District Health Services

TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1</td>
<td>School Nursing Services – Mission and Program Responsibilities</td>
</tr>
<tr>
<td>Chapter 2</td>
<td>Health Requirements for Admission To School</td>
</tr>
<tr>
<td>Chapter 3</td>
<td>Student Health Records and Documentation</td>
</tr>
<tr>
<td>Chapter 4</td>
<td>School Health Center</td>
</tr>
<tr>
<td>Chapter 5</td>
<td>Emergency Health Needs/Child Abuse Reporting/Human Trafficking</td>
</tr>
<tr>
<td>Chapter 6</td>
<td>Illness and Injury</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Infection Control</td>
</tr>
<tr>
<td>Chapter 8</td>
<td>Communicable Diseases</td>
</tr>
<tr>
<td>Chapter 9</td>
<td>Community Associated Methicillin Resistant Staphylococcus Aureus (CA-MRSA)</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Procedure for Administration of Medicines and Providing Prescribed Treatments</td>
</tr>
<tr>
<td>Chapter 11</td>
<td>Health Screenings</td>
</tr>
<tr>
<td>Chapter 12</td>
<td>Treatment of Employee Injury</td>
</tr>
<tr>
<td>Chapter 13</td>
<td>Emergency Preparedness</td>
</tr>
<tr>
<td>Chapter 14</td>
<td>Action Care Plans</td>
</tr>
<tr>
<td>Chapter 15</td>
<td>Health Care Plans</td>
</tr>
</tbody>
</table>
Chapter 1: School Nursing Services – Mission and Program Responsibilities

- School Nursing Services Vision/Mission Statement 1-1
- Purpose of the Nursing Procedure Manual 1-2
- School Health Services Guidelines 1-3
- School Nurse Job Description (In the process of being updated) 1-4
- Definition of Roles: Principal, Parent/Guardian and Nurse 1-5
- School Health Office Annual Responsibilities 1-7

Chapter 2: Health Requirements for Admission to School

- Health Information Procedures 2-1
- Immunization Requirements 2-2
- Physical Examination 2-5
- Immunization and/or Physical Exam Discrepancies Letter – English 2-6
- Immunization and/or Physical Exam Discrepancies Letter – Spanish 2-7
- Exclusion from School Notification Letter – English 2-8
- Exclusion from School Notification Letter – Spanish 2-9

Chapter 3: Student Health Records and Documentation

- Student Health Records 3-1
- Health Center Visit Documentation 3-1
- Student Health Assessment 3-2
- Medical Documentation 3-2
- Filing and Securing Nursing Services Forms 3-3
- Selected Medical Abbreviations 3-4
- Student Health Assessment Form (Appendix 9) - English 3-5
- Student Health Assessment Form (Appendix 9) - Spanish 3-6
- Daily Clinic Log (For use by UAP) 3-7
- Health Clinic Visit – Parent Report 3-8
- Student Accident Insurance Claim Coordination Information 3-9
- Permission for Release/Exchange of Student Records 3-10

Chapter 4: School Health Center

- School Health Center Furniture/Equipment/Supplies List 4-1
- Nursing Supply Order Form 4-3

Chapter 5: Emergency Health Needs/Child Abuse Reporting/Human Trafficking

- Emergency Health Needs 5-1
- Accidents and Injury 5-1
- Emergency Plan of Action 5-2
- Portable School Emergency Kit 5-3
- Evacuation Bag 5-3
- Child Abuse Reporting 5-4
- Human Trafficking 5-6

Chapter 6: Illness and Injury

- Illness and Injury 6-1
- Releasing A Student 6-1
- Health Guidelines for Parents and Guardians 6-2
- Abdominal Pain/Injury 6-3
- Abrasions 6-4
Chapter 6: Illness and Injury (Continued)

Allergies 6-5
  Parent Allergy Information Form 6-7
  Physician and Parent Medication Authorization Form – Allergy 6-8
  Medical Alert to Parents – Food Allergy 6-9
  Food Allergies, Food Intolerances and Special Diet Needs at Champ’s Café 6-10
  Medical Alert to Parents – Latex - English 6-11
  Medical Alert to Parents – Latex - Spanish 6-12

Anaphylaxis 6-13

Asthma 6-14
  Parent Letter – Asthma 6-17
  Parent Information – Asthma 6-18

Back or Neck Injury (Spinal Injury) 6-19
Bites (Animal) 6-20
Bites (Human) 6-21
Bites (Snake) 6-22

Bleeding (Cuts or Wounds) 6-23
  Tetanus Immunization 6-24

Burns (Chemical and Heat) 6-25
Chest – Blunt Trauma 6-26

Dental Injuries 6-27

Diabetes 6-28
  Monitoring Blood Glucose 6-29
  Insulin Therapy 6-29
  Insulin Preparations 6-30
  Pump Therapy 6-31
  Carbohydrate Counting 6-31
  Acute Complications of Diabetes 6-31
  Hypoglycemia 6-31
  Hyperglycemia 6-32
  Action Care Plan 6-32
  Glucagon 6-32
  Transportation 6-33
  Field Trips 6-33
  Classroom Parties 6-33
  Physical Exercise 3-33

In-Service for School Staff 6-34
  Hypoglycemia (Low Blood Glucose) Chart 6-35
  Hyperglycemia (High Blood Glucose) Chart 6-36

Diabetes Medical Management Plan 6-37
  Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump 6-39
  Diabetic Student Supply List 6-40
  Blood Glucose Monitoring Log 6-41

Dislocation of Joint 6-42

Earache 6-42

Eye Injuries/Conditions 6-43
  Eye Trauma 6-43
  Chemical Burn to the Eye 6-43
  Infection/Irritation to the Eye 6-44

Fainting 6-44

Foreign Bodies/Ears, Eyes and Nose 6-45

Fractures 6-46

Headache (Non-Traumatic) 6-47

Head Injuries 6-47
  Possible Head Injury Notice 6-48
Chapter 6: Illness and Injury (Continued)

- Mouth Injuries
- Nausea
- Nosebleed
- Overdose – Drug/Alcohol
- Poison Ivy/Oak/Sumac
- Poison – Swallowed
- Rash
- Seizures and Epilepsy
  - Seizure Type
  - Parent Seizure Information Form - English
  - Parent Seizure Information Form - English Spanish
  - Physician and Parent Medication Authorization Form – Diastat
  - Protocol for the Administration of Diastat
  - Classroom Seizure Record
- Shock
- Splinters
- Sprains/Strains
- Sting (Insect)
  - Insect Allergy Form
  - Stomach Ache
- Student Pregnancy
- Students with Sexually Transmitted Disease (STD)
- Tick Bites
- Toothache
- Vomiting

Chapter 7: Infection Control

- Infection Control Measures
  - Standard Precautions
  - Infection Control
- Disinfecting/Disposal of Contaminated Materials and Surfaces
- Diapering Procedure
- Bloodborne Pathogen/Needle-Stick/Sharps Injury Log
- Bloodborne Pathogens Standard 1910.1030 (Appendix A)

Chapter 8: Communicable Diseases

- Communicable Diseases
- Reportable Diseases
- Bed Bugs (Cimex Lectularius)
- Bed Bugs: School Response Flowchart
- Parent Letter (Bed Bugs in the Classroom)
- Bed Bug Inspection Report
- Parent Letter (Dealing with Bed Bugs in Your Home)
- Parent Information Sheet on Bed Bugs
- Maintenance and Operations Bed Bug Protocol
- Chickenpox/Varicella (Reportable)
  - Charlotte County Health Department Letter
  - Varicella Disease Questions and Answers
- Conjunctivitis (Pink Eye)
- Diarrhea/Giardiasis (Reportable)
- Diarrhea/Shigellosis (Reportable)
- Fifth Disease/Erythema Infectiosum (Human Parvovirus Infection)
Chapter 8: Communicable Diseases (Continued)

Head Lice (Pediculosis Capitis) 8-21
Letter: Exclusion From School For Head Lice/Nits 8-24
Letter: Parents/Guardians Regarding Head Lice 8-25
Hepatitis A Virus (Reportable) 8-26
Hepatitis B Virus (Reportable) 8-27
HIV-AIDS 8-28
Consent to Release Information 8-30
Statement of Confidentiality 8-31
Impetigo 8-32
Parent Letter – Impetigo 8-33
Measles (Reportable) 8-34
Meningitis/Bacterial (Reportable) 8-35
Meningitis (Viral/Aseptic) 8-36
Molluscum Contagiosum 8-37
Infectious Mononucleosis 8-38
Mumps (Reportable) 8-39
Pertussis – Whopping Cough (Reportable) 8-40
Pinworms (Enterobiasis) 8-41
Ringworm (Tinea) 8-42
Rubella - German Measles (Reportable) 8-43
Scabies 8-44
Scarlet Fever/Strep Throat (Streptococcal Infections) 8-45
Shingles (Varicella Zoster Virus) 8-46

Chapter 9: Community Associated Methicillin Resistant Staphylococcus Aureus (CA-MRSA)

Community Associated Methicillin Resistant Staphylococcus Aureus (CA-MRSA) 9-1
Information for Parents of Student’s Participating in Athletics 9-3
Key Prevention Messages 9-5
Letter: Dear Health Care Provider 9-6
Letter: Dear Parent 9-7
School Athletic Department CA-MRSA Recommendations 9-8
Student Athlete Responsibilities 9-9

Chapter 10: Procedure for Administration of Medicines and Providing Prescribed Treatments

Purpose 10-1
Delegation to Unlicensed Assistive Personnel 10-2
School Board of Charlotte County Bylaws and Policies 10-4
5330: Medical Treatment and Medication Administration 10-4
Definitions 10-4
Authorization of Medications 10-4
Medication Storage 10-4
Administration of Medication 10-4
Medication Administration Procedures 10-6
General Guidelines 10-8
Daily Medication Schedule 10-9
Letter to Parent/Guardian: Medication Administration During School Hours 10-10
Medication Policy 10-11
Physician and Parent Medication Authorization Form – General 10-12
Medication Errors 10-13
Procedure of Documenting, Reporting and Handling a Medication/Treatment Error 10-14
Medication/Treatment Error Report 10-15
Medication Missed by Parent 10-16
Medication Doses Missed at School 10-16
Field Trip Procedures for Medication Administration 10-17
Field Trip Information Form for the School Nurse 10-18
Letter to Parent/Guardian: Medication Refills 10-19
Medication Disposal Letter 10-20
Allergic Reactions to Medications 10-21
Administration Techniques 10-22
  Oral Medications 10-22
  Ear Drops 10-22
  Eye Drops or Eye Ointment 10-22
  Topical Medications 10-23
  Nose Drops 10-23
  Medication Administration Skills Checklist 10-24
  Inhaled Medications 10-25
  Peak Flow Meter 10-26
Nebulizers 10-27
  Nebulizer Procedure 10-27
  Medication by Nebulizer Skills Checklist 10-29
  Daytrana Transdermal Procedure 10-30
  Daytrana Transdermal Skills Checklist 10-31
Protocol for the Administration of Diastat 10-32
Student with Epinephrine Auto-Injector 10-33
Epinephrine Auto-Injector: Emergency First Aid for Anaphylactic Reaction 10-34
Epi-Pen Injection Procedure 10-35
Epi-Pen and Epi-Pen Jr. Directions 10-36
Epi-Pen Auto Injector Information 10-37
Epi-Pen Auto Injector Directions 10-38
Epi-Pen Skills Checklist 10-39
Auvi-Q Information 10-40
Auvi-Q Directions 10-41
Auvi-Q Skills Checklist 10-42
Student Permission to Carry Personal Epinephrine Auto-Injector on Campus Exemption 10-43
Student Permission to Carry Personal Inhaler on Campus Exemption 10-44
Student Permission to use Prescribed Pancreatic Enzyme Supplements on Campus Exemption 10-45
Glucagon Procedure 10-46
Hypoglycemia and Glucagon Administration Skills Checklist 10-47
Glucagon Storage 10-48
  Insulin 10-48
  Insulin Pen Delivery System Procedure 10-48
  Insulin Pen Storage 10-49
Blood Glucose Monitoring 10-50
Blood Glucose Monitoring Procedure 10-51
Blood Glucose Monitoring Skills Checklist 10-52
Blood Glucose Monitoring Log 10-53
Blood Pressure Measurement Procedure 10-54
Blood Pressure Measurement Skills Checklist 10-55
Blood Pressure Log 10-56
Clean Intermittent Catheterization (CIC) Procedure (Female and Male) 10-58
Clean Intermittent Catheterization (CIC) Skills Checklist (Female and Male) 10-60
Credé Maneuver Procedure 10-62
Clean Intermittent Catheterization/Credé Maneuver Log 10-63
G-Tube Feeding Treatment Authorization Form 10-65
Gastrostomy Tube Feeding Procedure 10-66
Gastrostomy Tube Feeding Skills Checklist 10-68
G-Tube Feeding Log 10-70
Ketone Testing Procedure 10-72
Ketone Testing Skills Checklist 10-73
Ostomy Flow Sheet 10-74
Oxygen Administration Procedure by Mask/Trach Collar 10-75
Oxygen Administration by Mask/Trach Skills Checklist 10-76
Chapter 11: Health Screenings

Health Screening Guidelines 11-1
Student Health Screening Process 11-2
Growth and Development Screening 11-3
   Introduction 11-3
   Body Mass Index (BMI) 11-3
   Identification of Students for Screening 11-3
   Screening Procedures 11-3
   Referral Criteria 11-3
   Follow-up Procedures 11-3
Champs Café Information Sheets 11-4
   Food Allergies, Food Intolerances, and Special Needs Diets 11-5
   Snack Options for Diabetics 11-7
   Vegetarian Options 11-9
Nutrition & Dietary Informational Sheets 11-11
   Pack a Smarter Lunch 11-11
   What Makes a Good Snack? 11-12
   Some Ideas to Start! 11-13
   Schools Choose My Plate 11-14
Dear Parent/Guardian Letter (Body Mass Index) 11-15
Vision Screening 11-16
   Introduction 11-16
   Anatomy of the Eye 11-16
   Identification of Students for Screening 11-17
   Referral Criteria 11-17
   Screening Procedures 11-17
   Referral and Follow-Up Procedures 11-17
   Vision Referral Resources 11-18
   Second Notice of Vision Screening Results Letter 11-19
Hearing Screening 11-20
   Introduction 11-20
   Anatomy of the Ear 11-20
   Identification of Students for Screening 11-20
   Screening Procedures 11-20
   Follow-Up for Screening Failures 11-21
      Audiometer Maintenance 11-21
      Physician Referral Letter for Hearing Screening Failure 11-22
      Dear Parent/Guardian Letter - Failed Hearing Screening 11-23
      Hearing Aids 11-24
      Daily Hearing Aid and Check Chart 11-25
      Daily FM Equipment Check Chart 11-26
Postural Screening 11-27
Chapter 12: Treatment of Employee Injury

Potential Bloodborne Pathogen Exposure 12-1
Appendix E: Definitions 12-2
Flowchart: If An Employee is Injured 12-4
Workers’ Compensation Procedure 12-5
Flowchart: Biting Procedures 12-6
U.S. Department of Labor
Final Rule on Occupational Exposure to Bloodborne Pathogens 56:64004 12-7
Final Rule on Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries 66:5317-5325

Chapter 13: Emergency Preparedness

Action Plan 13-1

Chapter 14: Action Care Plans

Attention Deficit/Hyperactivity Disorder 14-1
Allergic Reaction to Food/Substance 14-2
Asthma 14-3
Cystic Fibrosis 14-4
Depression 14-5
Diabetes Mellitus (Type 1) 14-6
Diabetes Mellitus (Type 2) 14-10
Epinephrine Auto-Injector - EpiPen® Instructions 14-12
Epinephrine Auto-Injector - Twinject® Instructions 14-13
Epinephrine Auto-Injector - Auvi-Q™ 14-14
Head Injury (Mild) 14-15
Headache 14-16
Migraine Headache 14-17
Heart Monitoring Device 14-18
Allergic Reaction to Insect Bites/Stings 14-19
Irritable Bowel Syndrome (IBS) 14-20
Kidney Stones 14-21
Infectious Mononucleosis (MONO) 14-22
Multiuse 14-23
Orthopedic Injury 14-24
Panic Attacks 14-25
Scoliosis 14-26
Non-Convulsive Seizure Disorder 14-27
Convulsive Seizure Disorder 14-28
Teenage Pregnancy 14-29
Tourette Syndrome 14-30
Traumatic Brain Injury 14-31

Chapter 15: Health Care Plans

Anaphylaxis 15-1
Anorexia Nervosa 15-3
Asthma 15-5
Asthma Self-Management 15-7
<table>
<thead>
<tr>
<th>Condition</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autism</td>
<td>15-10</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>15-12</td>
</tr>
<tr>
<td>Congenital Heart Disease</td>
<td>13-14</td>
</tr>
<tr>
<td>Crutches</td>
<td>15-17</td>
</tr>
<tr>
<td>Cystic Fibrosis</td>
<td>15-18</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15-20</td>
</tr>
<tr>
<td>Duchenne Muscular Dystrophy</td>
<td>15-22</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>15-24</td>
</tr>
<tr>
<td>Encopresis</td>
<td>15-25</td>
</tr>
<tr>
<td>G-Tube Feeding</td>
<td>15-28</td>
</tr>
<tr>
<td>Hearing Impairment</td>
<td>15-30</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>15-32</td>
</tr>
<tr>
<td>Migraine Headache</td>
<td>15-34</td>
</tr>
<tr>
<td>Infectious Mononucleosis</td>
<td>15-36</td>
</tr>
<tr>
<td>Multiuse</td>
<td>15-37</td>
</tr>
<tr>
<td>Scoliosis</td>
<td>15-39</td>
</tr>
<tr>
<td>Seizure Disorder</td>
<td>15-41</td>
</tr>
<tr>
<td>Sickle Cell Disease</td>
<td>15-43</td>
</tr>
<tr>
<td>Systemic Lupus Erythematosus</td>
<td>15-45</td>
</tr>
<tr>
<td>Teen Pregnancy</td>
<td>15-48</td>
</tr>
<tr>
<td>Tourette’s Syndrome</td>
<td>15-50</td>
</tr>
<tr>
<td>Traumatic Brain Injury</td>
<td>15-52</td>
</tr>
</tbody>
</table>
Chapter 1

School Nursing Services
Mission and Program Responsibilities
School Nursing Services Vision Statement

Provide Services to Assure Optimal Student Success

School Nursing Services Mission Statement

Although parents hold the main responsibility for the health of their children, the primary mission of the Charlotte County Public School Nurse is to promote and enhance the educational process for children and youth by assisting them to improve or adapt to their health status. The nurse is located within the school to promote wellness and disease prevention by early identification of health problems that might interfere in the educational process. As provided in the school setting, health services include identification of health problems, preventative health, which includes education, health maintenance, health screening, necessary therapeutic intervention, and first aid.

Through nursing assessments and screening programs, school nurses will prevent or identify student health problems and intervene to promote the well being and academic success of all students. School nurses will assist parents and students in the management of health needs and the coordination of care in the home, school, and community.
Purpose of the Nursing Procedure Manual

Florida Statute 381-0056, the “School Health Services Act,” requires that each district implement a total school health program to “appraise, protect, and promote the health of students”.

The Nursing Procedure Manual contains guidelines, procedures and protocols, to be utilized by school staff and health care professionals while caring for students at school.
School Health Services Guidelines

Each school has the following responsibilities regarding health services:

1. Each school must have a designated area for a health room, as required by state statute 381.0056.

2. Each school must have a minimum of two people, besides the school nurse, with current certification in First Aid and CPR.

3. The principal/principal’s designee administering medications at school must complete the district training in medication administration.

4. Each school should promote a safe and healthy environment.

5. Each school should have an adequate amount of first aid supplies on hand.

6. Each school must notify parents in all cases of accidents, sudden illness or medical emergencies. This should be done in such a way as not to cause panic either with the parent or the school environment. The school should maintain and update an emergency card on each student on an annual basis.

7. When notifying 911 about an emergency, parents or guardians must also be notified with specific information about the location of the hospital to which the student has been taken.

8. Principal/principal’s designee should provide supervision for any sick student until a parent or emergency contact designee has been notified and arrives to pick up the student.

9. The principal/principal’s designee should remain with a student in an emergency situation until a parent or parent’s designee can assume responsibility.

10. The designated school nurse should be given all health referrals for follow-up.

11. All communicable diseases are to be reported, as they occur, to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480.

12. Each school must maintain a Cumulative School Health Record or electronic record in FOCUS for each student, which is part of the student’s permanent folder. The health record should contain, at a minimum, a valid Florida Certification of Immunization, proof of a health examination, the results of all health screenings such as vision, hearing and scoliosis, Physician and Parent Medication Authorization Forms, Medication Administration Records and notification of a chronic disease or illness.

13. Confidentiality of Cumulative School Health Records or electronically stored records in FOCUS must be maintained.
Job Description

School Nurse

In the process of being updated.
Definition of Roles:
Principal, Parent/Guardian and Nurse

I. Role of the Principal

The school principal is ultimately responsible for the care and well-being of students while in the school setting. Principals need to be informed promptly regarding student health problems, and any action taken other than routine School Health Center visits.

Although the school nurse is responsible for assessing the need for emergency transportation (EMS–911), the principal holds the ultimate responsibility for the school calling an ambulance when the nurse can not be reached. Transportation of sick or injured children will be the responsibility of the principal or Charlotte County EMS-911. It is suggested that the principal designate someone to accompany the student to the hospital in the absence of a parent/guardian. Under no circumstances, in cases of emergency, is it recommended that a student be transported in a personal vehicle. The school nurse will not transport any student in her vehicle for medical care.

II. Role of the Parent/Guardian

In order to assist school personnel in providing the best possible care for students, parents/guardians should complete the Emergency Card and Student Health Assessment Form and provide current emergency contact information to the school. This information should include the following:

- Name of student, date of birth
- Name of legal guardian, address, and telephone numbers
- Any health conditions or known allergies
- Medications received at home or school
- Persons to call in emergency and telephone numbers
- Name of student's licensed health care provider, dentist, and hospital preference
- Brief medical history

These forms should be updated by the parent/guardian every school year or at any time the family has a change in their status that may affect the school's ability to provide adequate care or notification.

The parent/guardian will be responsible for payment of any charges for emergency treatment or transportation.

III. Role of the School Nurse

The school nurse is responsible for assessing the emergency needs of children enrolled in the Charlotte County Public Schools, as well as faculty and staff during the school day. In order to prevent further injury due to transportation time, any bus accident that does not occur on school property should be handled by EMS-911. Once students report to school, the school nurse will complete an assessment and contact all parents/guardians. Only someone who has been trained to administer such treatment should render First Aid/CPR. A list of those people will be posted in the health center, cafeteria, and gymnasium of each school.

The functions of the school nurse include, but are not limited to, the following:

- Assist with assessing health needs of students through health screenings, nursing assessments, review and monitoring of health records, medications, and data collection;
- Provide health education to students;
- Plan and implement school health management protocols for the child with special health needs, including the administration of medication; and,
Participate in teacher, team and staffing conferences, assigned committees and school/community activities as requested.

Assist in providing staff development to school personnel on health related subjects;

Communicate with the school principal, teachers, support personnel, students, families and counselors;

Consult on meeting emergency health needs in the school;

Confer with health professionals on behalf of students;

Assist in the review of maintenance of school health records;

Develop, implement and update, as necessary, individualized health plans for selected students;

Maintain logs and records of services provided using School Board approved forms/technology;

Serve as a contact and/or liaison among the school, the medical community and the designated student’s personal medical provider;

Provide consultation to students, parents, school personnel and the community during school hours and/or parent meetings;

Make referrals to appropriate community health resources and/or services as needed;

Report required reportable community diseases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480;

During incidents of communicable disease exposure at a school, provide information and guidance to assist school staff with interventions and act as a liaison between the school personnel and the health department communicable disease personnel;

Assure students receive appropriate health care and the students’ dignity and confidentiality are protected.

