling weapon. Pepper spray can cause skin, eye, respiratory and mucosal irritation.

Signs and Symptoms:

- Stinging and burning sensation
- Sneezing and runny nose
- Headache
- Dizziness
- Tachycardia
- Difficulty breathing/Coughing

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Call 911.
2. Remove any contaminated clothing that may be irritating the skin, eyes or mouth.
3. Flush eyes with water or saline for 15-20 minutes.
4. Continuously, rinse eye continuously with a slow and steady stream of water or with provided eyewash bottle, following directions. Otherwise, continuously rinse eye until EMS arrives.
5. Do **NOT** remove contact lenses, just continuously rinse until EMS arrives.
6. Wash contaminated skin with soapy water.
7. *Do not rub* the affected area to avoid accidentally spreading it to other parts of the body.
8. Continue to monitor breathing etc. until EMS arrives
9. Collaborate with Resource Officer on notification of parent/guardian.

Tattoos

Tattoo is a permanent mark or design on the skin. Student may come for routine care for a new tattoo.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Assess area. Any signs of infection, notify parent/guardian and suggest physician evaluation.
2. Clean area, pat dry.
3. Apply small layer of triple antibiotic ointment or A&D ointment. Do not apply Vaseline.

Teen Sexuality Issues and Condom Protocol

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, “Abstinence from sexual activity is a sure way to avoid teen pregnancy, and sexually transmitted diseases.” School nurses will counsel and educate students according to the above policy/ statute.

Florida Statute s.381.0057 (6), F.S. the services provided by a school health program must focus attention on promoting the health of students, reducing risk-taking behaviors, and reducing teen pregnancy. Services provided under this section are addition to the services provided under s.381.0056, F.S. and are intended to supplement, rather than supplant, those services. The goal is to provide counseling and referrals to students displaying high-risk behaviors.

F.S. 381.0057 Comprehensive School Health Services: In addition to provision of all Basic school health services, Comprehensive school health services include increased services per Florida statute, section 381.0057, for student health management, interventions and classes. These services promote student health; reduce high-risk behaviors and their consequences (substance abuse, unintentional/ intentional injuries, and sexually transmitted diseases); provide pregnancy prevention classes and interventions; and provide support services to promote return to school after giving birth. Forty-six counties receive funding to implement Comprehensive school health services programs in locally selected schools with high rates of teen birth, substance abuse and other high-risk behaviors.

School nurses will offer their assistance and resources to the teachers/staff who are educating students in 5th, 7th, and 9th grade human growth and development or sexuality curriculum.

School nurses will refer students \geq age 13 to local health department for further education, family planning, and STD treatment, as needed. Students seeking human sexuality information may be educated on prevention, risk and symptomology in relation to sexuality issues confidentially.

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 referral, or teen pregnancy and the prevention of such. However, it is also important that a child’s safety be addressed and this is most cases best served by their parent/guardian.

Condom Protocol

Alachua County Public Schools provides a parental ‘opt out’ procedure regarding the availability of condoms in Alachua County’s public high school clinics. Under this procedure, parents may fill out, sign and submit an Opt-out form to their child’s high school if they **do not** want their child to have access to condoms in the school clinic.

The form can be completed and returned electronically or in person or through email or fax. The Condom Opt-out form is on the SBAC website for students in High School under the age of 18 for Parent/Guardians to access. Parent/Guardians only have to fill out and submit this form once, unless their student transfers to a new high school. School Nurses keep the binder of opt-out forms in a secure location in the clinic: locked in a back office is sufficient. The School Nurse is responsible for checking to make sure an opt-out form is not in binder before letting the student take a bag containing information and condoms. *Nurses do not hand out condoms.*

Tick Removal

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Try to determine duration of tick adherence.
2. Cleanse site.
3. School personnel may remove a tick if possible, using tic removal tools provided to clinics.

- a. Do not grab the tick around its swollen belly. You could push infected fluid from the tick into your body if you squeeze it
- b. Gently pull the tick straight out until its mouth lets go of your skin. Do not twist the tick. This may break off the tick's body and leave the head in your skin
- c. If tick is deeply embedded, do not remove. Notify Parent/Guardian and refer to healthcare provider
4. After removal, cleanse and bandage area.
5. Place tick in plastic bag. Label with students' name, date, site of attachment.
6. Notify parent/guardian and suggest medical attention.

NOTE: You want to remove the tick as soon as possible because risk of infection increases between 24 to 72 hours after the tick attaches to the skin.

One note of caution: do not use petroleum jelly or a hot match to kill and remove tick. These methods do not get the tick off your skin, and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

Vaccine Clinics

Every year Alachua County Public Schools offer vaccination clinics to students and staff with consent. After the clinic, students and staff may experience soreness or mild redness at the administration site.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

1. Apply cold pack/compress and allow to rest in the clinic.
2. Offer anti-inflammatory medication if authorized to do so.

If the student shows abnormal reaction, stay with the student and manage accordingly. Notify parent/guardian.

1. Abnormal reactions require a VAAERS form to be submitted. Notify supervisors.

Wound Chronic Care and Treatment

Some students have wounds that need additional medical treatment because they are difficult to heal or do not heal. Most of these wounds involve infections that are resistant to antibiotics and that require multiple medications and sterile dressing changes. Students with uncovered, draining wounds will be temporarily excluded unless covered with a dressing that is taped and secure on all 4 sides to prevent blood borne pathogen exposures.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment.

2. Follow doctor's orders for any intervention for wound care.
3. Ensure Medication Authorization forms are completed.
4. Document care in Skyward at time of intervention.