Initiate a Student Accident Report; and,

Advise principal regarding the need for exclusion due to a possible contagious or communicable disease or non-compliance with school entrance requirements.
<table>
<thead>
<tr>
<th>RESPONSIBILITIES</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
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<th>MAY</th>
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<tbody>
<tr>
<td>Meet with principal to discuss plans for SY</td>
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<td>Conduct review for health problems and immunization compliance and</td>
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<tr>
<td>Intake of medication authorization forms and development of MAR</td>
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<tr>
<td>EAP’s for students with special needs</td>
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<td>Student health alerts will be documented in FOCUS for appropriate</td>
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<td>Schedule staff presentations for Blood Borne Pathogens, MRSA,</td>
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<td>Perform data entry of immunization records</td>
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<td>Conduct training for medication administration of UAP’s</td>
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<td>Review FOCUS for immunization compliance</td>
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<td>Notify parents of students whose immunizations are not in compliance</td>
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<td>Schedule and conduct State Mandated health screenings. Distribute</td>
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<td>permission forms for scoliosis screening two weeks prior to scheduled</td>
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<td>screening (Completed in first 8 weeks of school)</td>
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<td>Complete immunization survey, K and 7th (due Oct 13th)</td>
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<td>Prepare list of students with immunization exemptions or who are</td>
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<td>immunocompromised for future tracking</td>
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<td>Prepare and update lists of students with critical needs for Supervisor of</td>
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<td>Post list of certified CPR/first aid staff in clinic, cafeteria, gym, etc</td>
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<td>Establish system for new student record review for immunization and</td>
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<td>Conduct rescreening and f/u for students who failed screening</td>
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<td>Plan Toothkeeper Program for Pk,K, 1,2 grades</td>
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<td>Collect data and submit FTE report for Annual School Health Services</td>
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<td>Alert 6th grade parent of immunization requirements for 7th grade,</td>
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<td>schedule immunization clinics, and distribute permission forms and VIS</td>
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<td>Schedule and conduct 5th grade Puberty Education. Send permission</td>
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<td>Drop off audiometer for recalibration (End of SY)</td>
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<td>Distribute letters to parents about pick-up of student medication</td>
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<td>Perform and sign off on weekly drug counts in FOCUS</td>
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<td>Weekly statistics will be generated in FOCUS</td>
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<td>Submit warehouse orders by 1st of each month as needed</td>
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Chapter 2

Health Requirements For
Admission to School
Health Information Procedures

When a parent/guardian arrives at school to register a child, the registrar will request the student’s health records which will include the following:

- A physical exam (dated within the past 12 months) on an approved form;
- Proof/documentation of immunizations; and
- A completed Student Health Assessment Form.

If the nurse is present, the family is referred to the nurse for review of health records.

The school nurse completes the following:

- reviews the health records;
- reviews all health alerts;
- enters into the FOCUS student system all data pertaining to the physical exam dates and immunizations for all grade levels;
- reviews immunization reports generated from the FOCUS System to verify compliance for the appropriate grade level;
- makes corrections and/or additions by posting the information to the FOCUS student system;
- reviews hard copy and/or Florida Shots for immunization compliance, if student is out of state inputs data into Florida Shots; and
- notifies the parent/guardian of any discrepancies in health records that must be completed.

Follow Up Procedures for Students with Health/Immunization Discrepancies:

If a discrepancy is found in the student’s health record, the school nurse will be responsible for notifying the parent/guardian of the immunization(s) or physical examination discrepancies (Form I/PD 5/08). If there is no response from the parent/guardian, the school nurse, in conjunction with the school principal, will complete an Exclusion from School Notification Letter (Exc 5/08). Under normal circumstances, students are given 30 days from registration to complete health and immunization requirements before exclusion.

Parents or guardians may obtain the proper documentation for religious exemption by making an appointment with the Charlotte County Health Department. All students having a temporary medical or religious exemption must be flagged accordingly in order for the school nurse and school personnel to facilitate immediate identification of those students who will need to be excluded from school in the event of a communicable disease outbreak.

Permanent Medical Exemption: (Florida Department of Health Form DH 680 – Part C)

This section of Form DH 680 is used for any student who is NOT FULLY IMMUNIZED, but for medical reasons cannot receive one or more vaccines. The licensed health care provider must list the vaccine(s) contraindicated and specific reasons for each vaccine that is not administered. For those vaccines administered, the licensed health care provider must list the type, dose and date of the vaccine.

Religious Exemption: (Florida Department of Health Form DH 681)

This form is only used for a child who is NOT IMMUNIZED because of his/her family’s religious tenets or practices. It cannot be used to exempt a particular vaccine. Florida Department of Health Form DH 681 will NOT be issued to sanction partial immunization. Form DH 681 is to be issued ONLY by county health departments. The form must have the county health department stamp, signature of the county health department director/administrator or their authorized designee and date the form is issued. Florida Department of Health Form DH 681 will be kept on file at the school to help with the exclusion of susceptible children during outbreak conditions. A student transferring within the state does not need to obtain a new Form DH 681.
Florida Statute 1003.22 requires each child entering a Florida school for the first time to present a certificate of immunization from a licensed practicing physician or the county health department prior to entry into school.  Pre-kindergarten and kindergarten students must have current immunizations and physical examinations before registration.  Seventh grade students have five (5) school days to become compliant with immunizations or they will be excluded from school. Other students including children enrolling under emergency or homeless conditions will be allowed thirty (30) days from the registration date to present the certification requirement.  All immunizations must be recorded on the Florida Certificate of Immunization (Form DH 680), printed or hand written on white or blue paper.

**For Early Childhood Programs Only: Minimum Requirements**

- 4 DTP
- 3 OPV
- 1 MMR
- Hib - series of 4 or 1 after 15 months of age
- 3 doses of Hepatitis B Vaccine Series
- 1 Varicella (Var) Vaccine or documented history of the disease
- 4 Pneumoccal Conjugate (PCV13)

**Kindergarten Through Fifth Grade Minimum Requirements**

- Poliovirus Vaccine (Kindergarten Only)
  There must be documentation of at least one dose of polio vaccine administered on or after the 4th birthday. The requirement is 4 doses with the following exceptions:
  - If 4th dose administered prior to 4th birthday, a 5th dose is required
  - If 3rd dose is administered after the 4th birthday, a 4th dose is not required.
- 5 DTP/DtaP (Diphtheria, Tetanus, Pertussis) unless the 4th DPT was given on or after the age of 4. Pertussis Vaccine is omitted from the required immunizations for children 7 years or older.
- 2 MMR (Measles, Mumps, Rubella)
  The first dose valid if given on or after 1st birthday.  Second dose valid if given at least 1 month after first dose.
- 3 doses Hepatitis B Vaccine Series
- 1 dose of Varicella (Var) Vaccine or documented history of the disease. Second dose of Varicella (Var) Vaccine is required for children entering, attending or transferring to Kindergarten. Each subsequent year thereafter, the next highest grade will be included in the requirement.
Sixth Grade Minimum Requirements

- **5 DTP/DtaP (Diphtheria, Tetanus, Pertussis)** unless the 4th DPT was given on or after the age of 4. Pertussis Vaccine is omitted from the required immunizations for children 7 years or older.

- **Polio Vaccine**
  
  There must be documentation of at least one dose of polio vaccine administered on or after the 4th birthday. The requirement is 4 doses with the following exceptions:
  
  - If 4th dose administered prior to 4th birthday, a 5th dose is required
  - If 3rd dose is administered after the 4th birthday, a 4th dose in not required.

- **2 MMR (Measles, Mumps, Rubella)** the first dose valid if given on or after 1st birthday. Second dose valid if given at least 1 month after first dose.

- **3 doses of Hepatitis B Vaccine Series**

- **1 Varicella (Var) Vaccine or documented history of the disease.**

Seventh Through Twelfth Grade Minimum Requirements

- **5 DTP/DtaP (Diphtheria, Tetanus, Pertussis)** unless the 4th DPT was given on or after the age of 4. Pertussis vaccine is omitted from the required immunizations for children 7 years or older.

- **1 Tdap (Tetanus, Diphtheria, Pertussis)** Tdap vaccine is required for entrance into 7th grade.

- **Polio Vaccine**
  
  There must be documentation of at least one dose of polio vaccine administered on or after the 4th birthday. The requirement is 4 doses with the following exceptions:
  
  - If 4th dose administered prior to 4th birthday, a 5th dose is required
  - If 3rd dose is administered after the 4th birthday, a 4th dose in not required.

- **2 MMR (Measles, Mumps, Rubella)** the first dose valid if given on or after 1st birthday. Second dose valid if given at least 1 month after first dose.

- **3 doses of Hepatitis B Vaccine Series**

- **1 Varicella (Var) Vaccine** or documented history of the disease for students entering 7th grade, then each year an additional grade (See Varicella Vaccine Table below).
School Entry Requirements for One or Two Doses of Varicella Vaccine

Beginning with the 2008/2009 school year, children entering kindergarten will be required to receive two doses of varicella vaccine. The light gray highlighted area below indicates the year the two-dose requirement becomes effective. Each subsequent year thereafter, the next highest grade will be included in the requirement. The black highlighted area indicates grades that fall under the one-dose varicella requirement. The one-dose varicella requirement started in the 2001-2002 school year.

Varicella vaccine is NOT required if there is a history of varicella disease documented by the licensed health care provider in the space provided on the DH 680.

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<th>One Dose</th>
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Phase – In Schedule for Tdap For 2012-2013 through 2020/2021 School Years

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Physical Examination

Florida Statute 1003.22 requires each child to present a certification of a school entry health examination performed within one year prior to enrollment in school. Other students including children enrolling under emergency or homeless conditions will be allowed thirty (30) days from the registration date to present the certification requirement. Out-of-state and out-of-county transfers have thirty (30) days to complete the process.

The physical examination should verify that the student has no contagious or communicable disease that would warrant the student's exclusion from school, and should indicate any special conditions that would warrant special considerations for the student. The examination form must be signed by authorized personnel and have been done no later than one year prior to the registration. Licensed health care providers are requested to use State of Florida Student Physical Examination, Form DH 3040.

Out-of-state physicals are acceptable if dated no later than one year prior to the registration, signed by a licensed health care provider or authorized personnel in the previous state and are compatible with the State of Florida Student Physical Examination, Form DH 3040. All physicals will be scanned and stored electronically in FOCUS.

Record Review For Current Students:

During the school year the School Health Coordinator from the Charlotte County Health Department may audit health records for proper immunization and physical forms. If a discrepancy is found, the parent or guardian will be notified and will be given thirty (30) days to comply.

The following pages are forms that may be used for discrepancies in health records and exclusion from school.
District Health Services
Immunization and/or Physical Exam

Discrepancy Notice #1 Date: ________________
Discrepancy Notice #2 Date: ________________

Student’s Name: ________________________ Grade: ________________

Your child’s records indicate he/she has incomplete immunization and/or physical exam documentation for his/her grade level. In order to meet the state requirements for attendance in school, your child’s record needs to be updated in the following area(s):

- DTP/DTaP** # _____
- OPV/IPV # _____
- MMR # _____
- Hep B # _____
  (must have completed series of 3)
- Tdap
- Varicella Vaccine # _____ or documentation of having had the illness of Chickenpox
- Physical Exam within 1 year of entry to a Florida school

** When DT is given in place of DTP, a physician must sign the Florida Department of Health Form DH 680 Section C stating the reason for omitting the pertussis vaccine.

Please send the original Florida DH 680 Form (or a copy of immunization records) and/or the physical exam to the school nurse by ________________, or your child may be excluded from attending school, based on School Board policy and Florida Statue 1003.22.

Please give this matter your immediate attention. Take this letter and any immunization records you have to the health department or your licensed health care provider to avoid having your child excluded from school.

Sincerely,

______________________________  ____________________________
School Nurse  Date

Rev. 6/14
Servicios de Salud Para el Distrito
Inmunización y/o Examen Físico

Aviso de Discrepancia #1 Fecha: 
Aviso de Discrepancia #2 Fecha: 

Nombre del Estudiante: ___________________________ Grado: _______________

Los registros de su niño indican que él/ella tiene la inmunización incompleta y/o la documentación del examen físico para el nivel de grado de él/ella. Para obtener los requisitos del estado para la asistencia en la escuela, el registro de su niño debe ser actualizado en la siguiente área (áreas):

- DTP/DTaP** # ______
- OPV/IPV # ______
- MMR # ______
- Hep B # ______ (debe haber completado la serie de 3)
- Tdap
- Vacuna Varicela # ______ o documentación de haber tenido la enfermedad de la varicela
- El Examen Físico dentro de 1 año de la entrada a una escuela de Florida

** Cuando el niño recibe el DT en lugar de DTP, el médico tiene que firmar la forma DH 680 Sección C del Departamento de Salud de Florida y dar la razón por omitir la vacuna de Tos ferina.

Envíe por favor la original Forma de Florida DH 680 (o una copia de registros de inmunización) y/o el examen físico a la enfermera de la escuela por __________________________, o su niño puede ser excluido de asistir a la escuela, basado en la regla de la Junta Escolar y Estatua de Florida 1003.22.

Dé por favor su atención inmediata a este asunto. Lleve esta carta y cualquier registro de la inmunización que usted tiene al departamento de la salud o su proveedor licenciado de la asistencia médica para evitar tener su niño excluido de la escuela.

Sinceramente,

_____________________________ ____________________________
Enfermera de la Escuela Fecha

Rev. 6/13
Student’s Name: ____________________________  Grade: ________________

Your child’s records indicate he/she has incomplete immunization and/or physical exam documentation for his/her grade level. In order to meet the state requirements for attendance in school, your child’s record needs to be updated in the following area(s):

- DTP/DTaP** # ______
- OPV/IPV # ______
- MMR # ______
- Hep B # ______ (must have completed series of 3)
- Tdap
- Varicella Vaccine # ______ or documentation of having had the illness of Chickenpox
- Physical Exam within 1 year of entry to a Florida school

Your child will be excluded from school beginning ___________ and will remain out of school until the above requirements are met.

Please give this matter your immediate attention. Take this letter and any immunization records you have to the health department or your licensed health care provider. You must return the appropriate documentation for your child’s re-entry into school.

Sincerely,

_________________________  ___________  __________________________
School Nurse                  Date                   School Principal

Rev. 6/13
Servicios de Salud del Distrito
EXCLUSION de la CARTA ESCOLAR DE NOTIFICACION

Nombre del Estudiante: ____________________________ Grado: ________________

Los registros de su niño indican que él/ella tiene la inmunización incompleta y/o la documentación del examen físico para su nivel de grado de el/ella. Para obtener los requisitos del estado para la asistencia en la escuela, el registro de su niño debe ser actualizado en la siguiente área (áreas):

- DTP/DTaP** # ______
- OPV/IPV # ______
- MMR # ______
- Hep B # ______ ______ ______
  (debe haber completado la serie de 3)
- Tdap
- Vacuna Varicela # ______ o documentación de haber tenido la enfermedad de la varicela
- El Examen Físico dentro de 1 año de la entrada a una escuela de Florida

Su niño será excluido de la escuela comenzando ____________ y se quedará fuera de la escuela hasta que los requisitos sean realizados.

Dé por favor su atención inmediata a este asunto. Lleve esta carta y cualquier registro de la inmunización que usted tiene al departamento de la salud o su proveedor licenciado de la asistencia médica. Usted debe volver la documentación apropiada para la reentrada de su niño en la escuela.

Sinceramente,

Enfermera de la Escuela ____________________________ Fecha ____________________________ Principal de la Escuela ____________________________

Rev. 6/13

** Cuando el niño recibe el DT en lugar de DTP, el medico tiene que firmar la forma DH 680 Sección C del Departamento de Salud de Florida y dar la razón por omitir la vacuna de Tos ferina.
Chapter 3

Student Health Records
And
Documentation
**Student Health Records**

Information about a student's health should be placed in the electronic health record in the FOCUS program.

A current *Health Emergency Information Card* for each student should be kept in a separate file that is accessible to health center and office personnel in the event of an emergency. It is important that the card is checked periodically for up-to-date telephone numbers and physician/dentist contacts.

The following items should be *stored electronically in FOCUS* for each student:

- Physical Examination (DH 3040)
- Certification of Immunization (DH 680)
- Health History
- Old Medication Administration Logs
- Any information, which may be important to the student's health
- Screening results
- Copies of referrals

School health records are considered to be part of the student’s educational record under Family Educational Rights & Privacy Act (FERPA) 20 USC §1232g. Health information that will further a student’s academic achievement and/or maintain a safe and orderly teaching environment may be accessed by school staff who have a specific and legitimate educational interest in the information. The school must maintain a written log of who accessed the records and when access occurs. *National Center for Educational Statistics (1997). Guidelines for protecting confidential student health information.* Kent, OH: American School Health Association.

As schools are not considered to be health entities, and because FERPA is as or more restrictive than HIPAA, schools generally are not bound by HIPAA regulations. The office for Civil Rights at HHS, which administers the HIPAA regulations, has said that “individually identifiable health information of students under the age of 18 created by a nurse in a primary or secondary school that receives federal funds and that is subject to FERPA is an education record, but not protected health information.”

**Health Center Visit Documentation**

Student visits to the health center should be recorded electronically on the *Daily Visit Log* in FOCUS. The *Daily Visit Log* lists the name of each student seen in the health center each day, with a time in and time out and will document and indicate why the student came to the health center.
**Student Health Assessment Form**

The student’s parent/guardian is responsible for completing this form at the beginning of each school year. This form must be reviewed by the school nurse and all student health alerts should be identified and when necessary clarified with the parent/guardian and/or licensed health care provider.

The school nurse is responsible for maintaining a list of all students with health alerts, and a copy of this list and subsequent updates must be maintained. A list of all students with critical health needs and scheduled procedures must be maintained and updated and a copy sent to the Supervisor of District Health Services.

**Medical Documentation**

All electronic medical records are confidential and considered legal documents. Electronic health records provide a form of communication for documenting activities/conditions relevant to the child's health. If a student has a health alert it will be entered into FOCUS for immediate attention. The Student Health Assessment Form should be on file for reference of detailed information. It is important to remember to document in FOCUS what you have observed, and what you do. This documentation is admissible in a court of law.

Under FERPA, a school nurse’s electronic student health records would not be considered an “education record,” so long as the school nurse kept them in her sole possession and did not share the actual notes. 20 USC 1232g(4)(B). While these personal documents do not have to be made available to parents, they may be requested in court proceedings and must be produced if they are requested.

When entering data into the FOCUS Daily Visit Log you must include:

- Date
- Time
- Students complaint and concern
- Description of signs and symptoms
- What options you took as the school nurse and/or treatment done
- Reaction to the treatment

If the nurse does not document a procedure, it is assumed it was not done. There are some general guidelines for documentation that everyone must follow:

- Use day, month, year, time of day and your signature.
- Never delete electronic record, strike through and mark as mistaken entry, and sign.
- Record promptly;
- Describe what is seen or heard, **but make no judgments!**;
- No vague phrases;
- Don't write assumptions;
- Do not accuse, blame or characterize anyone in your documentation;
- Never refer to an accident report that has been filed;
- Don't leave blank space on Daily Visit Log;
- Correctly identify late entries; and,
- Correct mistaken entries properly.
Observation

Every health care worker is responsible for observing the patient, in this case, the student. When interacting with the student, use all of your senses to evaluate the situation.

Look  Listen  Feel  Smell

There are two types of observation:

Subjective observation cannot be seen. They are ideas, thoughts, or opinions of the student. If you cannot see, hear, or smell it, it is a subjective observation. (The student complains of a headache - you cannot see it).

Objective observations can be seen. If you see, feel, hear, or smell it, it is an objective observation. (The student has a cut - you can see it).

Filing and Securing Nursing Services Forms

- **Cumulative School Health Records** will be filed electronically in FOCUS.
- **Electronic Daily Visit Log** will be maintained in FOCUS. **Retention**: Seven (7) years.
- **Student Accident Reports** will be maintained in FOCUS. **Retention**: Seven (7) years.
- **UAP (Unlicensed Assistive Personnel) Daily Clinic Log Sheets** will be kept in a file folder labeled for the school year and must be maintained. **Retention**: Seven (7) years.
- **School Health Center Passes** will be kept in a file folder labeled for the school year and must be maintained. **Retention**: Seven (7) years.
- **Exclusion Forms** will be kept until the end of the current school year in a labeled file folder.
- **Health Immunization Notice of Compliance Retention**: Until in compliance.
- **Medication Administration Records** will be maintained in FOCUS under the Medication Administration Tab.
- **Immunization Forms** once scanned into FOCUS shall be given to data entry staff at each school site.
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<td>wheelchair</td>
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<td>w</td>
<td>weight</td>
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STUDENT HEALTH ASSESSMENT
(APPENDIX 9)

Student’s Name: ________________________ DOB: ____________ Home Phone: ________________________

Address: ___________________________________________ Zip Code: _____________________________

Mailing Address (if different) ___________________________ Zip Code: _____________________________

1. Parent/Guardian/Caregiver: ___________________________ Cell No. ____________ Work No. ____________

2. Parent/Guardian/Caregiver: ___________________________ Cell No. ____________ Work No. ____________

Child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____________________________

Emergency Caregivers If Parent/Guardian Unavailable

Name: ___________________________ Relation: _______ Cell No. ____________ Work No. ____________ Home No. ____________

Name: ___________________________ Relation: _______ Cell No. ____________ Work No. ____________ Home No. ____________

Name: ___________________________ Relation: _______ Cell No. ____________ Work No. ____________ Home No. ____________

Medical History: Please check if your child has been diagnosed by a physician for any of the following:

☐ ADD/ADHD ☐ Cystic Fibrosis ☐ Physical Handicap

☐ Asthma ☐ Diabetes ☐ Psychiatric Condition

☐ Bleeding Disorder ☐ Epilepsy/Seizures ☐ Speech Difficulty

☐ Bowel/Bladder Problem ☐ Hearing Problems ☐ Sickle Cell Disease

☐ Cancer ☐ Kidney Disorder ☐ Vision Problems (Glasses ☐ Yes ☐ No)

☐ Cardiac Condition ☐ Other: ____________________________

Please explain any items checked above:

__________________________________________________________

Allergies: Please check if your child has been diagnosed by a physician for any of the following:

☐ Plants ___________________________ ☐ Foods ___________________________ ☐ Bees ___________________________

☐ Drugs ___________________________ ☐ Animals ___________________________ ☐ Other Insects ___________________________

☐ Other (Please specify) ____________________________

Please list reactions such as hives, difficulty breathing, ____________________________

Is medication needed for allergy? ☐ Yes ☐ No ☐ If yes, name of medication: ____________________________

Medication Treatment

Will your child be taking medication during school hours? ☐ Yes ☐ No Name of Medication: ____________________________

If yes, please provide a completed Charlotte County Public School Physician and Parent Medication Authorization Form.

Does your child take medication at home? ☐ Yes ☐ No Name of Medication: ____________________________

Do you have the following? Dental insurance coverage ☐ Yes ☐ No Vision insurance coverage ☐ Yes ☐ No

(For Pre-K Students Only: Is child potty trained?) ☐ Yes ☐ No

Authorization for Emergency Care/Transportation

In case of accident or serious illness, I request the school contact me. If the school is unable to reach me, I hereby authorize this school to transport my child by ambulance to ____________________________ Hospital. I understand that I am responsible for all expenses incurred.

__________________________________________________________

Signature: Parent or Guardian ____________________________ Date ____________________________

Form 9035-1009 Rev. 04/10
Appendix 9

Student Success!
EVALUACION DE SALUD DEL ESTUDIANTE
(APENDICE 9)

Nombre de Estudiante: ___________________________ Fecha de nacimiento: __________
Teléfono de hogar: ___________________________

Dirección: ___________________________ Código Postal: ________

Dirección de Envío (si diferente) ___________________________ Código Postal: ________


Niño vive con:  ☐ Ambos Padres ☐ Madre  ☐ Padre  ☐ Otro ___________________________

Persona de Emergencia si Padre/Guardián/Cuidador Indisponible

Historia Clínica: Por favor cheque si su niño ha sido diagnosticado por un médico para cualquiera del siguiente:

☐ ADD/ADHD ☐ Fibrosis cística ☐ Desventaja Física
☐ Asma ☐ Diabetes ☐ Condición Psiquiátrica
☐ Desorden Sangriento ☐ Epilepsia/Ataques ☐ Dificultad de Discurso
☐ Problema de Intestinos/Vesícula ☐ Problemas de Oído ☐ Enfermedad de Célula de Hoz
☐ Cáncer ☐ Desorden de Riñón ☐ Problemas de visión (Gafas ☐ Sí ☐ No)
☐ Condición cardiaca ☐ Otro: ___________________________

Explique por favor cualquier artículo verificado arriba: ___________________________

Alergias: Por favor cheque si su niño ha sido diagnosticado por un médico para cualquiera del siguiente

☐ Plantas ___________________________ ☐ Comidas ___________________________ ☐ Abejas ___________________________
☐ Drogas ___________________________ ☐ Animales ___________________________ ☐ Otro Insecto ___________________________
☐ Otro (Por favor especifique) ___________________________

Por favor de lista de reacciones como urticaria, la dificultad de respirar ___________________________

¿Es necesitada la medicina para la alergia? ☐ Sí ☐ No Si sí, el nombre de la medicina: ___________________________

Tratamiento Médico

¿Estará tomando su niño la medicina durante horas de clase? ☐ Sí  ☐ No Nombre de Medicamento: ___________________________

Si sí, por favor de completar la Forma de Autorización de Medicina de la Escuela, Padres y Médicos.

¿Toma su niño la medicina en casa? ☐ Sí  ☐ No Nombre de Medicamento: ___________________________

¿tienes las siguientes?  ☐ Cobertura del seguro dental ☐ Sí  ☐ No  ☐ Cobertura de seguro de vision ☐ Sí  ☐ No
(Sólo Para Estudiantes PRE-K: ¿Niño usa el baño?) ☐ Sí  ☐ No

Autorización para el Cuidado de Emergencia/Transportación

En caso de accidente o enfermedad grave, solicito que la escuela haga contacto con migo. Si la escuela no puede alcanzarme, yo autorizo la escuela a transportar a mi niño por ambulancia a ___________________________. Comprendo que soy responsable de todos gastos contraídos.

Firma: Padre o Guardián ___________________________ Fecha ___________________________
For use by UAP

Daily Clinic Log

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</tr>
</tbody>
</table>

Totals

Medication Totals
Student:______________________ Grade:______ Date:____________________

Time In:______________________ Time Out:______________________

Reason For Visit

Illness/Discomfort

☐ Eye Discomfort R L ☐ Stomach Ache ☐ Abdominal Cramps
☐ Earache R L ☐ Mouth Pain ☐ Menstrual Cramps
☐ Dizziness/Faintness ☐ Headache ☐ Sore Throat
☐ Hives/Rash ☐ Nosebleed ☐ Nausea/Vomiting

Other: __________________________________________________________

Injury/Affected Area

☐ Cut/Scrape ☐ Bruise ☐ Insect ☐ Sting
☐ Strain/sprain ☐ Puncture ☐ Swelling ☐ Burn

Other: __________________________________________________________

Nursing Intervention

☐ Temperature ☐ Rest ☐ Ice

Observations: ____________________________________________________

☐ Bandage/Bandaid ☐ Cleaned

Other: __________________________________________________________

Health Care Instructions

☐ Observe child and seek medical attention if symptoms persist or worsen.
☐ Parent is advised to consult with student’s usual source of health care.

School Nurse Comments

______________________________________________________________

______________________________________________________________

______________________________________________________________

Signature of School Nurse

HCV 5/08
The **Student Insurance Agency** mails all applicable *Insurance Forms to the schools at the beginning of each school year.*

ALL applicable Student Insurance Agency forms are available and accessible from the Student Insurance Agency link on our website.

1. A Student Accident Insurance Claim form applies to an injured student who is covered by Student Accident Insurance & required physician treatment

2. A Student Accident Insurance Claim that is **school related** will require Student Accident Report information.

3. The Parent/Guardian is responsible for completion and mailing of the Student Accident Claim Form. The Parent/Guardian will require & request a copy of the Student Accident Report from the school site.

4. School Nurse or Designated school personnel:
   ● Please verify identity of Parent/Guardian, according to school process.
   ● Please distribute a copy of the Student Accident Report to the Parent/Guardian.

Information regarding Student Accident Insurance *status* and Student Accident Insurance Claim Coordination is available from the Student Insurance Agency link on our website.
The Division of School Support Services

Permission For Release/Exchange of Student Records

Date: ________________________________

I hereby authorize The Division of School Support Services of Charlotte County Public Schools to release medical and other records/information to, and to receive such information from:

____________________________________

____________________________________

____________________________________

____________________________________

__________________________

Regarding my child:

__________________________    _________________________
Child’s Name                      Date of Birth

This release is valid for one (1) year. Photocopies of this release are valid.

__________________________
Authorized Signature

__________________________
Date

__________________________    _________________________
Relationship                      Telephone No.

Information released to above on _________________________

Date
Chapter 4

School Health Center
School Health Center

The District Health Services budget provides health center supplies. Items should be requested by the first of each month by filling out the attached District Health Services Supply Order Form (6/10).

The health center will be kept neat and clean with appropriate receptacles for hazardous waste (red bag liners). Counters will be free of non-medical items. The school nurse is responsible for wiping down counter tops in the health center with an appropriate district supplied solution.

**Care of Equipment**

Cots should be protected with table paper and the paper changed between students to avoid cross exposure of students.

After cleaning away visible dirt with soap and water, the cots need to be disinfected by spraying the district supplied solution. Follow product guidelines. Disinfectant solution must be maintained in a locked cabinet.

**Furniture**

- Desk
- Chairs
- Computer
- Small refrigerator
- Secretarial chair
- Filing cabinet
- Step stool
- Waste receptacles
- Lock box (for medications that require refrigeration)

**Major Medical Equipment**

- Recovery couch with paper rolls
- Emergency Evacuation Bag
- Scale
- Audiometer
- Wheelchair
- Good-Lite Instaline Plus

**Minor Medical Equipment**

- Bandage scissors
- Blackbirds Vision Chart
- Blood Pressure Cuff – Adult and Large Adult
- Blood Pressure Cuff – Child and (Infant if needed)
- Drug handbook
- Eye wash bottle
- Measuring tape
- Medical Dictionary
- Medicine counter
- Penlight or flashlight
- Pill cutter
- Stethoscope
- Thermometer (temporal, digital or tympanic)
- Tweezers
- Vision Chart
**Supplies**

- Adhesive tape
- Alcohol
- Baking soda
- Band-aids
- Batteries
- Bottled water
- Cotton balls
- Cotton tipped applicators
- CPR Mask
- Dental Floss
- Drinking cups
- Exclusion Forms
- Eye pads
- Eye wash bottle
- Facial tissue
- First Aid Kit
- Gauze pads
- Gloves
- Liquid soap and dispenser
- Medicine cups
- Red bags
- Refrigerator Log
- Refrigerator Thermometer
- Roller gauze
- Saline
- Salt
- Sharps container
- Spray bottles
- Table paper
- Thermometer covers – disposable
- Tongue depressors
- Vaseline
- White vinegar
- Ziploc bags

Any items other than those listed above are not to be used without approval of the Supervisor of District Health Services.
<table>
<thead>
<tr>
<th>Description</th>
<th>Item #</th>
<th>Unit Price</th>
<th>Quantity</th>
<th>Total</th>
<th>Whse/CFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td></td>
<td>$1.00</td>
<td></td>
<td>$0.00</td>
<td>FF</td>
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<td>Baggies Ziplock (1,000)</td>
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<td>$21.65</td>
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<td>Sun Surgical</td>
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<td>Baking Soda</td>
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<td>$0.44</td>
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<td>$0.00</td>
<td>FF</td>
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<td>Bandages 1x3 box of 100</td>
<td></td>
<td>$1.75</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
</tr>
<tr>
<td>Bandages Jumbo box of 50</td>
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<td>$2.80</td>
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<td>$0.00</td>
<td>Sun Surgical</td>
</tr>
<tr>
<td>Bandages Knuckle box of 100</td>
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<td>$4.70</td>
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<td>Sun Surgical</td>
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<tr>
<td>Batteries &quot;9 Volt&quot; each</td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>Batt. Plus</td>
</tr>
<tr>
<td>Batteries &quot;AA&quot; each</td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>Batt. Plus</td>
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<tr>
<td>Batteries &quot;AAA&quot; each</td>
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<tr>
<td>Batteries &quot;C&quot; each</td>
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<td></td>
<td></td>
<td>$0.00</td>
<td>Batt. Plus</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>$0.00</td>
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<td>Cotton Balls 4000 per case</td>
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<td>$12.05</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
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<tr>
<td>Cotton-tipped applicators 1000 per box</td>
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<td>$3.00</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
</tr>
<tr>
<td>CPR Mask (Microshield)</td>
<td>16-90240</td>
<td>$5.95</td>
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<td>$0.00</td>
<td>Whse</td>
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<tr>
<td>Cups (Plastic Medicine 1 oz.)</td>
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<td>$0.95</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
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<tr>
<td>Dental Floss</td>
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<td>$1.25</td>
<td></td>
<td>$0.00</td>
<td>FF</td>
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<tr>
<td>Drinking Cups 3 oz. (100 pkg)</td>
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<td>$2.25</td>
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<td>$0.00</td>
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<tr>
<td>Eye Pads 50 per box</td>
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<td>Eye Wash Bottle</td>
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<td>$0.00</td>
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<tr>
<td>Facial Tissue 50 1-ply tissue</td>
<td>16-90290</td>
<td>$0.45</td>
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<td>$0.00</td>
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<td>Gauze Pads 3x3 200 per package</td>
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<td>$3.00</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
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<tr>
<td>Gauze Stretch Conforming 2&quot; wide 12 rolls</td>
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<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
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<tr>
<td>Gloves, small vinyl &amp; powder free 100 per box</td>
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<td>$4.75</td>
<td></td>
<td>$0.00</td>
<td>Sun Surgical</td>
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<td>Gloves, medium vinyl &amp; powder free 100 per box</td>
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<td>$4.75</td>
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<td>$0.00</td>
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<td>Gloves, large vinyl &amp; powder free 100 per box</td>
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<td>Pill Envelopes</td>
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<td>Red trash Can Liners 250 per case</td>
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<td>Saline Solution 12 oz</td>
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<td>Salt</td>
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<td>Sharps Box 2 quart</td>
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<td>$0.00</td>
<td>Whse</td>
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<td>Sharps Box 1 gallon</td>
<td>16-90180</td>
<td>$2.87</td>
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<td>$0.00</td>
<td>Sun Surgical</td>
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<td>Souffle Cups 1 oz 250 per package</td>
<td>16-90340</td>
<td>$3.17</td>
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<td>Sun Surgical</td>
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<tr>
<td>Table paper 12 rolls per case</td>
<td>16-90140</td>
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<td>Tongue Depressors 500 per box</td>
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<td>Trigger Replacement for Spray Bottle</td>
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<td>Vaseline</td>
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**TOTAL**  $0.00
Chapter 5

Emergency Health Needs
Emergency Health Needs

The responsibilities for prevention and treatment of emergency health incidents are to be shared by the principal and school nurse. Each school should maintain a file with an Emergency Card for every student to be used for quick reference.

Accidents and Injury

When a serious illness or any type of accident occurs during the school day, the school is obligated to immediately notify the parent/guardian of the student or responsible person designated by the parents. The school nurse must initiate a Student Accident Report (contact Risk Management for Guidelines) and document the assessment, intervention, and outcome on the student’s Daily Visit Log in FOCUS.

The school should provide emergency care until the parents/guardians or medical authorities assume responsibility. Parents/guardians must give consent for treatment of the child in the hospital.

Parents/guardians should be contacted if the following situations occur:

- Any head injury, even if it appears minor
- Pain that does not relent in 10 minutes
- Bleeding that will not stop
- Any injury to any skeletal portion of the body
- Loss of consciousness
- Respiratory distress
- Ingestion of toxic or unknown material
- An infection, respiratory or otherwise, which might be a communicable disease
- Shock, which may be present with any injury
  - cold, clammy, pale skin
  - nausea
  - dizziness
  - thirst
  - rapid, weak pulse

Emergency Health Standards

Someone knowledgeable in First Aid should administer First Aid as promptly as possible. When a major emergency necessitates immediate attention, call 911 and notify the principal and contact the parent/guardian immediately.

First Aid supplies should be kept in an easily accessible location that is known to all.

A minimum of two (2) persons currently certified in the administration of First Aid and cardiopulmonary resuscitation should be available in all schools. A list of these individuals should be posted in the health center, cafeteria, and gymnasium.
Emergency Plan of Action

• If necessary, initiate call to 911.

• Immediately notify the school administrator and get the nurse or trained staff person to the victim.

• Administer First Aid according to standard procedures learned in First Aid Training.

• Notify parent/guardian of student's condition. If parent cannot be contacted, call the person identified by the parent/guardian on the Emergency Card as the person to call in an emergency.

• If a parent/guardian can not be contacted, the school principal or an appropriate school representative should accompany the student to the hospital. Stay with the child until a parent/guardian arrives. A copy of the student's Emergency Card, which gives hospital personnel permission for treatment in an emergency, should also accompany the student.

• Always record the nature of the incident and action taken on the student in FOCUS on the Daily Visit Log.

• Report any EMS-911 calls to the Supervisor of District Health Services.
Charlotte County Public Schools Emergency Equipment
Portable School Emergency Kit

The following items should be packed in a portable emergency kit which should be ready for immediate use and should be hung adjacent to the clinic door.

- Bandaids
- Bandage scissors
- Disposable gloves (latex free) minimum two (2) pairs
- Eye pads
- Eye irrigation solution
- Fast acting source of carbohydrate (juice)
- Flashlight (pen)
- Gauze pads
- Gauze – conforming stretch
- Instant cold pack
- Kleenex tissue
- Mouth to mask resuscitator
- Non stick pads
- Pen and note paper
- Red bag for hazardous waste (24” x 24”)
- Sphygmomanometer with adult and child cuff
- Splinter remover
- Stethoscope
- Tape
- Tongue Depressors
- Towlettes (for hands)

Evacuation Bag

This bag is used in combination with the portable school emergency kit, and the following items should be packed in the bag and ready for use.

- Bottled water and disposable cups
- Lockbox for medicine (removed from the refrigerator)

In addition, the following items should be placed in the bag if an emergency evacuation is necessary:

- Glucometer (if indicated)
- Evacuation / UAP Handbook (Medication Administration Record, Care Plan, Health Alerts and UAP Training Forms),
- Snacks and fast acting carbohydrate source
- Student medications (prescription and PRN)

The school nurse is responsible for routinely checking to ensure all items are current and available.
MANDATORY REPORTING OF CHILD ABUSE, NEGLECT, THREATENED HARM, AND EXPLOITATION

Chapter 39, F.S. mandates that any person who knows, or has reasonable cause to suspect that a child is abused or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare shall report immediately such knowledge or suspicion to the central abuse hotline of the Department of Children and Families.

The District requires the following persons to provide their names to the Hotline staff. The name of the reporter shall be entered into the record of the report but the reporter’s name shall be held confidential as provided in s. 39.202, F.S.

- Physician
- Osteopath
- Medical Examiner
- Chiropractic Physician
- Nurse
- Hospital personnel engaged in the admission, examination, care or treatment of children
- Health Professional
- Mental Health Professional
- Practitioner who relies solely on spiritual means for healing
- School Teacher
- School Official or Personnel
- Social Worker
- Day Care Center Worker
- Professional Child Care Worker
- Foster Care Worker
- Institutional Worker
- Law Enforcement
- Judge

BE PREPARED TO DESCRIBE:

- Victim’s name, address or location, date of birth or approximate age, race, and sex;
- Physical, mental or behavioral indications that the person is infirm, disabled, been harmed, or is at threat of harm;
- Signs or indications of harm or injury, including a physical description;
- Name and relationship of the alleged perpetrator to the victim. If the relationship is unknown, a report will still be taken if other reporting criteria are met.
MANDATORY REPORTING OF CHILD ABUSE, NEGLECT, THREATENED HARM, AND EXPLOITATION

THREE WAYS TO MAKE A REPORT:
1. TELEPHONE: 1-800-96-ABUSE (1-800-962-2873)
2. TDD: (Telephone Device for the Deaf): 1-800-453-5145
3. FAX: A written report with your name and contact telephone and all information requested above, to 1-800-914-0004

State law requires any school teacher or school employee who knows or suspects that a child under the age of eighteen (18) is a victim of child abuse or neglect to immediately report that knowledge or suspicion to the school principal or Superintendent, who must notify the Department of Children and Family Services.

If, during the course of an investigation of legally prohibited harassment, the Compliance Officers or a designee has reason to believe or suspect that the alleged conduct reasonably indicates abuse or neglect of the complainant, a report of such knowledge must be made in accordance with state law and Board Policy 8462 - Student Abuse and Neglect.

If the Compliance Officer or a designee has reason to believe that the complainant has been the victim of criminal conduct as defined under Florida law, such knowledge should be reported to local law enforcement. Any reports made to the local child protection service or to local law enforcement shall not terminate the Compliance Officer’s or a designee’s obligation and responsibility to continue to investigate a complaint of legally prohibited harassment. While the Compliance Officer or a designee may work cooperatively with outside agencies to conduct concurrent investigations, in no event shall the investigation of legally prohibited harassment be inhibited by the involvement of outside agencies without good cause after consultation with the Superintendent.

(CCPS Policies for Staff and Students 2013/14)

Florida Abuse Hotline
1-800-962-2873
Open 24 hours per day / 7 days per week

ALL school personnel who have reasonable cause to suspect that a child has been abused or neglected or threatened with harm are mandated to report it to the Abuse Registry—Immediately. (Chapter 39 Florida Statutes)
Also be sure to notify your administrator of your report.

When reporting have the following information available:
- Victim name, address/location, approximate age, race, and sex;
- Signs or indications of harm or injuries;
- Relationship of the alleged perpetrator to the victim if possible.

For more information or for assistance with reporting, see your school social worker or guidance counselor.
HUMAN TRAFFICKING OF CHILDREN IN THE UNITED STATES
A FACT SHEET FOR SCHOOLS

What Is Human Trafficking?
Human trafficking is a serious federal crime with penalties of up to imprisonment for life. Federal law defines “severe forms of trafficking in persons” as: “(A) sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or (B) the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.” [U.S.C. §7102(8)] In short, human trafficking is modern-day slavery.

What Is the Extent of Human Trafficking in the United States?
Contrary to a common assumption, human trafficking is not just a problem in other countries. Cases of human trafficking have been reported in all 50 states, Washington D.C., and some U.S. territories. Victims of human trafficking can be children or adults, U.S. citizens or foreign nationals, male or female.

According to U.S. government estimates, thousands of men, women, and children are trafficked to the United States for the purposes of sexual and labor exploitation. An unknown number of U.S. citizens and legal residents are trafficked within the country primarily for sexual servitude and, to a lesser extent, forced labor.

How Does Human Trafficking Affect Our Schools?
Trafficking can involve school-age children—particularly those not living with their parents—who are vulnerable to coerced labor exploitation, domestic servitude, or commercial sexual exploitation (i.e., prostitution).

Sex traffickers target children because of their vulnerability and gullibility, as well as the market demand for young victims. Those who recruit minors into prostitution violate federal anti-trafficking laws, even if there is no coercion or movement across state lines. The children at risk are not just high school students—studies demonstrate that pimps prey on victims as young as 12. Traffickers have been reported targeting their minor victims through telephone chat-lines, clubs, on the street, through friends, and at malls, as well as using girls to recruit other girls at schools and after-school programs.

How Do I Identify a Victim of Human Trafficking?*
A victim:
• Has unexplained absences from school for a period of time, and is therefore a truant
• Demonstrates an inability to attend school on a regular basis
• Chronically runs away from home
• Makes references to frequent travel to other cities
• Exhibits bruises or other physical trauma, withdrawn behavior, depression, or fear
• Lacks control over her or his schedule or identification documents
• Is hungry-malnourished or inappropriately dressed (based on weather conditions or surroundings)
• Shows signs of drug addiction

Additional signs that may indicate sex-related trafficking include:
• Demonstrates a sudden change in attire, behavior, or material possessions (e.g., has expensive items)
• Makes references to sexual situations that are beyond age-specific norms
• Has a “boyfriend” who is noticeably older (10+ years)
• Makes references to terminology of the commercial sex industry that are beyond age specific norms; engages in promiscuous behavior and may be labeled “fast” by peers

* It is important to note that this list is not comprehensive of all signs of human trafficking, nor are all students who exhibit these signs most certainly trafficking victims. The list is meant to be a guide to help determine if further action is appropriate.
How Do I Report a Suspected Incidence of Human Trafficking?

- In cases of immediate emergencies, it is best to call your local police department or emergency access number.
- You can report suspected trafficking crimes or get help by calling the national 24/7 toll-free Human Trafficking Resource Center at 1-888-373-7888. This center will help you determine if you have encountered a victim of human trafficking; identify local resources available in your community to help victims; and coordinate with local social service providers to help protect and serve victims so they can begin the process of rehabilitation and restoring their lives. When appropriate, the Resource Center makes referrals to local organizations that assist victims with counseling, case management, legal advice, and other appropriate services, as well as to law enforcement agencies that help trapped victims reach safety.
- For sexually exploited or abused minors call the National Center for Missing and Exploited Children’s (NCMEC) hotline at 1-800-THE-LOST to be connected with the most appropriate assistance in your area, or you can report incidents at http://www.cybertipline.org.
- You can report suspected instances of trafficking or worker exploitation by contacting the FBI field office nearest you at http://www.fbi.gov/contact/fo/fo.htm or by contacting the Department of Justice’s Human Trafficking Office at 1-888-428-7581.

How Does the United States Help Victims of Human Trafficking?

The U.S. government supports a victim-centered approach. It funds a national public awareness campaign and a number of nongovernmental organizations that assist victims. The U.S. government seriously pursues human trafficking cases and prosecutes the traffickers. For a complete assessment of U.S. government efforts to combat trafficking in persons, please visit the U.S. Department of Justice Web site: http://www.usdoj.gov/whatwedo/whatwedo_ctip.html.