Best Practices and Expectations of Private Duty Nursing (PDN)

A Private Duty Nurse (PDN) is a RN or LPN provided by the parent/guardian or other public agency to provide one-on-one care to their child. The PDN is not employed by the ACPS and does not have the rights of an employee. Additionally, they must fill out proper paperwork prior to providing services on school grounds and pass required background screenings. The family is

responsible for the cost of this process. The school nurse must be made aware of all aspects of the student's medical condition and care, acting as an available resource to the PDN while the student is on campus. However, primary nursing responsibilities for the assigned student is the role of the PDN. The school nurse will not act as a substitute for the PDN. Contact ACPS School Health Supervisor for further details.

Parent/Guardian Responsibility:

1. Follow the Medication Policy and Procedure in the School Health Services Handbook.
2. Complete all written information and authorization forms annually.
3. Furnish the school nurse with current doctor's orders related to their child's health condition.
4. Furnish the school nurse with current emergency action plan.
5. Furnish the school nurse with a backup plan in the event the agency staff is incapacitated or is unexpectedly absent.

The parent/guardian must keep school nurse, school staff and one-on-one care provider informed of any revised health information or changes in doctor's orders. They must also provide medical equipment, supplies and all medications for school use. Parent/guardians need to be available to the school if student becomes sick, injured or requires emergency care.

PDN should be in the same room and able to access their students' medical needs at all times. When child is on playground PDN should have child in their view and nearby so as to attend to their needs ASAP, yet allow some interaction with other students during "free time".

Proper hand washing technique/use of hand sanitizer is expected. Especially at the following time:

- Feeding student.
- Toileting student (ensure privacy)
- Changing trach equipment (ensure privacy)
- Cleaning/Suctioning Trach (reuse of catheter is acceptable practice for homecare)
- After glove removal

PDN will alert school nurse of any changes to students' medical condition status or care, need to call parent and or call 911. This is not to remove any responsibility from school nurse but to ensure flow of communication about students' health needs.

PDN must:

1. Maintain confidentiality at all times, FERPA, and HIPAA.
2. Maintain written documentation as required.
3. Adhere to all School Health policies and procedures.
4. Update school nurse on any doctor orders or medication changes.
5. Use universal precautions.
6. Provide care to assigned student only unless emergent situation occurs.

Reportable Diseases/Conditions in Florida

(See Next Page)

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated August 18, 2021



Florida Department of Health

Did you know that you are required* to report certain diseases to your local county health department?

- ! Report immediately 24/7 by phone upon initial suspicion or laboratory test order
- 📞 Report immediately 24/7 by phone
- Report next business day
- + Other reporting timeframe

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| <ul style="list-style-type: none"> ! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) 📞 Amebic encephalitis ! Anthrax • Arsenic poisoning ! Arboviral diseases not otherwise listed • Babesiosis ! Botulism, foodborne, wound, and unspecified • Botulism, infant ! Brucellosis • California serogroup virus disease • Campylobacteriosis + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors • Carbon monoxide poisoning 📞 Coronavirus disease (COVID-19) • Chancroid • Chikungunya fever 📞 Chikungunya fever, locally acquired • Chlamydia ! Cholera (<i>Vibrio cholerae</i> type O1) • Ciguatera fish poisoning + Congenital anomalies • Conjunctivitis in neonates <14 days old • Creutzfeldt-Jakob disease (CJD) • Cryptosporidiosis • Cyclosporiasis ! Dengue fever ! Diphtheria • Eastern equine encephalitis • Ehrlichiosis/anaplasmosis • <i>Escherichia coli</i> infection, Shiga toxin-producing • Giardiasis, acute ! Glanders • Gonorrhea | <ul style="list-style-type: none"> • Granuloma inguinale ! <i>Haemophilus influenzae</i> invasive disease in children <5 years old • Hansen's disease (leprosy) 📞 Hantavirus infection 📞 Hemolytic uremic syndrome (HUS) 📞 Hepatitis A • Hepatitis B, C, D, E, and G • Hepatitis B surface antigen in pregnant women and children <2 years old 📞 Herpes B virus, possible exposure • Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old + Human immunodeficiency virus (HIV) infection • HIV-exposed infants <18 months old born to an HIV-infected woman • Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old ! Influenza A, novel or pandemic strains 📞 Influenza-associated pediatric mortality in children <18 years old • Lead poisoning (blood lead level ≥5 µg/dL) • Legionellosis • Leptospirosis 📞 Listeriosis • Lyme disease • Lymphogranuloma venereum (LGV) • Malaria ! Measles (rubeola) ! Melioidosis • Meningitis, bacterial or mycotic ! Meningococcal disease • Mercury poisoning • Mumps + Neonatal abstinence syndrome (NAS) 📞 Neurotoxic shellfish poisoning 📞 Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) 📞 Pertussis | <ul style="list-style-type: none"> • Pesticide-related illness and injury, acute ! Plague ! Poliomyelitis • Psittacosis (ornithosis) • Q Fever 📞 Rabies, animal or human ! Rabies, possible exposure ! Ricin toxin poisoning • Rocky Mountain spotted fever and other spotted fever rickettsioses ! Rubella • St. Louis encephalitis • Salmonellosis • Saxitoxin poisoning (paralytic shellfish poisoning) ! Severe acute respiratory disease syndrome associated with coronavirus infection • Shigellosis ! Smallpox 📞 Staphylococcal enterotoxin B poisoning 📞 <i>Staphylococcus aureus</i> infection, intermediate or full resistance to vancomycin (VISA, VRSA) • <i>Streptococcus pneumoniae</i> invasive disease in children <6 years old • Syphilis 📞 Syphilis in pregnant women and neonates • Tetanus • Trichinellosis (trichinosis) • Tuberculosis (TB) ! Tularemia 📞 Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease • Varicella (chickenpox) ! Venezuelan equine encephalitis • Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers • West Nile virus disease ! Yellow fever ! Zika fever |
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