Resources and Publications

One of the best ways to help combat human trafficking is to raise awareness and learn more about how to identify victims. Information on human trafficking can be found on the following Web sites:

- U.S. Department of State, Office to Monitor and Combat Trafficking in Persons
  http://www.state.gov/g/tip
- U.S. Department of Health and Human Services, Campaign to Rescue and Restore Victims of Human Trafficking
  http://www.acf.hhs.gov/trafficking/index.html
- U.S. Department of Justice
  http://www.usdoj.gov/whatwedo/whatwedo_ctip.html
  http://www.ovc.gov/help/tip.htm
  http://www.usdoj.gov/criminal/ceos/trafficking.html
- Federal Bureau of Investigation, Investigative Programs, Crimes Against Children
  http://www.fbi.gov/hq/cid/ca/crimesmain.htm
- National Center for Missing and Exploited Children
  http://www.ncmec.org
- Polaris Project
  http://www.polarisproject.org
- United Nations Office on Drugs and Crime
  http://www2.ohchr.org/english/law/crc-sale.htm

NOTE: This fact sheet contains resources, including Web sites, created by a variety of outside organizations. The resources are provided for the user's convenience, and inclusion does not constitute an endorsement by the U.S. Department of Education of any views, products or services offered or expressed in them. All Web sites were accessed on June 26, 2007.
Chapter 6

Illness and Injury
Illness and Injury

The procedures in this chapter provide direction for the care of students with an injury or physical complaint.

Use these guidelines when caring for a student:

- Review the Student Health Assessment Form;
- Discreetly question the student about his/her injury or physical complaint;
- Observe for visible signs of injury or illness;
- Follow the procedure related to the injury or physical complaint;
- DO NOT diagnose health problems;
- Practice universal precautions/infection control;
- Allow the student to rest 15 minutes if their temperature is not elevated;
- If the student’s temperature is 100.4°F or higher for grades K-12; Pre-K 101°F or higher and accompanied by behavioral changes or other signs or symptoms of illness, the student may not remain at school. Call the parent/guardian to come to school and take the student home;
- Always contact the parent/guardian whenever there is an injury to the head, eyes, bones, or if there is bleeding, which will not stop, or pain that will not relent in ten (10) minutes;
- Notify the parent/guardian when any First Aid is given at school, as follow-up may be needed and further observation and care can be provided at home;
- Notify the parent if the student does not feel well enough to return to class;
- If there is a question, consult with the parent/guardian to decide whether or not the student should stay in school; and,
- Document all student visits to the health center, the intervention/care given, and the outcome/disposition on the Daily Visit Log in FOCUS.

Releasing A Student

Follow your school's policy for releasing a student to the parent/guardian. No student is permitted to leave school before a parent/guardian, or an adult delegated by the parent, arrives to sign the student out of school. School nurses should not transport a student off campus. When a major emergency necessitates immediate transfer to the hospital, call 911, contact the parent/guardian immediately, and notify the principal and Supervisor of District Health Services.

Note: Any illness or injury that is not covered in this Nursing Procedure Manual should be referred to the Supervisor of District Health Services or the Charlotte County Health Department.
Health Guidelines for Parents and Guardians

To maintain the health and well-being of your child and other students, the following information may be helpful.

**Mild Respiratory Tract Illnesses** - Most children will not need to be excluded unless accompanied by fever or behavioral changes.*

**Diarrhea** - A student should be kept home unless student is known to have diarrhea from a non-contagious condition. Student may return to school when symptoms resolve.

**Fever** – A student should be kept home if they have a temperature at 100.4°F or higher for grades K-12; Pre-K 101°F or higher. Student may return to school when signs and symptoms of illness have resolved.

**Rash** - A student should be kept at home if the rash is accompanied with a fever or behavioral change until a physician has determined the illness is not a communicable disease.

**Vomiting** - A student must be kept at home if there is active vomiting, two or more times during a 24 hour period unless vomiting is caused by a non-communicable condition.

*Should you have any questions and/or concerns about whether your child should return to school after an illness, please contact your school nurse.*

Abdominal Pain/Injury

Description: Abdominal pain is a very common complaint. However, the school nurse must take all complaints seriously. Abdominal pain can have many causes including emotional distress, constipation, menstrual cramps, antibiotics or hunger. If the student has experienced trauma there may be injury or bleeding to internal organs. The internal bleeding could be slow, but continuous and loss of blood could cause shock. The school nurse must be able to differentiate between a serious emergency such as trauma or appendicitis from less serious abdominal pain such as constipation.

Assessment:
- Temperature
- Relevant history including possible injury, description of pain such as cramping, sharp or severe, duration and frequency, presence of nausea or vomiting, bowel habits, recent physical activity, or stress.
- Physical assessment – ask student to point to location of pain, localize region such as epigastric, RUQ, LUQ, RLQ, LLQ or suprapubic. Check for distention/rigidity, or presence/absence of bowel sounds.

If the student has: A history of abdominal trauma with severe pain (can not walk or is bent over), abdominal distention or rigidity signs or symptoms of shock. Rebound tenderness in RLQ.

Intervention:
- Determine need for 911
- Notify parent/guardian and urge prompt medical care
- Continue to monitor until care is provided

If the student has: Fever
Complains of diarrhea or vomiting
History of abdominal trauma with tenderness

Intervention:
- Contact parent/guardian and arrange for pick-up
- Advise parent regarding need for follow-up care

If the student has: No pain or tenderness after 15 minutes of rest
No abdominal distention
No fever or vomiting

Intervention: Return student to class and advise to return to nurse if symptoms reappear or become worse.
**Abrasions**

**Description:** Partial loss of skin surface caused by scrape, scratch or rub; affected area appears reddened, may bleed or ooze clear fluid.

**Assessment:**
- Evaluate the type, size, and depth of the abrasion
- Evaluate for additional or underlying injury
- Look for presence of foreign bodies
- Evaluate ease in which bleeding is controlled
- Determine if child has a medical condition that may interfere with normal healing

**Intervention:**
- Wear disposable gloves
- Using clean gauze pads; gently wash with soap and water
- Clean the wound using the spiral technique, cleaning away from the area of injury
- Thoroughly irrigate the wound
- Blot dry with clean gauze pad
- Apply clean dressing
- Notify parent/guardian regarding the need to follow-up for signs and symptoms of a possible infection at home
- If abrasions are extensive, very painful or you are unable to clean the dirt or debris from wound, call the parent/guardian
- Send student back to class
Allergies

The school nurse is responsible for completing the Action Care Plan and a copy provided to the classroom teacher. The school nurse is responsible for requesting the parent to complete the Parent Allergy Information Form. If medication is to be prescribed at school the Physician and Parent Medication Authorization Form-Allergy must be completed by a licensed health care provider.

Food Allergies: A food allergy develops when the body’s immune system attacks food proteins. Food intolerance is an adverse reaction to food that does not involve the immune system and differs from a food allergy. Allergies to foods can cause anaphylactic reactions such as hives, nausea, closing of the airways and even result in death. Food allergies are of medical concern because even a miniscule amount can be life threatening.

While any food can cause allergies, the majority of food allergies are caused by the following:

- Egg
- Fish
- Milk
- Shellfish
- Soy
- Tree Nuts (e.g. almond, cashew, coconut, ginkgo, pecan, pistachio, walnut)
- Peanut
- Wheat

A list of all students and their diagnosed food allergies must be compiled by the school nurse and distributed to appropriate school staff. The school nurse is responsible for training all staff members to recognize and respond to an allergic reaction for their students with allergies. Foods brought into school for distribution to students must follow the guidelines established by the school nurse.

If a non-disabled student has a special dietary need (such as lactose intolerance and can not ingest dairy products), Champ’s Café must have a medical statement from a licensed health care provider that must include the following:

- Identification of the medical or other special dietary condition that restricts the child’s diet;
- Food or foods to be restricted from the child’s diet; and,
- Food or choice of foods to be substituted.

Peanut Allergies: A student with a severe peanut allergy requires careful monitoring. Exposure to peanuts can include touching or consuming peanuts, a peanut product or an item that has come in contact with peanut products or oils. In some extreme cases the smell of peanuts can cause a reaction. Peanut-allergic reactions can also be caused by products used in school activities. A letter should be sent home to the parents/guardians of fellow classmates informing them of a student’s peanut allergy in the class. Accommodations will be made in the cafeteria including the assignment of a “peanut free table” where the student can sit with other students who have a peanut free lunch. The table should be washed with a cloth separate from the cloths and solution used to clean other tables.

Internet Resources:
Asthma & Allergy Foundation of America [www.aafa.org](http://www.aafa.org)
Food Allergy & Anaphylaxis Network [www.foodallergy.org](http://www.foodallergy.org)
Allergies

Insect Sting Allergies: A student may be allergic to one or all stinging insects. The allergic reaction can be local or systemic. A systemic reaction can progress quickly to anaphylaxis. If a student has a known allergy to insect stings a Parent Allergy Information Form must be completed. Please refer to Sting (Page 104) for assessment and intervention guidelines.

Latex Allergies: Latex allergies are caused by contact or inhalation of natural latex allergens, one or more proteins in the sap of the Brazilian Rubber Tree or products made from that sap resulting in an allergic reaction in some individuals. Synthetic latex is not an allergen. Although rare, this condition has become common in high risk groups. The highest risk is in children with Spina Bifida. Children who have had frequent or repeated medical treatments or lengthy surgeries involving the use of latex products are also at greater risk. Students allergic to latex may have a reaction from direct contact with products containing natural latex or from latex in the air. This reaction can affect the skin or respiratory tract. The reaction can be an immediate or delayed-type of hypersensitivity. Symptoms can range from mild to severe and can include one or more of the following: hives or welts, swelling of affected area, runny nose, sneezing, headache, red, itchy or teary eyes, sore throat, hoarse voice, abdominal cramps, chest tightness, wheezing, or shortness of breath.

The latex allergen is similar to those found in certain foods such as banana, avocado, kiwi and chestnut which may result in a crossover allergic reaction. All Charlotte County Public School health centers are latex free. However, if a student is diagnosed with a latex allergy a Parent Allergy Information Form must be completed to determine the severity of the allergy, symptoms, prescribed treatment and whether it is necessary to remove latex products from the student’s classroom environment.

For Internet Resources and a complete list of products that may contain latex and latex safe alternatives please refer to the following:

Spina Bifida Association of America www.sbaa.org
American Latex Allergy Association www.latexallergyresources.org
Parent Allergy Information Form

Instructions: Please return this form to the school nurse.

Child’s Name: ___________________________ Grade: __________________

☐ This is no longer a health concern. (Please sign and date below and return to the school nurse).

**Type of Allergy**

Check the box next to any allergy your child has experienced:

- Medication (describe below)
- Food (describe below)
- Environmental Allergens (describe below)
- Dust, Mites, Mold, Pets, etc.
- Insect Bites/Stings (describe below)

**Symptoms of Allergy**

Check the box next to any of the following symptoms your child has experienced:

- Hives or giant hives
- Shock
- Swelling of __________________
- Fainting – dizziness
- Difficulty in breathing – wheezing
- Other (Describe) ____________________________
- Difficulty swallowing

1. Has your child seen a doctor for any of the allergies indicated above?  ☐ Yes  ☐ No
2. Has your child ever been hospitalized for any allergic event?  ☐ Yes  ☐ No
   Describe: ____________________________
3. Is medication required immediately after exposure to any allergy producing substance?
   ☐ Yes  ☐ No  If “Yes” we must have the medication and a Physician and Parent Medical Authorization Form for Allergies on file at school.
4. If no medication is necessary, how should the school treat the allergic event?
   Careful observation ☐ Yes  ☐ No
   Call parent/guardian ☐ Yes  ☐ No

If your child has a special dietary need, Champ’s Café does require a copy of a medical statement from a licensed health care provider which includes the following:

- identifying the medical or other special dietary condition that restricts the child’s diet;
- food or foods to be omitted from the child’s diet; and,
- suggested food or choice of foods to be substituted.

Comments: ____________________________

Parent/Guardian’s Name ___________________________ Phone No. __________________
Parent/Guardian’s Signature ___________________________ Date. __________________
**Physician and Parent Medication Authorization Form – Allergy**

Student’s Name: ___________________________ Date of Birth: ___________ Teacher: ___________________________

**Allergy To:**

Asthmatic Yes* ☐ No ☐ * Higher risk for severe reaction

►► STEP 1: TREATMENT ◄◄

**Symptoms:** Please circle all that apply. Give Checked Medication**: (**To be determined by licensed health care provider authorizing treatment)

- If a food allergen has been ingested, but no symptoms:
  - □ Epinephrine  □ Antihistamine
- Mouth Itching, tingling, or swelling of lips, tongue, or mouth
  - □ Epinephrine  □ Antihistamine
- Skin Hives, itchy rash, swelling of the face or extremities
  - □ Epinephrine  □ Antihistamine
- Gut Nausea, abdominal cramps, vomiting, diarrhea
  - □ Epinephrine  □ Antihistamine
- Throat† Tightening of throat, hoarseness, hacking cough
  - □ Epinephrine  □ Antihistamine
- Lung† Shortness of breath, repetitive coughing, wheezing
  - □ Epinephrine  □ Antihistamine
- Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness
  - □ Epinephrine  □ Antihistamine
- Other† __________________________
  - □ Epinephrine  □ Antihistamine
- If reaction is progressing (several of the above areas affected) give
  - □ Epinephrine  □ Antihistamine

The severity of symptoms can quickly change. †Potentially life-threatening

**Dosage:**

- **Antihistamine:** give __________________________
  - Medication/dose/route
- **Epinephrine:** give __________________________
  - Medication/dose/route
- **Other:** Including second dose of epinephrine, give __________________________
  - Medication/dose/route/time

►► STEP 2: EMERGENCY CALLS ◄◄

Call 911. State that an allergic reaction has been treated, and additional epinephrine may be needed.

**Emergency Contacts:**

Name/Relationship ___________________________ Telephone Number(s)

- Home: ___________ Cell: ___________
- Home: ___________ Cell: ___________

I hereby grant permission to the principal or his/her designee of ________________ School to assist in the administration of the prescribed medication to my child while in school and away from school while participating in official school activities (F.S.232.46). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent/Guardian Signature ___________________________ Date ___________

Licensed Health Care Provider Signature ___________________________ Date ___________

(Required)


MA2 5/08
Medical Alert to Parents – Food Allergy

Date:

Dear Parent/Guardian

This letter is to inform you a student in your child’s classroom has a severe food allergy to ________________ which could be life threatening.

It is our goal to ensure that every student in our school is safe. Because this student can not be in contact with foods containing this/these allergen(s), we are requesting you avoid, if possible, sending these foods to school for snacks or treats.

Even trace elements of these products could result in a severe allergic reaction. Sometimes these elements may be hidden in processed foods.

Please discuss the following with your child:

- Do not offer, share or exchange any foods with other students at school.
- Strict hand washing technique with soap and water after eating is necessary to decrease the chance of cross contamination on surfaces at school.
- If your child rides the bus, remind them there is a “no eating on the bus” policy.

Thank you for your consideration and help in this matter. If you have any questions or concerns please call.

Sincerely,

Telephone Number: ________________
Food Allergies, Food Intolerances and Special Diet Needs  
at Champ’s Café
School Food & Nutrition Services of Charlotte County Public Schools

All meals served by Champ’s Café meet nutritional standards set by the USDA, the United States Department of Agriculture. If a child has a disability as defined by the Americans with Disabilities Act and that disability prevents the child from eating the regular school meal, Champ’s Café will make substitutions prescribed by a medical doctor.

Although Champ’s Café is not required to make a substitution for a food allergy (hypersensitivity) or food intolerance (adverse reaction to food not involving the body’s immune system), through the wide variety of well-planned nutritious foods offered each day, the child can make appropriate safe food choices. We work with our customers to create healthy meals that meet their nutritional needs and food preferences.

If a child has a special dietary need Champ’s Café must have a medical statement from a licensed physician* that must include and address these three items:

Medical Statement Requirements:
- an identification of the medical or other special dietary condition that restricts the child’s diet;
- the food or foods to be omitted from the child’s diet and
- the food or choice of foods to be substituted

This medical statement must be placed on file with the School Nurse. The School Nurse will notify the Champ’s Café Manager.

Feel free to contact your School Champ’s Café Manager, School Nurse or the Food Service Central Office (941-575-5400) with questions you may have regarding this documentation.

Terri Whitacre
Director of Food & Nutrition Services, Champ’s Café

* MILK is one of the USDA’s 4 food items offered at Breakfast and 5 food items offered at Lunch.

If a child has a medical or special dietary need involving MILK, such as lactose intolerance, that is, the child cannot drink milk, or can drink milk only on an infrequent basis, a PARENT NOTE to the School Nurse will allow the Food & Nutrition Services staff to substitute Lactaid Milk as a beverage with the meal. USDA does not permit Champ’s Café to provide juice instead of milk; Juice does not provide the same nutrients as milk or Lactaid Milk.

For the Lactose Intolerant Student who has a PARENT NOTE on file, the choices are:
--select a Lactaid Milk (just ask the cashier if you do not see any available)
--decline milk—it is not requirement for a child to take milk with a meal

OR --purchase an 8 oz. juice

If a child does not have a medical need, but does not like the taste of milk, the child may purchase a non-dairy beverage, such as juice.

If a child does have a medical need, please comply with the Medical Statement Requirements (above).

For more information about Champ’s Café, including applying for free/reduced price meal benefits, please visit the district’s website: www.yourcharlotteschools.net updated 2/2012
Medical Alert to Parents – Latex

Date: ______________________________

Dear Parent/Guardian,

This letter is being sent to all parents/guardians of children in ___________________ class.

Teacher’s Name

As you know, your child’s safety in school is of the utmost importance to us. One of the students in your child’s class has a severe life threatening allergy to LATEX (rubber) and/or certain products with latex like properties. Strict avoidance is the only way to prevent an allergic reaction. We request that you NOT send any of the following items to school with your child. This will help prevent an allergic reaction in this student.

- Balloons
- Chewing gum
- Koosh balls or other rubber toys
- Rubber bands

Sincerely,

__________________________

School Nurse
Alerto Medico a Padres - Látex

Fecha: ____________________________

Estimados Padres / Guardián:
Esta carta es enviada a todos padres/guardián de niños en la clase de ____________________________
(Nombre del Maestro)

Como ustedes saben, la seguridad de su niño en la escuela es de la importancia suprema a nosotros. Uno de los estudiantes en la clase de su hijo(a) tiene una alergia severa al LÁTEX (goma/ caucho) que pone en peligro su vida y / o a ciertos productos con propiedades similares al látex. La única manera de prevenir una reacción alérgica es evadiendo estrictamente el alergeno. Le pedimos que NO mande ninguna de las siguientes cosas a la escuela con su hijo. Esto ayudará a prevenir que el estudiante tenga una reacción alérgica.

- Globos
- Goma de mascar, Chicle
- Pelotas Koosh (“koosh balls”) u otros Juegos de Goma (caucho)
- Liga elastica, Goma (caucho) elastico

Gracias por su cooperación con este asunto serio.

Sinceramente,

__________________________________________________________
School Nurse
**Anaphylaxis**

**Description:** Anaphylaxis is an extremely serious, rapid-onset allergic reaction which usually involves more than one body system. Symptoms may begin with hives or itching and progress to respiratory distress, respiratory arrest and death within minutes. The histamine response can cause constriction of blood vessels and the smooth muscles of the respiratory tract.

**Assessment:**

- sudden sense of uneasiness/anxiety
- flushed skin
- widespread hives
- itching around the eyes
- dry, hacking cough
- constricted feeling in throat/chest
- wheezing
- facial edema or swelling (i.e. lips, tongue, and eyes)
- dizziness
- abdominal pain
- nausea or vomiting
- difficulty breathing
- difficulty swallowing
- hoarseness or thickened speech
- confusion
- feeling of impending disaster

**Intervention:**

- **Call 911;**
- Epinephrine is the most important treatment for anaphylaxis. Administer when ordered for student;
- Check airway, breathing and circulation, initiate CPR as needed;
- Observe for shock and treat accordingly;
- Keep patient warm;
- Notify parent/guardian and principal; and,
- Send a copy of emergency contact information with student if parent not present.
Asthma

Description: Asthma is a chronic inflammatory disorder of the airways. During an asthma attack, the airways in the lungs become swollen and cause coughing, wheezing, chest tightness and/or trouble breathing. Asthma can be highly variable in how it presents. Some children may wheeze only occasionally or in conjunction with a respiratory infection while others may have recurring episodes of wheezing, shortness of breath, chest tightness, and coughing. There is no known cure for asthma, but there are ways to control it. The daily use of medication for children with asthma and prompt evaluation and treatment of exacerbations will assist students to feel well and function at a normal level. According to the Asthma and Allergy Foundation of America, asthma is the leading cause of school absences in the U.S. with more than 14 million missed school days each year.\(^1\) Research has demonstrated the value of asthma education in schools, showing it helps to improve self-management of asthma, and leads to decreased rates of absenteeism. It is the responsibility of the school nurse to identify all students who have been reported to be diagnosed with asthma on the Student Health Assessment Form and request the parent/guardian complete the steps outlined in the AS2008 Letter. For those students receiving asthma medication at school, a Physician and Parent Medication Authorization Form must be completed by the student’s licensed health care provider. The school nurse should review the Action Care Plan with the parent/guardian and appropriate school staff who may be first responders.

There are four classifications of asthma without the use of preventative medication:

- **Mild Intermittent:** Symptoms no more than twice per week, and nighttime no more than twice a month with no symptoms between exacerbations.
- **Mild Persistent:** Symptoms more than twice a week, but not daily with nighttime symptoms more than twice a month, but less than two times a week. Exacerbations may affect activity.
- **Moderate Persistent:** Daily symptoms and daily use of an inhaled bronchodilator. Exacerbations at least two times per week which may last days and affect activity tolerance. Nighttime symptoms more than once a week.
- **Severe Persistent:** Continual symptoms with frequent exacerbations and frequent night symptoms and limited activity tolerance.

Asthmatic Response to Triggers:

Three factors (genetic susceptibility, certain respiratory infections early in life and contact with particular environmental agents in the early years) contribute to chronic airway inflammation. This inflammation results in increased sensitivity. If a susceptible individual is exposed to agents called “triggers” the airway reacts by stimulating an inflammatory response causing the airway lining to swell, mucous to form and smooth muscles of the bronchi to constrict. This reaction results in a narrowing of the airway and decreased air movement causing a person with asthma to feel short of breath and experience chest tightness. The air movement through the narrowed passages may cause a wheezing sound and the person may cough in an attempt to clear mucus. The student may become frightened and anxious.

One or more triggers may initiate a response. Exercise is one of the most common triggers of an asthmatic episode. According to the Best Practice Guide\(^2\) anyone who has asthma has the potential for exercise induced asthma and needs to be prepared for this to occur. Other common triggers include weather, irritants, allergens, medicines, acute stress, and coughing.

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1. Managing Asthma in Connecticut Schools, Connecticut Department of Public Health in conjunction with Connecticut Department of Education.
Asthma medications belong to two broad categories: maintenance or anti-inflammatory medications or quick relief medications. The anti-inflammatory medications are long-term medications used to reduce the airway inflammation. They are not intended to provide quick relief of asthma symptoms and should not be used in that manner. Rescue medications or bronchodilators provide fast relief by relaxing smooth muscles. Inhaled medications open airways faster than oral medications and are often used as preventive medication before exercise or unavoidable exposure to asthma triggers.

**Peak Expiratory Flow Assessment (PEF)** may be ordered by a physician. A stop light analogy is typically used with the following values when compared to the child’s normal PEF. The licensed health care provider’s signature is required to assess and treat a student experiencing an asthmatic episode based on peak flow assessment. The parent/guardian is responsible for providing a peak flow meter.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
</table>
| **80-100% Green Zone** | Continue with medication regime as prescribed  
No cough or wheeze at day or night  
No chest tightness |
| **50-80% Yellow Zone Caution** | Needs to use quick relief medication  
Cough or wheeze day or night  
Chest tightness  
Problems playing |
| **< 50% Red Zone Danger!** | Administer quick relief medication and notify parent/guardian immediately and 911 if life threatening  
Persistent cough or wheeze  
Severe chest tightness  
Can not walk, talk or move well  
Circumoral cyanosis, nail beds blue |

**Assessment:** When a student complains of chest tightness, difficulty breathing or indicates respiratory distress, the student should be evaluated by the school nurse immediately or permitted to use his/her rescue inhaler if they have written authorization to do so and inhaler is available.

Assess respiratory status for the degree of distress
- Presence of coughing and/or wheezing
- Shortness of breath
- Retractions and/or nasal flaring
- Tachypnea
- Decreased breath sounds
- Circumoral cyanosis
- Inability to talk in complete sentences
- Stooped body posture
- Anxious

**Intervention:**
- Reassure and keep student calm;
- Consult student’s *Physician and Parent Medication Authorization Form* and administer medication as ordered;
- Place student in upright position to allow for easier breathing and advise to take slow deep breaths; and,
- If student does not respond to medication within 15-20 minutes contact parent/guardian immediately and call for emergency help, if indicated.
If student **improves** after rest and medication
- Reassess student and return to class if symptoms relieved
- Notify parent/guardian that rescue inhaler was needed and student improved

If student **does not improve** within 15 minutes after medication administered
- Notify parent/guardian
- Call 911 if severity increases and notify principal
- Send a copy of emergency contact information with student if parent not present

Seek emergency care if student exhibits any of the following:

- Coughs constantly;
- Unable to talk in complete sentences;
- Lips, nails, mucous membranes gray or blue;
- Severe retractions and or nasal flaring;
- Persistent vomiting;
- Pulse >120/minute;
- Respiratory rate >30/minute; or,
- Severely restless or agitated.
Asthma Parent Letter

To The Parent/Guardian of __________________________________________:  Date ________________

In reviewing the Student Health Assessment Form you completed, you indicated your child has been diagnosed by a licensed health care provider for asthma. In order to provide the best health care for your child while at school, we are requesting your assistance with the following:

● If this is no longer a health concern for your child, please check the box below, sign the bottom of this page and return to the school nurse.
  - This is no longer a health concern.

● If your child will be receiving treatment/medication at school, we are requesting that you complete the attached Parent Asthma Information Form.

● If your child will be receiving medication while at school, please have his/her licensed health care provider complete the revised AAP Asthma Action Plan and Physician and Parent Medication Authorization Form. Provide pharmacy-labeled medications and peak flow meter if ordered and personally bring them to school, and keep them refilled as needed.

● Prepare your child. Discuss the medication plan, appropriate use of inhalers and how to handle symptoms.

● Keep school staff up-to-date on any changes in your child’s care.

I will be glad to discuss any questions or concerns you may have regarding your child’s health.

_________________________           ________________
School Nurse                     Date

_________________________           ________________
Parent/Guardian                  Date

APL 5/08
Parent Asthma Information Form
To Be Completed By Parent

SY __________

Name: ___________________________________________ Grade: ____________________

Emergency Contacts:
Name/Relationship telephone Number(s)
1. _______________________________ 1. _______________________________ 2. ______
2. _______________________________ 1. _______________________________ 2. ______

Does your child currently take medication for asthma?  □ Yes □ No

Your child’s asthma is treated by (check all that apply)

☐ Oral medication everyday
☐ Medication when an asthma attack occurs
☐ Nebulizer/inhaler treatments everyday
☐ Nebulizer/inhaler treatments when an asthma attack occurs
☐ My child’s asthma has not required treatment since _____________

Please list the medication(s) your child is currently taking ________________________________________

Please check all triggers which may start an asthma episode for your child:

☐ exercise        ☐ respiratory infections    ☐ cold air
☐ animals         ☐ plants/dust          ☐ other __________________

Please list your child’s usual symptoms of an asthma attack. ________________________________________

Please list any special instructions regarding field trips, recess, physical education classes. __________________

If your child uses a Peak Flow Meter, what is the personal best flow number? __________

If a Peak Flow Meter is to be used at school, please have the child’s licensed health care provider provide treatment guidelines on the Physician and Parent Medication Authorization Form

Signature of Parent/Guardian __________________________ Date __________________________

________________________________________________________________________

If these medications need to be provided at school, a Physician and Parent Medication Authorization Form must be completed by your child’s licensed health care provider. You can obtain this form online or at the school health center.
Back or Neck Injury (Spinal Injury)

If spinal cord injury is suspected, DO NOT MOVE student!

Description: Damage to the spinal cord that protects the nerves of the spine; results most often from bending, twisting, or jolting in motor vehicle, bike, or other sport injury, or fall; pain is usually made worse by pressure or movement and may radiate to arm or leg; may have weakness, numbness or inability to move arm or leg.

Intervention: DO NOT bend, move, twist, or rotate the neck or body of the student!

IF THE STUDENT IS UNCONSCIOUS
ALWAYS CALL 911.

- Check airway, breathing and circulation and initiate the steps in CPR as needed.
- Unless CPR is necessary, or the student must be moved from fire or other life-threatening situation, DO NOT MOVE THE STUDENT.

NOTE: If you must move the student, try to pull the student’s body lengthwise.

- If necessary to place student on his/her back for CPR, roll the head, neck and spine as one unit.
- Immobilize head, neck, and spine in the position found. Place rolled up clothing, blankets, towels, etc. around the head and sides. Do not attempt to splint.
- Call parent/guardian and notify principal.

IF THE STUDENT IS CONSCIOUS

In order to determine whether there is damage to the spinal column or other nerve damage, you should first do the following:

- Instruct the student not to move;
- Ask the student what happened and where it hurts;
- Remove shoes carefully and ask student to wiggle toes and fingers;
- Ask the student if he/she can feel a gentle scratch on the foot; and,
- Have the student grip your hand firmly and point his/her toes gently against pressure from your hand.

From the observations you should be able to make one of the following two findings:

If there is pain along the spine or loss of sensation or movement

1. Call 911
2. Immobilize head, neck, and spine in the position in which they are found by placing rolled up clothing, blankets, towels, etc. around the head and sides
   DO NOT MOVE THE HEAD OR NECK.
3. Call parent/guardian and notify principal
4. Send a copy of emergency contact information with student if parent/guardian not present

If all sensation and movements are normal and without pain

1. Keep student immobile for 10 minutes; then,
2. Allow the student to slowly sit; then,
3. If OK after 5 minutes, student may slowly walk; or
4. Apply ice for soreness.
5. Call parent/guardian for his/her decision as to whether student should be sent home. Notify principal.

REASON: A spinal cord injury may not always cause immediate observable damage.
Bites (Animal)

**Description:** Animal bites and claw wounds put the student at risk for infection since they are contaminated with the animal’s saliva. Bites or scratches from rabies prone animals including bats, skunks, raccoons, and foxes are especially dangerous. Small indoor pets such as hamsters, gerbils, white mice, rabbits and guinea pigs usually do not present a risk for rabies.

**Assessment:**
- Time and location of bite and history of occurrence
- Depth and severity (Note the presence of erythema, ecchymosis)
- Laceration or puncture in the skin with or without avulsion including shredding tearing of the skin

**Intervention:**
- If the wound is bleeding apply direct pressure;
- Irrigate the wound thoroughly for a minimum of 3 minutes and wash with soap and water;
- Possible need for medical assessment and tetanus vaccination;
- Complete a *Student Accident Report* (if appropriate);
- If the bite is from a cat, dog, raccoon, bat or other rabies prone animal, it must be reported to Animal Control at 833-5690; and,
- Call parent/guardian and notify principal.
Bites (Human)

**Description:** Human bites are usually caused by one person biting another. They may also result from a situation in which one person comes in contact with another person’s teeth and the impact breaks the skin. Exposure to blood or bodily fluids such as saliva resulting from a human bite places an individual at risk for the transmission of communicable disease. Human bites can be more dangerous than animal bites because of the types of bacteria and viruses contained in some human mouths. Human bites that break the skin have a high risk of infection. Early First Aid is critical with immediate and thorough cleansing of the wound to decrease the risk of infection.

**Assessment:**
- Location of bite
- Depth and severity in ascending order of severity
  - erythema from the tooth superficially abrading the skin
  - ecchymosis from the pressure of the tooth/teeth
  - abrasion/laceration causing a puncture in the skin resulting in a disruption of the skin integrity
  - avulsion with shredding or tearing of the skin
- Mechanism of the injury
- Assessment for the noticeable presence of blood in the mouth of the person who inflicted the wound
- If applicable, provide vaccination status for Hepatitis B and Tetanus

**Intervention:**

**IF THE BITE DOES NOT BREAK THE SKIN**
- Cleanse the wound thoroughly with soap and running water. Irrigate the wound for a minimum of 3 minutes;
- Call the parents/guardians of both students involved; and,
- Complete a Student Accident Report.

**IF THE BITE DOES BREAK THE SKIN**
- Irrigate the wound thoroughly under running water and cleanse well with soap and water for a minimum of 3 minutes;
- Apply a clean dressing. If the bite is bleeding, apply direct pressure until bleeding stops;
- Contact the parents/guardians of both students involved. Any penetrating wound with a disruption in the skin integrity must be referred for medical evaluation; and,
- Complete a Student Accident Report.

**NOTE:** Advise the parents to contact their licensed health care provider about all bites that break the skin and about the possible need for vaccination or other medical assessment. Remind parents to watch for possible signs of infection.
Bites (Snake)

**Description:** A puncture wound that may bleed and will usually swell even if from a non-poisonous snake.

Signs and symptoms of poisonous snake bites include

- swelling and discoloration
- weakness
- sweating
- fainting

**Intervention:** Try to identify the snake to determine if it is poisonous. *When in doubt, assume that it is a poisonous snake.*

**IF THE SNAKE IS POISONOUS OR IS UNKNOWN**

- Call 911;
- Check airway, breathing, and circulation and initiate steps of CPR as needed;
- Keep bite site just below heart level and immobile;
- Wash the wound site with soap and water if desired and irrigate for a minimum of 3 minutes;
- **DO NOT** apply cold or constricting bands;
- Observe for shock and treat accordingly;
- Call parent/guardian and notify principal; and,
- Send a copy of emergency contact information with student if parent/guardian not present.
Bleeding (Cuts and Wounds)

Description: In an open wound, the skin’s surface and a blood vessel are broken. The depth of the wound and the type of vessel broken (artery, vein or capillary) will determine the severity of the bleeding and how difficult it will be to control.

Assessment:
- Determine mechanism of injury and assess relevant student history
- Assess for underlying injury such as a fracture or problems with motor strength or range of motion (ROM)
- Evaluate size and depth of wound and injury to underlying tissue
- Assess for presence of foreign bodies
- Evaluate ease in which bleeding stops
- Perform a brief total body assessment to rule out presence of additional injury

Intervention: Minor Open Wound
- In a minor open wound there is usually only a small amount of bleeding which will stop spontaneously or with brief pressure applied.
  - Use disposable gloves;
  - Use clean dressing and apply direct pressure until bleeding stops;
  - If necessary, elevate the bleeding area unless this causes pain;
  - Wash the wound thoroughly with soap and running water using the spiral technique;
  - Apply clean dressing;
  - Remove gloves and proceed with strict hand washing technique;
  - Apply ice or cold pack for no more than 20 minutes. Make sure the ice or cold pack does not come in direct contact with the skin;
  - Notify parent/guardian; and,
  - If appropriate, return student to class.

Major Open Wound
- If bleeding does not stop spontaneously or with minimal pressure
  - Use disposable gloves;
  - Use clean dressing and apply direct pressure;
  - DO NOT remove blood soaked dressing. Add more dressings on top and continue to apply pressure;
  - Call 911 if indicated;
  - Elevate extremity only if does not cause more pain;
  - Observe for shock and treat accordingly;
  - Call parent/guardian; notify principal; advise parent/guardian to seek medical care; and,
  - Remove gloves after completing care and proceed with strict hand washing technique.

Need for Stitches: It can be difficult to judge when a wound may need stitches. It is recommended you advise the parent/guardian to consider an assessment for the need for sutures when the edges of the skin do not fall together, a laceration is on the face, or if a wound is ½ of an inch or greater.
Tetanus Immunization

Protection against tetanus should be considered with any wound, even a minor one. After any wound, check the student’s immunization record for Tetanus and notify parent or legal guardian.

A minor wound would need a tetanus booster only if it has been at least 10 years since the last tetanus shot or if the student is 5 years old or younger.

Other wounds such as those contaminated by dirt, feces and saliva (or other body fluids), puncture wounds, amputations, and wounds resulting from crushing, burns, and frostbite, need a tetanus booster if it has been more than 5 years since last tetanus shot.
Burns (Chemical and Heat)

**Description:** A burn can be caused by a liquid or dry chemical on the skin, heat, flames, hot liquids or grease, and electricity or radiation (sun exposure). It can involve one or more layers of skin and the underlying tissues of fat, muscle, and bone.

**Classification of Burns**

**Superficial/First Degree:** Mild to moderate pain; dry, pink or red skin; involves the epidermis; no blisters. Example: mild sunburn.

**Partial-Thickness/Second Degree:** Painful; sensitive to air; skin red and blistered; may be moist from weeping; involves epidermis and dermis; swelling may occur.

**Full-Thickness/Third Degree:** Usually not painful unless accompanied by 1st or 2nd degree burns; skin can be whitish or dry leathery, black to brown; involves epidermis, dermis, fatty tissue and possibly muscle and bone.

**Assessment:**
- Assess airway, breathing, circulation and signs of inhalation injury
- Assess level of consciousness and pain
- Determine depth and size of burn

**Intervention:** A critical burn can be life threatening and requires immediate medical attention. Call 911 for all third degree burns or second degree burns over 2 to 3 inches in diameter or on the face, hands, feet or genital area. In addition
  - Check airway, breathing and circulation and initiate CPR as needed;
  - Monitor for signs of shock and treat accordingly;
  - Run cool or lukewarm water over burn for at least 5 to 10 minutes or until pain subsides;
  - Apply cool water or cool compress if burn is on face until pain is relieved;
  - Remove jewelry from burned extremity before swelling occurs;
  - Remove burned clothing unless the clothing is stuck to the skin;
  - Separate burned fingers or toes with non-stick dressings;
  - Comfort and reassure student; and,
  - Call parent/guardian and notify principal.

**WHEN CARING FOR A BURN:**

**DO NOT**
- apply ice or ice water
- remove clothing that sticks
- break blisters or try to clean a severe burn
- apply ointment of any kind

**Additional Intervention for Chemical Burns:**

- Remove the chemical from the body as quickly as possible. Brush dry chemicals off the skin using gloved hands, if possible, and flush the burn with large amounts of cool running water.
- Remove the clothing from around the burn being careful not to expose anyone to residual chemicals.
- Call Poison Control at 1-800-222-1222 or consult package insert if available and send with student when referred for treatment.
**Chest – Blunt Trauma**

**Description:** An injury following a hard blow to the chest from a fist, sports injury, a fall, or an automobile or bicycle accident. The trauma from a thoracic injury can be life threatening and should be focused on ensuring adequate ventilation.

**Assessment:**
- Evaluate airway and injury to head, neck, and chest
- Evaluate respiratory rate and symmetry of chest on inspiration and expiration
- Auscultation of lung fields for presence of breath sounds
- Presence and location of pain on inspiration and expiration
- Evaluate for signs of shock
- Check skin for signs of ecchymosis or swelling

**Intervention:**
- Advise student to rest quietly;
- **Call 911** if evidence of rapid, shallow or painful breathing, chest pain, cyanosis or coughing up blood or if student has asymmetry of the chest during respiration;
- If student has no difficulty breathing or chest pain, monitor for a minimum of 15 minutes;
- Apply ice for bruising or swelling;
- Notify parent/guardian and advise follow-up for any severe blow to the chest; and,
- Advise student to return to class if no symptoms or pain present and to return to the health center if symptoms develop while at school.
Dental Injuries

Knocked out Tooth

**Description:** When a tooth is avulsed or knocked out by trauma the periodontal ligament (PDL) which holds the tooth in place is stretched and torn. Part of the torn ligament remains attached to the avulsed tooth. Preserving the cells of the PDL on the avulsed tooth is vital to successful re-implantation.

**Intervention:** Save tooth and see a dentist within 30 minutes.

- **DO NOT** touch root portion of the tooth;
- **DO NOT** attempt to clean tooth; this may interfere with the re-implantation process;
- **DO NOT** wrap the tooth in a tissue or gauze;
- Place tooth in a cup of milk or water;
- Call the parent/guardian and notify principal. **Emphasize to the parent the need to get to the dentist on an emergency basis to maximize the chances for successful re-implantation of the tooth; and,**
- Have the student rinse mouth with warm salt water, if desired.

Chipped/Broken Tooth

**Intervention:** Save large fragments and see dentist immediately because break could extend down to the root of the tooth.

- Rinse mouth with warm water;
- Cover sharp edge of tooth with gauze to prevent laceration of tongue or cheek;
- Apply cold pack to face next to injured tooth to minimize swelling;
- Call parent/guardian and notify principal; and,
- Advise the parent/guardian that the student should be seen by a dentist as soon as possible.

Object between Teeth

**Intervention:** Try to gently remove object with dental floss and rinse mouth with salt water; and,

- if object can not be easily dislodged, advise parent/guardian to take student to the dentist as soon as possible.
Diabetes

Diabetes is one of the most common chronic diseases in children. The prevalence of Type 1 diabetes is 1.7 per 1000 children 0 to 19 years old. In the last two decades, Type 2 diabetes has been reported among children and adolescents with increasing frequency. The following procedures were developed to assist school staff in the development of an Individualized Health Care Plan for a student with diabetes. Procedures have been developed to offer guidance in the development of an individualized plan which encourages a cooperative approach between the school nurse and other school staff, parent, student, and licensed health care provider. The diabetic student needs knowledgeable staff to provide a safe and optimal learning environment. These procedures have been designed to foster consistency and provide standards in the care provided to these students throughout the school district. Maintaining good glycemic control to ensure optimal academic performance requires a diabetic regimen consisting of blood glucose monitoring, good nutrition, physical activity and insulin administration when indicated, to prevent acute complications of diabetes and promote normal growth and development.

Diabetes Overview

Diabetes is a chronic condition in which there is a lack of insulin or an inability to use insulin effectively. Insulin is a hormone which moves glucose into the cells so it can be used for energy. In diabetes, glucose accumulates in the blood causing hyperglycemia. When the blood glucose level reaches approximately 200 mg/dl the renal tubules have difficulty absorbing the sugar and it spills into the urine. The classification of diabetes has evolved during the past decade. Until recently, the age of the individual at the time of onset was the basis for the main criterion for identifying the type of diabetes. While the causes for Type 1 and Type 2 diabetes differs significantly, the pathology of Type 1 and Type 2 diabetes lead to the same potential sequelae.

Type 1 Diabetes Mellitus (T1DM)

Type 1 diabetes was previously called juvenile or insulin dependent diabetes. In Type 1, there is destruction of the beta cells in the pancreatic islets resulting in the cessation of insulin production. The factors associated with development of T1DM primarily relate to an autoimmune response involving poorly defined genetic and environmental triggers. The lack of insulin interferes with the body’s ability to maintain normal blood glucose levels resulting in abnormalities in the metabolism of carbohydrate, fat and protein. Individuals with T1DM must be treated with subcutaneous insulin.

Type 2 Diabetes Mellitus

Type 2 diabetes is characterized by diminished liver, muscle, and adipose tissue sensitivity to insulin, insulin resistance, and impaired beta-cell function resulting in a deficiency in the amount of insulin produced. As the need for insulin increases, the pancreas gradually loses its ability to provide sufficient amounts of insulin to regulate blood sugar. Although genetic influences are stronger with Type 2 than Type 1, it is thought that environmental factors such as obesity, physical inactivity, and a diet high in fat and refined carbohydrates are the main factors contributing to the development of this disease.

Development of an Individual Health Care Plan (IHCP)

The school nurse will be responsible for ensuring that all students with diabetes have a Medical Management Plan (MMP) and Pump Supplement, if applicable, completed by their licensed health care provider and Action Care Plan (ACP). The school nurse is responsible for completion of the IHCP and an Action Care Plan and overseeing the care provided for the student and for educating school staff in the monitoring and treatment of symptoms. The school nurse will work cooperatively with the parents, student, licensed health care provider and school staff to ensure the student receives an optimal learning environment and is guided in learning self-care.

1Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools, 2003 Florida Department of Health.
Monitoring Blood Glucose

Blood glucose monitoring is a minor invasive procedure which will be performed in accordance with the Medical Management Plan.

“Physicians generally recommend that students check their blood glucose during the school day, usually before eating snacks or lunch, before physical activity, or when there are symptoms of high or low blood glucose. Although school nurses support that the best-equipped and safest site for blood glucose monitoring and insulin administration is the school health room, students may be allowed to check their blood glucose levels and respond to the results in the classroom, at other campus locations, during any school activities, and during field trips. Taking immediate action is important so that the symptoms do not progress and the student does not miss classroom time. The experience is less stigmatizing and blood glucose monitoring loses its mystery when handled as a regular occurrence.

If the student requires assistance to monitor blood glucose, privacy may be a concern until the student is skilled in performing the task independently. Assistance or supervision with this procedure will be necessary until the health care provider and the school nurse determine the student is ready to monitor independently within the school setting and whenever a low blood glucose level is suspected. The school nurse will document the need for assistance and/or supervision of blood glucose monitoring in the student’s Individualized Health Care Plan and can delegate unlicensed assistive personnel to assist with or perform blood glucose monitoring for a student as long as child-specific training has been provided by the school nurse or other medically licensed persons in accordance with s. 1006.062(4) © F.S.

In the event of hypoglycemia, blood glucose testing should occur at the scene of the hypoglycemic episode in order to:

● Guide prompt and appropriate treatment.
● Prevent further lowering of blood glucose and possible injury by requiring the student to move to another location.

A secure location to store the necessary supplies must also be identified and provided. The school nurse should list any specific information on when, where, and how blood glucose monitoring is performed in the student’s Individualized Health Care Plan.

Because there are numerous brands of monitors available, each with specific features, it is recommended that directions for using a particular monitor be copied and attached to the care plan.”

Insulin Therapy

Students may require routine injections of insulin as well as treatment for high blood glucose and carbohydrate intake. Insulin regimes vary from fixed dose schedules to flexible regimens to continuous insulin infusion by pump. All insulin must be given in accordance with the MMP or written orders from the student’s licensed health care provider outlining the dose, type, and method of insulin administration. It is the policy of the Florida Department of Health that school nurses take insulin orders only from duly licensed medical practitioners. Parents/guardians may administer the insulin and any changes themselves or the parent may work directly with the student who self-administer his/her insulin to adjust dosages.

All school nurses should be familiar with the different types of insulin, its onset, peak time and duration.

Onset – the length of time before the insulin reaches the blood stream and begins lowering the blood sugar
Peak Time – the time the insulin is at its maximum strength for lowering blood glucose levels
Duration – the length of time the insulin continues to lower the blood glucose levels.

Insulin Preparations

Since 1982, most of the newly approved insulin preparations have been produced by inserting portions of DNA ("recombinant DNA") into special lab-cultivated bacteria or yeast. This process allows the bacteria or yeast cells to produce complete human insulin. Recombinant human insulin has, for the most part, replaced animal-derived insulin, such as pork and beef insulin. More recently, insulin products called “insulin analogs” have been produced so that the structure differs slightly from human insulin (by one or two amino acids) to change onset and peak of action. The following table lists some of the more common insulin preparations available today. Onset, peak, and duration of action are approximate for each insulin product, as there may be variability depending on each individual, the injection site, and the individual’s exercise program.

<table>
<thead>
<tr>
<th>Type of Insulin</th>
<th>Examples</th>
<th>Onset of Action</th>
<th>Peak of Action</th>
<th>Duration of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rapid-acting</strong></td>
<td>Humalog</td>
<td>15 minutes</td>
<td>30 to 90 minutes</td>
<td>3 to 5 hours</td>
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<td>(lispro)</td>
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<tr>
<td></td>
<td>Eli Lilly</td>
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<tr>
<td></td>
<td>Novolog</td>
<td>15 minutes</td>
<td>40 to 50 minutes</td>
<td>3 to 5 hours</td>
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<td></td>
<td>(aspart)</td>
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<tr>
<td></td>
<td>Novo Nordisk</td>
<td></td>
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<tr>
<td><strong>Short-acting</strong></td>
<td>Humulin R</td>
<td>30 to 60 minutes</td>
<td>50 to 120 minutes</td>
<td>5 to 8 hours</td>
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<tr>
<td></td>
<td>Eli Lilly</td>
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<td>Novolin R</td>
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<td></td>
<td>Novo Nordisk</td>
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<tr>
<td><strong>Intermediate-acting (NPH)</strong></td>
<td>Humulin N</td>
<td>1 to 3 hours</td>
<td>8 hours</td>
<td>20 hours</td>
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<td></td>
<td>Eli Lilly</td>
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<tr>
<td></td>
<td>Novolin N</td>
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<td></td>
<td>Novo Nordisk</td>
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<td></td>
<td>Humulin L</td>
<td>1 to 2.5 hours</td>
<td>7 to 15 hours</td>
<td>18 to 24 hours</td>
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<td></td>
<td>Eli Lilly</td>
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<td></td>
<td>Novolin L</td>
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<tr>
<td></td>
<td>Novo Nordisk</td>
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</tr>
<tr>
<td><strong>Intermediate- and short-acting mixtures</strong></td>
<td>Humulin 50/50</td>
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<tr>
<td></td>
<td>Humulin 70/30</td>
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<tr>
<td></td>
<td>Humalog Mix</td>
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<td>75/25</td>
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<td></td>
<td>Humalog Mix</td>
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<td>50/50</td>
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<td></td>
<td>Eli Lilly</td>
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<td>Novolin 70/30</td>
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<td>Novolog Mix</td>
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<td></td>
<td>Novo Nordisk</td>
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<tr>
<td><strong>Long-acting</strong></td>
<td>Ultralente</td>
<td>4 to 8 hours</td>
<td>8 to 12 hours</td>
<td>36 hours</td>
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<tr>
<td></td>
<td>Eli Lilly</td>
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<tr>
<td></td>
<td>Lantus (glargine)</td>
<td>1-2 hours</td>
<td>6 hours</td>
<td>18-26 hours</td>
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<td></td>
<td>Aventis</td>
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</table>
**Pump Therapy**

An insulin pump is a small device, about the size of a pager, which is worn outside the body usually in a pocket or on a belt. It is used to deliver fast acting insulin (Novalog or Humalog) via a thin plastic tube attached to the pump, ending in a cannula or needle placed under the skin. The infusion set is usually inserted in the abdomen or upper buttocks, generally where insulin can be injected, and is left in place for 2 to 3 days and is then reinserted at a different site. The insulin pump is worn at all times, and simulates normal insulin delivery. The pump automatically delivers a programmed, continuous supply or basal rate of insulin. The user delivers a specific insulin dose or bolus to cover food consumption or high blood glucose levels. It is the parent’s responsibility to provide an *Insulin Pump Medical Authorization Form* completed by the licensed health care provider and a copy of the pump manual with operating instructions, all insulin pump supplies and a back-up vial of insulin and syringe or insulin pen in case of a pump problem. It is recommended all school nurses who have a student with a pump be informed with the pump operation in case the student is unable to disconnect or suspend the pump in an emergency situation. The parent or guardian must be notified immediately if the pump becomes dislodged or the tubing is disconnected.

**Carbohydrate Counting**

The goal of carbohydrate counting is to match the amount of insulin bolus to the amount of carbohydrate eaten. With carbohydrate gram counting, you count the amount of grams of carbohydrate in the meal or snack. The amount of insulin is based on the ratio of insulin to grams of carbohydrate that the licensed health care provider specifies in the MMP. It is recommended that insulin bolus for carbohydrates be based on the actual food consumed to avoid the potential for unanticipated meal changes or for food not eaten. This can be a particular concern in the very young student. A carbohydrate calculator for all food items provided by Champ’s Café can be found by accessing yourcharlotteschools.net. Click on “For Students” and select “Champ’s Café.”

**ACUTE COMPLICATIONS OF DIABETES**

**Hypoglycemia**

Hypoglycemia is generally defined as a blood glucose that is < 70 mg/dl, but what constitutes hypoglycemia for each student should be based on the recommendations of the treating licensed health care provider. It usually occurs when there is inadequate food intake, increased energy expenditure or excessive insulin. Exercise helps the muscles utilize glucose in the blood and can cause a reduction in blood glucose levels for 4 to 10 hours or more after completion of physical activity. Symptoms can mimic those of anxiety, with flushing, sweating, palpitations and tremors resulting from the release of catecholamines as the body tries to increase the blood glucose level. If a fast acting source of carbohydrate is not provided, there will eventually be insufficient glucose delivered to the brain with the resulting symptoms of personality change which can progress to coma and seizures if untreated. All students should have a source of fast acting carbohydrate available at all times. A “Lock Down Low” bag is recommended for each classroom where the student is assigned. Symptoms of hypoglycemia can be very individualized, but generally remain consistent for an individual. It is important to know what symptoms a student has with low blood glucose reactions. Treatment usually employs the “Rule of 15” which recommends treatment of low blood glucose with 15 grams of rapidly absorbed carbohydrate and rechecking the blood glucose level in 15 minutes. If blood glucose level is still suboptimal, treat again with 15 grams of carbohydrate and check blood glucose value in 15 minutes. The student may need a snack or meal within the next 30 to 60 minutes based on the licensed health care provider’s orders to avoid another episode of hypoglycemia based on the IHP and student’s activity level and insulin regime. A student using an insulin pump may not need to eat additional food as they are receiving only rapid or short-acting insulin. All procedures must be clarified in writing by a licensed health care provider. Hypoglycemia poses a threat to the learning capabilities of all diabetic students. The age of onset of T1DM and history of severe hypoglycemia both affect the student’s memory capabilities. Students who have symptoms of mild hypoglycemia during the school day may not be able to comprehend instructions and do poorly in testing situations (Diabetes Management in the School Setting, NASN.) Young children have difficulty recognizing hypoglycemia and therefore caregivers and school personnel must be educated about the signs and symptoms of this acute complication.

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1 Managing Hypoglycemia in the School Setting A. Evert, School Nurse News, November 2005
Two studies at the University of Pittsburgh demonstrated that in children...mental efficiency begins to decline once blood glucose levels reached 60 to 65 mg/dl and may not normalize for 40 to 90 minutes after return to euglycemia\(^1\) (normal blood glucose). Students suspected of having low blood sugar should never be left alone or allowed to walk unaccompanied to receive treatment. In the event of hypoglycemia students are allowed to check their blood glucose in the classroom or if exhibiting signs of hypoglycemia he/she should receive prompt and appropriate treatment at the scene.

If the student is unable to swallow, glucose gel or gel cake icing can be placed in the pocket of the cheek. If the student is unconscious or seizing, an injection of glucagon will be necessary. Any of these treatments must be specified by the licensed health care provider in the student’s MMP. The child’s parent or guardian must provide all supplies prescribed by the licensed health care provider. A glucagon dose of 30 mcg/kg body weight injected subcutaneously to a maximum dose of 1mg will increase blood glucose levels within 5 to 15 minutes. Nausea and vomiting are frequent side effects of a glucagon injection so the student must always be positioned on his/her side. The expiration date on the glucagon kit should be checked regularly and must be replaced when expired. Glucagon can be stored at room temperature.

**Hyperglycemia**

Hyperglycemia is generally defined as a blood glucose level greater than 240 mg/dl. The MMP should include guidelines for the definition of hyperglycemia for each student. This usually occurs when there is an increase in the food intake, or inadequate insulin. Stress or illness can also increase the blood glucose level. Symptoms of hyperglycemia include increased thirst and urination, fruity breath, nausea, vomiting, abdominal pain, rapid breathing, lethargy and eventually diabetic ketoacidosis. Without sufficient insulin the glucose remains in the blood stream and cannot be used for cellular energy. The body responds by releasing stored fats and proteins for energy, and ketones are formed. The condition of diabetic ketoacidosis results when ketones form and cause an acidic pH, resulting in dehydration, electrolyte imbalance, acidosis and eventually coma. If the student is not vomiting, liberal fluid intake will help prevent dehydration and increase the excretion of ketones. The student should have unlimited access to water and the bathroom and participation in exercise should be delayed until he/she tests negative for urinary ketones. The licensed health care provider’s plan must state when urinary testing for ketones is to be performed and give an appropriate plan of treatment if ketones are detected. This should include notification of the parent and possibly the licensed health care provider. The presence of moderate to large ketones may indicate a need for additional insulin to reverse ketosis. When the student is on an insulin pump, this may warrant treatment with a subcutaneous injection of insulin and a change of the insertion site for the pump. An acute case of diabetic ketoacidosis can cause memory impairment for up to a month following the episode.

**Action Care Plan (ACP)**

An *Action Care Plan (ACP)* should be developed from the IHCP which describes the student’s symptoms of hypoglycemia and hyperglycemia and what to do as soon as signs or symptoms of these conditions are observed. The purpose of the ACP is to assist school staff as they identify and deal with an individual student’s health emergency. The ACP is student specific and must be provided to all school staff who have direct contact with the student, including the bus driver, when applicable. The ACP developed by the National Diabetes Education Program (NDEP) must be completed for all diabetic students and reviewed with appropriate school staff. A copy must be available in all classes the student attends.

**Glucagon**\(^2\)

**Background:** Glucagon, a hormone made in the pancreas, is used for the treatment of severe hypoglycemia, which is defined as loss of consciousness or seizures resulting from low blood glucose. Untreated severe hypoglycemia can lead to permanent brain damage and thus, is considered a medical emergency requiring immediate treatment. Severe hypoglycemia generally cannot be treated by oral administration of carbohydrate (sugar). Therefore,


Glucagon (Continued)

glucagon injection is an effective and rapid treatment. Another effective treatment is the intravenous injection of glucose. This treatment requires medical professionals in attendance, whereas glucagon can be given by anyone capable of injecting insulin. Should glucagon be given to a child who does not have low blood glucose (an example might be a seizure), there is very little risk of harm. In such a crisis situation, glucagon can be given without knowing the actual glucose level.

If possible, blood glucose should be obtained before treatment is initiated. If this effort will delay treatment for more than one or two minutes, then treatment can start for hypoglycemia without concern that inappropriate evaluation of the blood glucose will harm the child. Glucagon does have the potential to induce vomiting. This rarely lasts longer than 30 minutes and small sips of sugar-sweetened beverages may shorten the duration of this side effect.

Position: The early recognition of hypoglycemia, when glucose can be administered orally to the still conscious child, should be the goal. Glucagon is reserved for situations where other treatments cannot be used due to unconsciousness and/or seizures.

In spite of careful attention, the infrequent need for glucagon will arise. Those who are responsible for the health of a child during school must be able to provide this needed treatment. Individuals in the school setting should have training and written instructions available on glucagon preparation and injection. The identity of these authorized diabetes care providers should be documented in the student’s health record. More than one individual needs to be identified so that coverage is assured. It is the responsibility of the student’s parent/guardian to provide the written authorization from the physician and unexpired glucagon to school personnel.

Transportation

All bus drivers who are transporting a student with diabetes must know the child and be familiar with the student’s symptoms of hypoglycemia and hyperglycemia. The student’s IHCP should specify any contraindication for allowing the student to ride the bus. Assignment of a “bus buddy” for students with diabetes is recommended. Consideration should be given to assigning the student a seat in the front of the bus. A fast acting carbohydrate source must be available and the student be allowed to eat or drink in an emergency situation or when experiencing symptoms of hypoglycemia.

Field Trips

Students with diabetes should participate in all school activities. Care must be provided in accordance with the student’s IHCP and ACP and a copy of these and all diabetic supplies should accompany the student for all off site activities. The school nurse must be notified at least two weeks prior to the field trip if the parent can not accompany the student to ensure adequate time to arrange for qualified personnel.

Classroom Parties

Special consideration should be given when scheduling class parties as outlined in the IHCP. Staff must be aware of the need to communicate with the school nurse and parent if food will be distributed in the class.

Physical Exercise

While aerobic exercise such as running and swimming can cause blood sugar levels to drop, anaerobic exercise such as weight lifting can cause a spike in adrenaline which may lead to an increase in blood sugar levels during or immediately after exercise. It is also important for the student to remain hydrated as dehydration can affect blood sugar levels. The student’s IHCP should specify the licensed health care provider’s order regarding the need for testing or eating a snack prior to or after participation in PE. The IHCP should also include contraindications for participation based on blood sugar levels.
In-Service for School Staff

The school nurse should discuss with the parent when preparing the IHCP, the plans for education of appropriate school staff and the specific information they will need to assist the diabetic student. All staff having direct responsibility for the student including teachers, bus drivers, and food service personnel should be aware of the student’s signs and symptoms of hypoglycemia and hyperglycemia and the appropriate response. All staff should view “Diabetes in the School, Students at Risk”. The in-service should be student specific and the ACP should be reviewed and a copy provided to all appropriate staff. If indicated, additional training for the performance of specific tasks is conducted by the school nurse. The staff must demonstrate competence to the school nurse and this must be documented on the skills check off sheet.
HYPOGLYCEMIA
(Low Blood Glucose)

Causes: Too little food or skip a meal; too much insulin or diabetes pills; more active than usual.

Onset: Often sudden; may pass out if untreated.

<table>
<thead>
<tr>
<th>SYMPTOMS:</th>
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<tbody>
<tr>
<td>SHAKY</td>
<td>FAST</td>
<td>HEARTBEAT</td>
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<tr>
<td>SWEATING</td>
<td>DIZZY</td>
<td>ANXIOUS</td>
<td>HUNGRY</td>
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<tr>
<td>BLURRY VISION</td>
<td>WEAKNESS</td>
<td>OR FATIGUE</td>
<td>HEADACHE</td>
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<td>IRRITABLE</td>
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</table>

WHAT CAN YOU DO?

CHECK your blood glucose, right away. If you can’t check, treat anyway.

TREAT by eating 3 to 4 glucose tablets or 3 to 5 hard candies you can chew quickly (such as peppermints), or by drinking 4-ounces of fruit juice, or 1/2 can of regular soda pop.

CHECK your blood glucose again after 15 minutes. If it is still low, treat again. If symptoms don’t stop, call your healthcare provider.

Concept developed by Rhoda Rogers, RPH, BSN, CDE.
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HYPERGLYCEMIA
(High Blood Glucose)

Causes: Too much food, too little insulin or diabetes pills, illness, or stress.

Onset: Often starts slowly. May lead to a medical emergency if not treated.

SYMPTOMS:

- EXTREME THIRST
- NEED TO URINATE OFTEN
- DRY SKIN
- HUNGRY
- BLURRY VISION
- DROWSY
- SLOW-HEALING WOUNDS

WHAT CAN YOU DO?

CHECK BLOOD GLUCOSE

If your blood glucose levels are higher than your goal for 3 days and you don’t know why,

CALL YOUR HEALTHCARE PROVIDER
Charlotte County Public Schools
Diabetes Medical Management Plan (School Year ________ - ________)
To Be Completed By Licensed Health Care Provider

Student’s Name: ______________________ Date of Birth: ____________ □ Type 1 □ Type 2 Date of Diagnosis: ________
School Name: ______________________ Grade: ________ Homeroom: ______________________

CONTACT INFORMATION
Licensed Diabetes Health Care Provider: ______________________ Telephone Number: ______________________
Other Emergency Contact: ______________________ Relationship: ______________________ Telephone Number: ______________________

<table>
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<tr>
<th>SNACKS</th>
<th>Time</th>
<th>Food Content and Amount</th>
<th>Time</th>
<th>Food Content and Amount</th>
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<tbody>
<tr>
<td>□ Mid-Morning</td>
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<td>□ Before PE/Activity</td>
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<tr>
<td>□ Mid-Afternoon</td>
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<td></td>
<td>□ After PE/Activity</td>
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</tbody>
</table>

BLOOD GLUCOSE MONITORING AT SCHOOL: At school: □ Yes □ No To ordinarily be performed by student: □ Yes □ No
Student has been trained by Health Care Professional? □ Yes □ No
Type of Meter: ______________________

Time to be performed:
□ Before breakfast
□ Mid-Morning: before snack
□ Before lunch
□ Dismissal

□ Before PE/Activity Time
□ After PE/Activity Time
□ Mid-afternoon
□ As needed for signs/symptoms of low/high blood glucose

Place to be performed: □ Classroom □ Clinic/Health Room □ Other ______________________

OPTIONAL: Target range for blood glucose: ________ mg/dl to ________ mg/dl (Completed by Diabetes Healthcare Provider).

INSULIN INJECTIONS DURING SCHOOL: □ Yes □ No
Student has been trained by Health Care Professional □ Yes □ No

If yes, can student determine correct dose? □ Yes □ No
Draw up correct dose? □ Yes □ No
Give own injection? □ Yes □ No
Insulin Delivery: □ Syringe/Vial □ Pen □ Pump (If pump, use “Insulin Pump Medication/Treatment Plan”)

Standard daily insulin at school: □ Yes □ No

<table>
<thead>
<tr>
<th>Type:</th>
<th>Dose:</th>
<th>Time to be given:</th>
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</tbody>
</table>

Calculate insulin dose for carbohydrate intake □ Yes □ No
If yes, □ Regular □ Humalog □ Novolog
____ # unit(s) per ________ grams carbohydrate
□ Add carbohydrate dose to correction dose

Correction dose of insulin for high blood sugar? □ Yes □ No
If yes, □ Regular □ Humalog □ Novolog

Time to be given: ________ a.m. ________ p.m.

□ Determine dose per sliding scale below:

Blood sugar: ________ Insulin Dose: ________
Blood sugar: ________ Insulin Dose: ________
Blood sugar: ________ Insulin Dose: ________

□ Use formula Blood Glucose - ________ + ________ = ________ units of insulin

OTHER ROUTINE DIABETES MEDICATIONS AT SCHOOL: □ Yes □ No
Name of Medication | Dose | Time | Route | Possible Side Effects
-------------------|------|------|-------|---------------------|

EXERCISE, SPORTS, AND FIELD TRIPS:
Blood glucose monitoring and snacks as indicated.
Easy access to sugar-free liquids, fast-acting carbohydrates, snacks, and blood glucose monitoring equipment.
Child should not exercise if blood glucose level is below ________ mg/dl OR if ____________

5/08
MANAGEMENT OF VERY HIGH BLOOD GLUCOSE (over ___ mg/dl)

Usual signs/symptoms for this child:
- Increased thirst, urination, appetite
- Blurred vision
- Warm, dry, or flushed skin
- Nausea/Vomiting
- Other

Indicate treatment choices:
- Sugar-free fluids as tolerated
- Check urine ketones if blood glucose over ___ mg/dl
- Notify parent if urine ketones positive
- May not need snack: call parent
- Frequent bathroom privileges
- See “Correction dose of insulin for high blood sugar”
- Other

MANAGEMENT OF LOW BLOOD GLUCOSE (below ___ mg/dl)

Usual signs/symptoms for this student:
- Change in personality/behavior
- Pallor
- Weak/shaky/tremulous
- Tired/drowsy
- Dizzy/staggering walk
- Headache
- Rapid heartbeat
- Nausea/appetite
- Clammy/sweating
- Blurred vision
- Inattention/confusion
- Slurred Speech
- Loss of consciousness
- Seizures
- Other

Indicate treatment choices:
If student is awake and able to swallow:
give _____ oz. fruit juice or non-diet soda or
- glucose tablets or
- Concentrated gel or tube frosting or
- Other

Retest Blood Glucose 10-15 minutes after treatment
Repeat treatment until Blood Glucose over _________ mg/dl
Follow treatment with snack of:
If more than ___ hr/min till next meal/snack or if going to activity
(i.e. P.E or recess)
- Other
If student is vomiting or unable to swallow, administer Glucose
gel or Glucagon (See below for specific directions)

IMPORTANT!
If student is unconscious or having a seizure, presume the student is experiencing a low blood glucose level and
Call 911 immediately and notify parents/guardian.
- Glucagon _____ mg IM (Injection) should be given by trained personnel
- Glucose gel 1 tube can be administered inside cheek and massaged from outside while waiting for help to arrive, or during
  Administration of Glucagon by any trained staff member at scene.
Student should be turned on his/her side and maintained in this “recovery” position till fully awake.

Comments:

Licensed Health Care Provider Signature: ____________________________ Date: ____________

Licensed Health Care Provider Name: ______________________________ Telephone Number: __________

I grant the principal or his/her designee or a licensed nurse (RN/LPN) permission to assist with or perform the administration of each prescribed
medication, including insulin either by injection or pump, and treatments/procedures for my child during the school day. This includes when he/she is
away from school property for official school events. I have reviewed, understand and agree with the medications/treatments prescribed by
the physician/healthcare provider on this form. It is my responsibility to notify the school if there is a change in the medication/treatment plan prior to its
expiration date.

Parent/Guardian Signature: ____________________________ Date: ____________


5/08

6-38
Charlotte County Public Schools
Diabetes Medical Management Plan Supplement for Student Wearing Insulin Pump (School Year: ______ - ______)

Student Name: ___________________________ Date of Birth: ____________ Pump Brand/Model: _____________________________

Pump Recharge Person: _____________________ Phone/Beep: _____________________ (See basic diabetes plan for parent phone #)

Child-Lock On? □ Yes □ No How long has student worn an insulin pump?

Blood Glucose Target Range: _____________ Pump Insulin: □ Humalog □ Novolog □ Regular

Insulin: Carbohydrate Ratio: _____________

Student to receive carbohydrate bolus: □ Yes □ No

Lunch/Snack Boluses Pre-Programmed? □ Yes □ No Time(s) to receive bolus _____________________________

Insulin Correction Formula for Blood Glucose Over Target:

Extra pump supplies furnished by parent/guardian: □ infusion sets □ reservoirs □ batteries □ dressings/tape □ insulin □ syringes/insulin pen (required)

<table>
<thead>
<tr>
<th>STUDENT PUMP SKILLS</th>
<th>NEEDS HELP?</th>
<th>IF YES, TO BE ASSISTED BY AND COMMENTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Independently count carbohydrates.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>2. Give correct bolus for carbohydrates consumed.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>3. Calculate and administer correction bolus.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>4. Recognize signs/symptoms of site infection.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>5. Calculate and set a temporary basal rate.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>6. Disconnect pump if needed.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>7. Reconnect pump at infusion site.</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>8. Prepare reservoir and tubing.</td>
<td>□ Yes □ No</td>
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<tr>
<td>9. Insert new infusion set.</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>10. Give injection with syringe or pen, if needed.</td>
<td>□ Yes □ No</td>
<td></td>
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<tr>
<td>11. Troubleshoot alarms and malfunctions.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
<tr>
<td>12. Re-program basal profiles if needed.</td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

MANAGEMENT OF HIGH BLOOD GLUCOSE: Follow instructions in basic Diabetes Medical Management Plan. In addition

If blood glucose over target range _______ hours after last bolus or carbohydrate intake, student should receive a correction bolus of insulin using formula:

Blood glucose - _______ = __________ = _______ units of insulin.

If blood glucose over _______ check urine ketones.

1. If no ketones, give bolus by pump and recheck in 2 hours.
2. If ketones present or _______, give correction bolus as an injection immediately and contact parent/health provider.

If two consecutive blood glucose readings over 250 (2 hours or more after first bolus given)

1. Call parent
2. Check urine ketones
3. Give correction bolus as an injection

MANAGEMENT OF LOW BLOOD GLUCOSE: Follow instructions in Basic Diabetes Medical Management Plan. In addition

If low blood glucose recurs without explanation, notify parent/diabetes provider for potential instructions to suspend pump.

If seizure or unresponsiveness occurs:

1. Call 911 (or designate another individual to do so).
2. Treat with Glucagon (See basic Diabetes Medical Management Plan).
3. Stop insulin pump by: □ Placing in "suspend" or stop mode (See attached copy of manufacturer's instructions)
□ Disconnecting at pigtail or clip (Send pump with EMS to hospital)
□ Cutting tubing
4. Notify parent
5. If pump was removed, send with EMS to hospital

ADDITIONAL TIMES TO CONTACT PARENT
□ Soreness or redness at infusion site □ Insulin injection given
□ Detachment of dressing/infusion set out of place □ Other: _____________________________
□ Leakage of insulin

Licensed Diabetes Health Care Provider Name: _____________________________ Telephone Number: _____________________________

Licensed Diabetes Health Care Provider Signature: __________________________ Date: __________

Parent’s Signature: __________________________ Date: __________

Modified from Governor’s Diabetes Council (Revised 2003)
CCPS: S/08

6-39
Diabetic Student Supply List

Name of Student: ____________________________  School Year: ___________

The following is a checklist of supplies that may be needed during the school day and will be provided by the student’s parent/guardian. They may be with the student or maintained in the following designated area.

<table>
<thead>
<tr>
<th>Supplies</th>
<th>Student Held</th>
<th>Designated Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Insulin</td>
<td></td>
<td></td>
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<tr>
<td>❑ Insulin syringes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Alcohol wipes/antiseptic wipes</td>
<td></td>
<td></td>
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<tr>
<td>❑ Insulin pen</td>
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<td></td>
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<tr>
<td>❑ Cartridges</td>
<td></td>
<td></td>
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<tr>
<td>❑ Pen needles</td>
<td></td>
<td></td>
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<tr>
<td>❑ Pump supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❑ Manufactures operating instructions</td>
<td></td>
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<tr>
<td>❑ Log book</td>
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</tbody>
</table>

Blood Sugar Testing Supplies  
- ❑ Glucose meter/instruction manual  
- ❑ Test strips with code information  
- ❑ Finger lancing device  
- ❑ Lancets

Ketone Testing Supplies  
- ❑ Urine ketone test strips

Food Supplies  
- ❑ Snack foods  
- ❑ Low blood sugar (hypoglycemia) supplies  
  - ❑ Glucose tablets  
  - ❑ Juice  
  - ❑ Carbohydrate/protein snack  
- ❑ Lock down low bag(s)

Other  
- ❑ Glucagon kit  
- ❑ Water bottle  
- ❑ Fanny pack to carry supplies

______________________________  ___________________
Signature of Parent/Guardian Date
Blood Glucose Monitoring Log for ____________________________

Teacher: __________________________ Grade: __________ School Year: ________

1. Parent/Guardian __________________________ Daytime No. __________ Cell: __________
2. Parent/Guardian __________________________ Daytime No. __________ Cell: __________

Emergency Contact: ____________________________________________

Type of Emergency Glucose: __________________________ Testing Times: __________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Blood Sugar</th>
<th>Signs/Symptoms</th>
<th>Action Taken</th>
<th>Ketones</th>
<th>CHO’s</th>
<th>Bolus</th>
<th>Parent Called</th>
<th>Initials</th>
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BGL 5/08
Dislocation of a Joint

Description: A dislocation is a separation of two bones where they meet at a joint in which the bones are forced from their normal positions. Dislocations are usually caused by sudden impact to the joint, but may also be caused by an underlying condition. The trauma to the joint may cause ligament, nerve, and circulatory damage. The injury will deform and immobilize the joint and may cause sudden and severe pain. Dislocations can occur in major joints such as shoulder, elbow, wrist, hip, knee, ankle and minor joints such as fingers and toes. A dislocation is an emergency situation. Call 911 for all major joint dislocations.

Assessment: - It may be difficult to distinguish a dislocation from a fracture and a fracture dislocation. - Ask, “does the joint appear visibly out of place, misshapen or discolored?” - If there is evidence of decreased mobility, do not attempt to assess loss of function by moving the affected joint. - Evaluate for severe, sudden pain and decreased circulation. - Check for students vital signs and initiate CPR if necessary.

Intervention: - Call 911 immediately for major joint dislocations. If the dislocation is a small joint of the finger or toe which can be immobilized, 911 may not need to be called if prompt care can be obtained by the parent. - Initiate CPR if indicated. - Apply ice to the injured joint to reduce swelling and control possible internal bleeding. - Do not move the student or the injured joint. - Take steps to prevent shock, lay person flat and elevate feet if possible without moving injured joint. - Do not give the person anything to eat or drink. - Send a copy of emergency contact information with student if parent not present.

Earache

Description: When a child has a cold, swelling in the nose may impede drainage from the eustachian tube. This may lead to an infection in the middle ear, otitis media. The infection results in increased fluid in the ear and can cause pain and fever. An ear infection should be suspected if a student presents with a fever and pain in the ear and has a recent history of an upper respiratory tract infection. Ear pain can also be caused by other problems such as a sore throat without an ear infection.

Assessment: - Determine history of illness and previous episodes of ear infection - Evaluate duration and intensity of pain - Evaluate presence/absence of discharge from ear

Intervention: - Take temperature; - Make student comfortable. Placing warm compresses on the ear may help; - Call parent/guardian; and, - Advise parent/guardian to consult licensed health care provider if pain persists or temperature present.
**Eye Injuries/Conditions**

**Eye Trauma**

**Description:** There are varying degrees of eye trauma. It is important for the school nurse to perform a thorough assessment to determine the extent of underlying injury which may not be immediately apparent.

**Assessment:**
- Obtain history of trauma or determine if foreign body entered the eye
- Evaluate for presence of laceration and bleeding to the eyelid, surrounding tissue and sclera
- Assess for complaint of pain or sensation of foreign body
- Examine the orbit and surrounding tissue for signs of edema and ecchymosis
- Assess extraocular movements
- Check pupils for symmetry and reactivity to light
- Examine the conjunctiva for redness or edema
- Assess visual acuity and presence of photophobia

**Intervention:**
- CALL 911 if history of trauma or pain is significant or there is apparent injury to the eyeball;
- Shield the eye without placing pressure on the eye, a paper cup can be used if available;
- **Do not** attempt to remove any object embedded in the eye;
- If there is a history of significant trauma without any evidence of bleeding, embedded objects or swelling, call parent/guardian and advise to seek medical care;
- If the student sustains an injury for which there is no complaint of pain or discomfort and the assessment is normal, notify the parent/guardian for monitoring at home;
- Call parent/guardian and notify principal; and,
- Send a copy of emergency contact information with student if parent/guardian not present.

**Chemical Burn to the Eye**

**Intervention:**
- CALL 911 - A chemical burn to the eye is a medical emergency;
- Irrigate eye with lukewarm water while waiting for EMS to arrive;
- Obtain information or package insert if available to accompany student;
- Contact Florida Poison Information Center at 1-800-222-1222;
- Call parent/guardian and notify principal; and,
- Send copy of emergency contact information with student if parent/guardian not present.
Infection/Irritation

Description: If a student presents to the school nurse with red or irritated eyes, try to evaluate if the cause is infectious, allergic, or if it is associated with a systemic illness for which the student may have other complaints. If the discharge is clear and the student has associated allergic symptoms with a history of allergies consideration should be given to the possibility of an allergic response.

Assessment: - Obtain history of when the eye became red and the frequency of symptoms
- Determine if discharge is present, the type of discharge (clear or mucopurulent) and the presence of matting of lashes
- Presence of itching or burning, photophobia
- Edema of the eyelids
- Is redness present and if so, in one or both eyes
- Associated complaints such as rhinitis or sneezing
- Presence of an abscess on the edge of the eyelid

Intervention: - If an infection is suspected the parent/guardian must be notified of the need to seek medical evaluation, and the student will be excluded from school until cleared by a licensed health care provider or after 24 hours of antibiotic treatment;
- Educate student and family about the need for good personal hygiene;
- If the student has no complaints, discharge is not present, and there is no swelling of the conjunctiva, have student rest with eyes closed and apply a cool compress to see if symptoms are relieved;
- If redness subsides and discharge is not present, advise student to return to class; and,
- Review good hygiene practices with student.

Fainting

Description: Fainting or syncope is a brief loss of consciousness caused by cerebral hypoxia resulting from many things including the following: sudden drop in blood pressure, emotional stress, seizures, vasovagal event, sudden change in environmental temperature and cardiac arrhythmias.

Assessment: - Do not move student
- Take vital signs including blood pressure
- Determine onset and obtain history, if student is taking medication, history of drug or alcohol use, and diet history
- Evaluate level of consciousness
- Check for pupil symmetry and reactivity to light
- Perform total body assessment for other injuries resulting from fainting episode

Intervention: If Student Has Fainted:
- CALL 911 for sudden unexplained loss of consciousness, student is short of breath, cyanotic or experiences chest pain;
- Check airway, breathing and circulation and initiate CPR if indicated;
- Evaluate for secondary injuries;
- Position student on back with legs extended and elevated 8 to 12 inches, if not contraindicated by secondary injury;
- If student nauseous or vomits, position on side.
- Loosen tight clothing;
- Apply cool compress to face and neck;
- Call parent/guardian and notify principal; and,
- Send copy of emergency contact information with student if parent/guardian not present.
Fainting (continued)

**Intervention:** If Student Feels Faint

- Check vital signs including blood pressure;
- Advise student to recline with feet elevated 8 to 12 inches;
- Apply cool compress to face and neck;
- Call parent/guardian; and,
- Advise parent/guardian to seek medical attention.

**Foreign Bodies/Ears, Eyes and Nose**

**Description:** Student may present with a foreign body in the ear, eye or nose that has either been accidentally or intentionally placed. The student may also have additional complaints such as pain or a discharge and may be reluctant to admit what has occurred.

**Assessment:**

- Elicit a relevant history and try to determine what the foreign body is and when and how it became lodged.
- Assess for presence of pain, redness, irritation, or discharge (particularly if foreign body has been present for an extended time).
- Determine if foreign body is visible.
- Assess any changes in vision or hearing.

**Intervention:** EAR – Do not attempt to flush out object.

- **DO NOT** use cotton swabs, tweezers or fingers as these may push the object further into the ear;
- If there is a bug in the ear, take student into a darkened room and shine a light into the ear which may attract insect out of the canal; and,
- Call parent/guardian and advise to seek immediate medical care.

**Intervention:** EYE

- If trauma is present, shield the eye to minimize movement;
- Examine the lower lid by pulling the lower lid out by depressing the skin above the cheek bone;
- If foreign body is visible, try to remove with a moistened cotton swab;
- If foreign body is not visible and there is no evidence of irritation, have student open and close the eye several times or pull the upper lid out over the lower lid to encourage tearing and dislodge the particle;
- Flush the eye with warm water; and,
- If pain persists, or foreign body not easily removed, contact parent/guardian and advise medical evaluation to avoid the risk of scratching the surface of the eye.

**Intervention:** NOSE

- If foreign body is visible, using a tissue, instruct the child to breathe in through the mouth and blow out through their nose; and,
- If foreign body is not visible, or does not dislodge when blowing the nose, call the parent/guardian and advise to seek medical care.
### Fractures

**Description:** A fracture or broken bone of any size requires medical attention. A stress fracture is a hairline crack. It may be difficult to determine if a fracture has occurred or to distinguish a fracture from a dislocation and a fracture with a dislocation. However, each of these conditions requires immediate medical care and initial first aid. Often a fracture will involve damage to surrounding muscles, nerves and blood vessels resulting in pain, edema, and bleeding.

**Assessment:**
- Evaluate for asymmetry, deformity or abnormal rotation of an extremity
- Assess for edema, bleeding, and ecchymosis
- Evaluate the degree of pain
- Assess the circulation in the area above and below the suspected fracture
- Assess for evidence of shock
- Assess for other injuries
- Evaluate for any tingling or numbness
- Evaluate degree of mobility but do not assess for mobility if pain is present

**Intervention:** CALL 911 for any of the following:
- There is a suspected fracture in the head, neck or spine;
- There is a suspected fracture in the leg, hip or pelvis;
- There is severe bleeding or the fracture site is open;
- The tissue above or below the fracture is pale, cold, clammy, blue or numb; or,
- The fracture site can not be immobilized to move the student.

**If an open wound is present:**
- Call 911;
- Wear gloves.
- Cover the wound with a clean dressing. If bleeding continues apply additional dressings to the site of the bleeding and bandage loosely;
- Avoid moving the exposed bone or limb;
- Apply ice packs, but not directly on the skin or open wound;
- Take steps to prevent shock. If possible have student recline and elevate feet 8 to 12 inches;
- Continue to monitor for signs of shock and treat accordingly;
- Do not allow student to eat or drink;
- Call parent/guardian and notify principal; and,
- Send copy of emergency contact information with student if parent/guardian not present.

**If skin is intact:**
- Call 911, if indicated;
- Avoid moving the injured limb, but have student move to a more comfortable location if movement does not cause increased pain;
- Apply ice packs to injury, but not directly on the skin;
- Monitor for signs of shock;
- If suspected fracture is of a finger or toe and there is no evident deformity, a buddy splint can be applied by taping injured extremity to adjacent finger or toe to stabilize the injury until medical care can be obtained.
- Call parent/guardian and notify principal; and,
- Send copy of emergency contact information with student if parent/guardian not present.
Headache (Non-Traumatic)

Description: Headaches are a common complaint among school children. They can be caused by many things including the following: dehydration, eye strain, fatigue, fever, hunger, sinusitis, emotional stress or an underlying illness. Although rare, headaches can also be caused by more serious conditions such as hyper or hypoglycemia, tumors, encephalitis or a ruptured blood vessel. Headaches can also be acute or chronic such as migraines.

Assessment:  
- Obtain a pertinent history, duration of pain, sleeping and eating habits, time of last meal, activity when headache began, emotional stress, frequency of previous headaches.
- Evaluate for underlying illness; presence of fever, nausea or vomiting, face pain from sinusitis, dental problems.
- Evaluate for complaints of visual difficulty.
- Physical assessment to include presence of stiff neck, level of consciousness.

Intervention:  
- Take the student’s temperature;
- Offer medication if prescribed;
- Advise student to rest and offer water if child is suspected of being dehydrated;
- If student has not eaten since the previous day, refer student to cafeteria;
- Assess visual acuity if indicated.
- Call parent/guardian if student has a temperature greater than 100.4˚F for students K-12 and 101˚F for Pre-K students; and,
- Student to return to class if headache improves and there are no other complaints.

Head Injuries

Description: Head injuries can be mild or severe. Severe head trauma can cause bruising of the brain, tearing of blood vessels and injury to nerves. When this happens, a person can get a concussion. Concussions are more frequently associated with sports injuries, particularly high-contact sports from a blow or jolt to the head, but can also be caused by collisions or falls, as well as blunt trauma to the head with sticks and balls. Any student suspected of having a concussion needs to be seen by a licensed health care provider. The signs and symptoms of concussion can be subtle and may not appear immediately. Students with a concussion are at greater risk of a second injury if they have not fully recovered before re-injury.

Assessment: The two most common concussions are confusion and amnesia.¹

- Assess for change in consciousness
- Assess for evidence of lacerations, edema or ecchymosis
- Assess for pupil symmetry and reactivity to light
- Evidence of headache, dizziness, pain, nausea or ringing in the ears
- Assess for signs of other injuries
- Student dazed, stunned or confused or answers questions slowly
- Question student regarding events prior to or after injury

Intervention: If minor injury and student does not show signs of concussion

- Apply ice pack to site of injury;
- Advise student to rest and monitor before returning to class; and,
- Notify parent/guardian and provide copy of Possible Head Injury Notice.

Reference: www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm

¹ www.mayoclinic.com/health/concussion/DS00320
Possible Head Injury Notice

Date: __________________________

Dear Parent/Guardian,

______________________________ was sent to the health center because

Student’s Name

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

We wanted you to be informed so that medical attention may be sought, if needed. If there are any problems you want us to be aware of, please contact your child’s school nurse.

IT IS VERY IMPORTANT THAT THE PARENT OBSERVE THE STUDENT FOR DELAYED SYMPTOMS OF INTERNAL HEAD INJURY FOR 48 TO 72 HOURS FOLLOWING INJURY – NO MATTER HOW MINOR IT MAY APPEAR.

Possible signs and symptoms

- loss of consciousness
- seizure
- unusual sleepiness
- double or fuzzy vision
- nausea/vomiting
- concentration or memory problems
- pupils of unequal size
- clear fluid or blood from nose or ear
- confusion
- pale, sweaty appearance
- balance problems or dizziness
- headache

__________________________________________________________________________

Signature of School Nurse
Head Injuries (Continued)

If there are any symptoms which may indicate a concussion or if head injury is significant:

- Call 911 if student has any loss of consciousness or symptoms of a concussion;
- Notify parent/guardian and principal;
- If there is no loss of consciousness, notify parent/guardian and advise them to contact their licensed health care provider for any injury which is more than a light bump of the head;
- Student should be excluded from sports if symptoms are present until cleared to return by a licensed health care provider; and,
- Provide parent/guardian with a copy of Possible Head Injury Notice and advise them regarding the need to monitor for possible future signs and symptoms.

Heat Related Emergencies

**Description:** Heat illnesses result from elevated body temperatures due to the inability to dissipate heat and/or a decreased fluid level. Even mild heat illness has the potential of becoming a severe life threatening emergency if not treated appropriately. Children have a higher metabolic rate than adults and produce more heat during exercise, but do not transfer the heat produced by the muscles to the skin for cooling as well as adults. In extreme temperatures, children can develop heat related illnesses during exercise. Children on certain medications are also more sensitive to heat and will need special accommodations.

<table>
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<tr>
<th>Heat Disorder</th>
<th>Symptoms</th>
<th>Treatment</th>
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<tr>
<td>Heat Cramps</td>
<td>Painful cramping usually in the legs or abdomen; heavy perspiration; nausea</td>
<td>Move to a cool, shady area; firm, gentle massage to cramp; drink at least 4 oz. of fluid every 15 minutes</td>
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<tr>
<td>Heat Exhaustion</td>
<td>Dizziness, headache; normal temperature possible; weakness and fatigue; heavy perspiration; nausea; cold, pale, clammy skin</td>
<td>Move to a cool, shady area; loosen clothing; fan student; drink at least 4 oz. of fluid every 15 minutes; apply cool, wet cloths to neck and underarms</td>
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<tr>
<td>Heat Stroke</td>
<td>Hot, red and dry skin; absence of sweating; rapid, strong pulse; nausea/ vomiting; confusion, incoherent speech; possible seizures; possible loss of consciousness; body temperature ranges from 102°F to 106°F</td>
<td><strong>Call 911</strong>, medical emergency; move to a cool or air-conditioned area; fan student; loosen clothing; cool with cool bath or sponging; take temperature, if able; lie supine with feet elevated; if vomiting, turn on the side; do not give fluids if unconscious, confused or seizing. Send a copy of emergency contact information with student if parent/guardian not present</td>
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**Intervention:** Call parent/guardian, notify principal.

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1 School Nursing: A Comprehensive Text, Page 352.
Menstrual Disorders

Dysmenorrhea may contribute to increased absenteeism for female students and may negatively affect the student’s school performance. A nursing assessment should be completed to identify the need for medication to be provided at school or for further follow-up by a licensed health care provider if the student presents with frequent complaints.

**Intervention:**
- Determine if menstrual cramps are typical or different from previous cycles;
- If typical, advise student to rest in quiet area;
- Provide medication if ordered; and,
- Call parent/guardian if cramping is excessive or atypical and does not improve or if student is experiencing abnormal or excessive bleeding.

Mouth Injuries

**Bitten Tongue or Lip**

**Intervention:**
- Wear gloves
- Have student rinse mouth with warm water
- Control bleeding by direct pressure with a piece of gauze or clean cloth

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<tr>
<th>If bleeding stops and no laceration to skin around lip:</th>
<th>If deep cut extends from lip to skin surrounding lip or gaping cut on tongue with persistent bleeding:</th>
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<tr>
<td>• Check for broken teeth</td>
<td>• Call parent/guardian and notify principal</td>
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<td>• Send student back to class</td>
<td>• Advise medical assessment for possible suturing</td>
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<tr>
<td>• Notify parent/guardian</td>
<td>• Complete a Student Accident Report (SAR)</td>
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**NOTE:** See Dental Injuries also

Nausea

**Intervention:**
- Have student rest;
- **DO NOT** give liquids or food; and,
- Take temperature.

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<th>If nausea continues or temperature is elevated:</th>
<th>If nausea subsides and no temperature:</th>
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<tr>
<td>• Call parent/guardian; and,</td>
<td>• Send student back to class.</td>
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<td>• Send student home.</td>
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**NOTE:** See Vomiting Procedure if vomiting occurs.
**Nosebleed**

**Description:** Most nosebleeds in children are not serious and occur in the front of the nose (anterior epistaxis) and involve one nostril. A nosebleed may be caused by several things including colds and allergies, trauma, low humidity and abnormal blood clotting.

**Assessment:**
- Determine history of previous episodes
- Obtain relevant history including recent injury

**Intervention:**
- Wear gloves;
- With a tissue pinch nostrils together at lower soft part of nose for a minimum of five (5) minutes by the clock, and for ten (10) minutes if bleeding has not stopped at the end of 5 minutes; and,
- Lean student forward so blood will not run down the throat.

If bleeding stops:
- Apply cold pack if desired;
- Instruct the student not to blow or pick nose for several hours;
- Send student back to class;
- Report nosebleeds to the parent/guardian; and,
- If nosebleeds are occurring on a regular basis, advise the parent/guardian to contact licensed health care provider.

If bleeding continues:
- Repeat the procedure

If bleeding persists:
- Call the parent/guardian and notify principal; and,
- If bleeding continues after pressure has been applied for 10 minutes, advise the parent/guardian to seek prompt medical attention as soon as possible.

**NOTE:** If bleeding occurs after a direct, forceful blow to the nose, suspect fracture. Frequent, unprovoked bleeding, even if quickly stopped, should be discussed by the parent/guardian with a licensed health care provider.

**Overdose – Drug/Alcohol**

**Description:** An overdose occurs when an excessive amount of a drug or poison is taken, leading to a toxic (poisonous) effect on the body. Drugs that can cause harm when too much is taken include prescription drugs, alcohol, illegal drugs, over-the-counter drugs and some herbal remedies.

**Assessment:**
- Nausea
- Vomiting
- Unsteady Gait
- Drowsiness
- Confusion
- Coma
- Breathing Problems
- Vital signs, level of consciousness, pupil symmetry
**Intervention:**
- Call parent/guardian and principal;
- **Call 911;**
- Check airway, breathing, and circulation and initiate steps of CPR as needed;
- Check if student is oriented to person, place and time;
- Check pupils for symmetry and reactivity to light;
- Monitor vital signs;
- Call the Florida Poison Information Center (1-800-222-1222) for instruction on what to do until EMS arrives; and,
- Send a copy of emergency contact information with student if parent/guardian not present.

In addition, if the student is unconscious, but breathing
- Place in a side lying position to prevent aspiration of vomit, and monitor.

In addition, if the student is conscious
- Continue to monitor vital signs.

**Poison Ivy/Oak and Sumac**

Poison ivy, oak and sumac are caused by a delayed-hypersensitivity reaction to the sap-like material released when the leaves of these plants are traumatized. The incubation period can be as long as 5 to 21 days. Secondary exposure can result in a more rapid response. Burning of the vines can release the sap into the air in droplet form and sensitize individuals as well. It is not recommended to exclude student from school.

**Assessment:** Usual presentation of papulovesicular lesions with intense itching. The vesicles drain serous fluid which becomes crusted. **The fluid from the vesicles does not spread the lesions.**

**Intervention:**
- Wear gloves;
- Because this rash is caused by a delayed-hypersensitivity reaction, scrubbing the exposed skin with soap and water immediately following exposure may minimize the development of lesions;
- Clothing which has come in contact with the sap may also expose the individual to a reaction and must be removed carefully;
- Baking soda paste and/or cold packs may be applied to reduce discomfort;
- Observe for signs and symptoms of infection and notify parent/guardian if warranted;
- If vesicles are open it may be advisable to cover with clean dressing to reduce risk of infection; and,
- Return the student to class.

**Poison - Swallowed**

**Assessment:**
- Identify the poison
- Amount taken
- When
- Obtain container if available

**Intervention:** Take students vital signs.
- Evaluate mental status, signs, and symptoms; and,
- Assess mouth and skin for areas of irritation.

Call Florida Poison Information Center at (1-800-222-1222) for instruction on what to do until EMS arrives. Provide information on poison taken, when and amount ingested. Also have available students name, age, approximate weight and any medical condition the student may have.
If student is unconscious:

- Check airway, breathing, and circulation and initiate steps of CPR as needed;
- Position on left side;
- **Call 911**;
- Call parent/guardian and notify principal; and,
- Send a copy of emergency contact information with student if parent/guardian not present.

If student is conscious:

- **Call 911**;
- Keep student calm;
- Do not induce vomiting. However, if student vomits, save in closed container and send specimen with EMS;
- Call parent/guardian and notify principal;
- Monitor student’s behavior; and,
- Send a copy of emergency contact information with student if parent/guardian not present.

### Rash

**Description:** A rash can be caused by many things including diseases, allergies, irritating substances, and genetic conditions. Contact dermatitis is a common cause of rashes which present with redness and itching or burning at the site where skin has come in contact with an irritant. Treatment will be dependent on the cause of the rash.

**Assessment:**

- Determine if the student has a fever or signs and symptoms of illness
- Obtain a relevant health history
- Assess the type of lesion such as: vesicular, maculopapular, hives, petechial
- Determine location of rash
- Determine presence of itching or pain

**Intervention:**

- Exclude any student with a rash accompanied with a fever or signs and symptoms of illness until a licensed health care provider has determined the illness is not a communicable disease;
- Exclude any student with a rash that causes the student to be so uncomfortable that he/she is not able to participate in school activities;
- If rash is localized and there is no evidence of fever or signs and symptoms of illness a baking soda paste or a cold compress can be applied to provide relief for itching.
- Notify parent/guardian for further follow up at home.
Seizures and Epilepsy

Description: Seizures are the result of a disturbance or misfiring of the electrical impulses of the brain. There are many different types of seizures. The seizure activity depends on the cause and location of the electrical disturbance and is highly variable. Some seizure activity is the result of an acute illness or neurological or neurosurgical incident and may occur only once in an individual’s life without an identified cause. Epilepsy is a chronic condition of recurrent, unprovoked seizure activity not caused by a single trauma or illness. Although most children with epilepsy are otherwise normal, as a group their risk of problems with learning is increased threefold.  

The school nurse is responsible for developing an Individualized Health Care Plan (IHCP) and Action Care Plan (ACP) for all students with recurrent seizures or epilepsy. If a child’s Student Health Assessment Form indicates that the student has been diagnosed with epilepsy/seizures, the nurse should send the Form PSI 5/08 home to be completed by the parent/guardian. Based on the information obtained, the nurse can then determine the need for development of an IHCP and ACP for an individual student. The development of an IHCP should be done with the cooperation of the parent/guardian, student, licensed health care provider, and school staff. In-service education must be performed for all appropriate school staff including bus drivers, if indicated. For students with recurrent seizure activity at school, a Seizure Record should be maintained and copies provided to the parent/guardian for review with the student’s licensed health care provider. A stop watch can be provided to school staff to assist in the timing of seizures when indicated. Copies of the student’s ACP should be provided to all appropriate staff who may be first responders.

It is recommended that students with epilepsy not be allowed to walk unaccompanied on the school grounds and should have a buddy assigned if traveling on the school bus. The Epilepsy Foundation also recommends that children with generalized and drop seizures be fitted with a helmet and face guard to protect against head and facial injuries (Epilepsy Foundation 2003).

Intervention: If a student experiences a generalized or drop seizure

- Help the student to the floor if falling and position on her/his side to allow fluid in the mouth to drain;
- Clear the area around the student of objects that might cause injury;
- DO NOT restrain movements other than to prevent injury;
- DO NOT force any object between the teeth;
- Note the time, duration, and specific behavior of the student;
- Administer Diastat, if ordered;
- Check airway, breathing, and circulation and initiate steps of CPR as needed;
- Allow the student to rest; and,
- Call parent/guardian and notify principal.

If seizure activity is part of a chronic condition:

- School staff should observe and record seizure activity on Seizure Record;
- Notify school nurse; and,
- Notify parent/guardian of seizure activity as indicated.

If first time seizure, or a seizure is prolonged, or if student experiences back to back seizures.

- Call 911;
- Administer Diastat if ordered;
- Call parent/guardian and notify principal; and,
- Send a copy of emergency contact information with student if parent/guardian not present.

Secondarily generalized seizures, also called partial seizures with secondary generalization occur when simple or complex partial seizures spread to the entire brain. They begin as simple partial or complex partial seizures with
starring and nonpurposeful movements and become more intense leading to a generalized seizure characterized by stiffening (tonic) and/or shaking (clonic) of the extremities and the trunk.

**Status Epilepticus:**

If seizure activity lasts longer than thirty (30) minutes without the student regaining consciousness, the student is considered to be in status epilepticus. This is a medical emergency and requires EMS intervention. **Call 911 immediately.**

Internet Resources:
- Epilepsy Foundation at [www.epilepsyfoundation.org](http://www.epilepsyfoundation.org)
- Diastat AcuDial at [www.diastat.com](http://www.diastat.com)
<table>
<thead>
<tr>
<th>SEIZURE TYPE</th>
<th>WHAT IT LOOKS LIKE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generalized Tonic Clonic</strong></td>
<td>Sudden cry, fall, rigidity, followed by muscle jerks, shallow breathing or temporarily suspended breathing, bluish skin, possible loss of bladder or bowel control, usually lasts a couple of minutes. Normal breathing then starts again. There may be some confusion and/or fatigue, followed by return to full consciousness.</td>
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<tr>
<td>(Also called Grand Mal)</td>
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<tr>
<td><strong>Absence</strong></td>
<td>A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid blinking, some chewing movements of the mouth. Child or adult is unaware of what's going on during the seizure, but quickly returns to full awareness once it has stopped. May result in learning difficulties if not recognized and treated.</td>
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<tr>
<td>(Also called Petit Mal)</td>
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<tr>
<td><strong>Simple Partial</strong></td>
<td>Jerking may begin in one area of body, arm, leg, or face. Can't be stopped, but patient stays awake and aware. Jerking may proceed from one area of the body to another, and sometimes spreads to become a convulsive seizure. Partial sensory seizures may not be obvious to an onlooker. Patient experiences a distorted environment. May see or hear things that aren't there, may feel unexplained fear, sadness, anger, or joy. May have nausea, experience odd smells, and have a generally &quot;funny&quot; feeling in the stomach.</td>
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<tr>
<td><strong>Complex Partial</strong></td>
<td>Usually starts with blank stare, followed by chewing, followed by random activity. Person appears unaware of surroundings, may seem dazed and mumble. Unresponsive. Actions clumsy, not directed. May pick at clothing, pick up objects, try to take clothes off. May run, appear afraid. May struggle or flail at restraint. Once pattern established, same set of actions usually occur with each seizure. Lasts a few minutes, but post-seizure confusion can last substantially longer. No memory of what happened during seizure period.</td>
</tr>
<tr>
<td>(Also called Psychomotor or Temporal Lobe)</td>
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<tr>
<td><strong>Atonic Seizures</strong></td>
<td>A child or adult suddenly collapses and falls. After 10 seconds to a minute he recovers, regains consciousness, and can stand and walk again.</td>
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<tr>
<td>(Also called Drop Attacks)</td>
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<tr>
<td><strong>Myoclonic Seizures</strong></td>
<td>Sudden brief, massive muscle jerks that may involve the whole body or parts of the body. May cause person to spill what they were holding or fall off a chair.</td>
</tr>
<tr>
<td><strong>Infantile Spasms</strong></td>
<td>These are clusters of quick, sudden movements that start between 3 months and two years. If a child is sitting up, the head will fall forward, and the arms will flex forward. If lying down, the knees will be drawn up, with arms and head flexed forward as if the baby is reaching for support.</td>
</tr>
</tbody>
</table>
Parent Seizure Information Form

To the parent of ___________________________________________

In reviewing the Student Health Assessment Form you completed for your child, you indicated that he/she has been diagnosed with a seizure disorder/epilepsy. In order to provide better health services for your child in school, we are requesting that you complete and return this form to the school nurse. If you have any questions or concerns, please feel free to contact me. All medical information is confidential and will be shared only with school staff working directly with your child. Thank you.

SCHOOL NURSE

☐ This is no longer a health issue for my child. (Please sign and date this form.)

What type of seizures does your child have? ________________________________

When did your child have his/her first seizure? ______________________________

Was it related to a specific event or illness (e.g. high fever)? ____________________

Date of last seizure _______________ How often do the seizures occur? ____________

Is there an aura or warning sign just before the seizure? _______________________

Describe the seizure: _______________________________________________________

How long does the seizure last? ________________________________

How does your child act after the seizure? ________________________________

Are there any triggering or precipitating factors? __________________________________

Is your child on any medication for the seizures? ☐ Yes ☐ No

Name of medication(s) ___________________________ When is it taken? ____________

Has there been a recent change in the pattern of the seizures? ______________________

Name of your child’s licensed health care provider treating him/her for seizures? _____________

Licensed health care provider’s telephone number: __________________________ Date of last visit? _______

Do we have your permission to contact the above licensed health care provider if questions arise regarding your child’s care at school? ☐ Yes ☐ No

Are there any special instructions for school personnel? ________________________________

_________________________________________ _________________________

Signature of Parent/Guardian Date

PSI 5/08
Forma de Información de Ataques Para Padres

Fecha: ________

Para el padre de ________________________________

Al revisar la Evaluación de Salud de Estudiante que usted completó para su niño, usted indicó que él/ella ha sido diagnosticado con un desorden/ataque de epilepsia. Para proporcionar mejores servicios de salud para su niño en la escuela, nosotros solicitamos que usted completa y vuelve esta forma a la enfermera de la escuela. Si usted tiene cualquier pregunta o preocupación, por favor de hacer contacto conmigo. Toda información médica es confidencial y será compartido sólo con el personal de la escuela que trabaja directamente con su niño. Muchas Gracias.

ENFERMERA DE LA ESCUELA

☐ Esto ya no es un asunto de salud para mi niño. (Favor de firmar y fechar esta forma.)

¿Qué tipo de ataques tiene su niño?

¿Cuando fue el primer ataque de él/ella?

¿Fue relacionado a un acontecimiento específico o enfermedad (por ejemplo, fiebre alta)?

Fecha de último ataque _________________ ¿Con qué frecuencia ocurren los ataques?______________

¿Hay un aura o señal de alerta poco antes del ataque?

Describe el ataque: ________________________________

¿Cuánto dura el ataque?

¿Cómo actúa su niño después del ataque?

¿Hay factores que provocan o precipitan los ataques?

¿Está tomando su niño medicina para los ataques? ☐ Sí ☐ No

Nombre de la medicina (las medicinas) ___________________________ ¿Cuándo es tomado?________

¿Ha habido un cambio reciente en la manera que suceden los ataques?

¿El nombre del médico de su niño que trata a él/ella para los ataques?

Teléfono del médico: ___________________________ ¿Fecha de última visita?_____________________

¿Tenemos su permiso para contactar el médico si hay preguntas con respecto al cuidado de su niño en la escuela?

☐ Sí ☐ No

¿Hay alguna instrucción especial para el personal de la escuela?

________________________________________

Firma de Padre/Guardián

Fecha

1/08 (Form SA)
Physician and Parent Medication Authorization Form - Diastat

Name of Student: ___________________________ Date of Birth: ___________________________
School: ___________________________ Grade: ___________________________

It is necessary for this student to be given Diastat ________ mgs. in the event of seizure activity as described:

____________________________________________________________________________________

1. Give Diastat: ☐ At onset of seizure ☐____ minutes after onset of seizure.

2. When at school or on a field trip with trained school personnel Call 911:
   ☐ onset of seizure
   ☐ ________ minutes into seizure
   ☐ ________ minutes after Diastat is given, if seizure activity is still present

3. Transportation Orders: Since Diastat is not given on the school bus, when are we to Call 911?
   ☐ at onset of seizure
   ☐ ________ minutes into seizure

Precautions, possible side effects for recommended intervention: __________________________________________

____________________________________________________________________________________

Print Name of Licensed Health Care Provider _________________________________________________
Signature of Licensed Health Care Provider _________________________________________________ Date: ______
Address: ___________________________ City: ______________ Zip Code: ______
Telephone Number: ______________ Fax Number: ______________

To be completed by PARENT/GUARDIAN: Please read and sign the following:

I hereby grant permission to the principal or his/her designee of ___________________________ School to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.232.46). It is my responsibility to notify the school if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

Parent’s Signature: ___________________________ Date: ______________

Please print Parent's name: __________________________________________

Does this medication need to be provided during field trips? ___Yes ___No

MA4 5/08
PROTOCOL FOR THE ADMINISTRATION OF DIASTAT

Diastat is a gel preparation of diazepam for rectal administration in the treatment of prolonged seizure activity or cluster seizures. The active ingredient (diazepam) causes central nervous system depression and has anticonvulsant properties. Diastat is rapidly absorbed from the lining of the rectum and quickly achieves therapeutic levels.

Diastat is a non-sterile gel preparation in a rectal delivery system of prefilled 2.5, 5, 15, or 20 mg unit doses. One box contains two doses (2 syringes) and lubricating jelly.

Conditions for Diastat Administration in School

The dose must be prescribed by the treating physician and be consistent with the package label. The licensed health care provider’s order must include the following:

- The dose of Diastat prescribed;
- The specific description of the seizure for which it has been ordered;
- The specific time to give the Diastat which is the time from onset of seizure activity or a specified number of seizures during a specified time frame;
- The frequency of Diastat administration must be in accordance with FDA guidelines and should not be administered more than one time during a five (5) day period or more than five (5) times per month;
- A list of other medications the student is receiving;
- Parent/guardian permission;
- Ongoing communication with parent/guardian to ensure school nurse is notified of Diastat use at home; and,
- 911 will be called for first time administration of Diastat.

Administration of Diastat must be in accordance with student-specific parameters based on licensed health care provider’s order and student assessment at time of seizure

- Secure privacy as much as possible;
- Loosen clothing, position student on side and drape;
- Put gloves on;
- Remove Diastat syringe and lubricant packet from package;
- Remove protective tip and lubricate tip with lubricant provided;
- Flex student’s upper leg forward and separate buttocks;
- Gently insert syringe tip into rectum (rim should be snug against rectum);
- Slowly count to 3 while gently pushing plunger in;
- Slowly count to 3 before removing syringe;
- Slowly count to 3 while holding buttocks together to prevent leakage of medication;
- Keep student on side facing you, note time given and continue to observe; and,
- If 911 is called after Diastat is administered note the time of arrival.
CLASSROOM SEIZURE RECORD

FOLLOW CLASSROOM MANAGEMENT PLAN AND NOTIFY SCHOOL NURSE OF ALL SEIZURE ACTIVITY.

Please list any seizure activity observed and activity prior to seizure

<table>
<thead>
<tr>
<th>Date</th>
<th>Time Started</th>
<th>Time Ended*</th>
<th>Description of seizure activity observed</th>
<th>Activity Before Seizure</th>
<th>Initials</th>
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*If exact time is not available record approximate length of time

Name: ____________________________  Initials ________________

Name: ____________________________  Initials ________________

SR 5/08
Shock

Description: Shock is a state that develops when there is insufficient delivery of oxygen to the cells in the body due to decreased blood flow. There are three broad causes of shock: hypovolemic most often caused by loss of fluid or blood from trauma or dehydration; cardiogenic which is caused by cardiac dysfunction or obstruction of blood flow; and distributive caused by massive vasodilation associated with sepsis or neurologic injury.

Assessment: EARLY SHOCK COMPENSATION
- Increased heart rate (one of the first responses)
- Pale, cool, damp skin
- Increased respiratory rate
- No change in level of consciousness
- Normal blood pressure

LATE SHOCK DECOMPENSATION
- Decreased respiratory rate
- Decreased blood pressure
- Significant altered level of consciousness

Intervention: The nursing interventions for shock will be the same regardless of the cause.
- **Call 911:**
- Maintain open airway;
- Initiate CPR if needed;
- Control external bleeding and elevate bleeding extremity if indicated;
- If spinal or head injury not suspected, lay student in supine position and elevate legs 8 to 12 inches;
- Keep student warm;
- **DO NOT** give anything by mouth;
- Call parent/guardian and notify principal; and,
- Send a copy of emergency contact information with student if parent/guardian not present.
Splinters

**Description:** Splinters are foreign bodies that are partially or fully embedded in the skin, usually in the superficial or subcutaneous soft tissue. Splinters are often wood, but may also be caused by a thorn, metal, glass or even plastic. The type of material causing the splinter is significant as some substances may be more likely to cause a reaction or infection. If a splinter is not completely removed, it can lead to complications such as inflammation, infection, or the formation of a granuloma. The timing of the injury is also important as a new injury should have an injury track leading to the splinter that facilitates the removal.

**Assessment:**
- Determine when injury occurred and type of material if known
- Assess for evidence of inflammation, infection, swelling or tenderness
- Assess if the splinter is visible
- Palpate the area to determine if the splinter is protruding and/or superficial, it may be difficult to palpate a deep splinter
- Assess if the student has a medical condition which may interfere with healing such as diabetes

**Intervention:** If the splinter is recent, superficial and protruding it is recommended to attempt removal before the splinter becomes embedded or hidden by swollen tissue.

- Determine if splinter can be brushed or washed off or removed by a piece of sticky tape. If not otherwise removed, using a clean pair of tweezers, grab the protruding end of the splinter and pull it out along the direction it entered in the skin;
- Wash the area with soap and water;
- Apply a clean dressing; and,
- Inform the parent/guardian that the visible splinter has been removed, but there is a chance that small pieces may be present that are undetectable and follow up at home is advised.

**Do not remove a splinter** if it is not visible, superficial or protruding, is deeply embedded, has signs or symptoms of infection, is located under a fingernail or toenail, or is not recently embedded.

- Notify parent/guardian and advise that the splinter may need to be removed or evaluated by a licensed health care provider.
Sprains/Strains

**Description:** A sprain is a stretch or tear of a ligament which is the fibrous band of connective tissue which joins the end of one bone with another. Ligaments stabilize and support the body’s joints. A sprain is caused by direct or indirect trauma that knocks a joint out of position, and overstretches and in severe cases, ruptures the supporting ligaments. A strain is caused by a twist, pull or tear of a muscle and/or tendon. A tendon is the fibrous cords of tissue that attach muscles to bone. The injury may also involve fractures or dislocations, and it may be difficult to distinguish a sprain or strain and a fracture or dislocation. Initial intervention should be the same and should incorporate the procedures for R.I.C.E (as modified below). The “C” acronym in medical protocol includes “Compression” which is not available in the school setting. If a licensed health care provider includes a compression dressing as part of the plan of treatment for a student diagnosed with a sprain or strain, the school nurse should assess the student while at school for possible constriction of circulation caused by the dressing.

<table>
<thead>
<tr>
<th>Rest</th>
<th>Do not move or straighten the injured area</th>
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</thead>
<tbody>
<tr>
<td>Immobilize</td>
<td>Stabilize the injured area and only move the student if it does not cause more pain</td>
</tr>
<tr>
<td>Cold</td>
<td>Apply ice to the injured area alternating on and off for 20 minute periods. Place a barrier between the ice and the student’s skin</td>
</tr>
<tr>
<td>Elevate</td>
<td>Do not elevate the injury if it causes more pain</td>
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**Assessment:**
- Assess for the degree of pain, a severe sprain can produce significant pain
- Assess range of movement, a severe sprain can make the joint nonfunctional and a moderate sprain can make the joint unstable
- Assess for presence of swelling
- Assess if the student reports feeling a tear or “pop” in the joint

**Intervention:**
- Follow RICE protocol for all students with a suspected injury;
- Contact the parent and advise the parent to seek medical care if there is swelling, pain, joint instability, loss of range of motion or ecchymosis after the above protocol have been initiated or if student limps or is unable to bear weight on injured joint; and,
- If symptoms are relieved after RICE, student may return to class, but advise parent to follow-up at home as the student may be at greater risk of subsequent injury.
**Sting (Insect)**

**Description:** When a sting from an insect injects venom under the skin, a normal, localized or systemic reaction can occur. The yellow jacket, hornet, wasp, honeybee, bumblebee and fire ant are the most common insects associated with allergic reactions. Most people are not allergic to stings and the most common reaction is swelling, pain, and itching contiguous to the site of the sting. This response is the body’s reaction to irritating enzymes and chemicals in the insect’s venom. An allergic reaction will elicit symptoms in other parts of the body, away from the sting site. This is a systemic reaction. The most common symptoms are skin-related, such as hives. Anaphylaxis is a life-threatening allergic reaction that spreads quickly through the body and requires immediate medical attention. If a student is allergic to one or more stinging insects, a *Parent Allergy Information Form* must be completed (see Allergy). If the student requires medication at school for an exposure, a *Physician and Parent Medication Authorization Form – Allergy* must be developed in cooperation with the student’s parent/guardian and licensed health care provider. The parent is responsible for providing medication with a licensed health care provider’s order for any treatment to be provided during school hours.

**Assessment:**
- Assess if stinger is left in the skin
- Apply ice
- Determine if student has history of known allergy and medication is ordered
- Assess for localized or systemic reaction. Systemic reaction includes any of the following:
  - Hives or generalized itching other than at the sting site
  - Swelling of the throat or tongue
  - Difficulty breathing
  - Dizziness
  - Severe headache
  - Stomach cramps, nausea or diarrhea

**Intervention:**
- If stinger is embedded, immediately remove stinging apparatus by scraping it out of the skin with a flat surface like a credit card or brushing it off. Avoid removal with tweezers or fingers as this could squeeze more venom into the sting area, however do not delay removal if this is all that is available.
- **Call 911** if systemic symptoms present or if student is known to be allergic and has auto-injectable epinephrine;
- Administer epinephrine or medication as ordered;
- Monitor airway, breathing and circulation and administer CPR if needed;
- Cleanse area with soap and water and apply ice;
- Continue to monitor;
- If reaction is localized and student does not have a history of an allergic response, baking soda paste can be applied to reduce discomfort; and,
- Call parent/guardian and notify principal.
Insect Allergy Form

To the parent of _______________________________________

While reviewing the Student Health Assessment Form you completed for your child, it was noted you indicate he/she may be allergic to insect stings.

In order to provide better health care services for your child in school, we need to know if this is currently an issue, and if your child requires special observation for this condition at school.

Please complete the section below and return to me at school. If you have any questions or concerns please feel free to contact me at any time at __________________. All medical information is confidential and will be shared only with teaching staff working directly with your child. Thank you.

________________________________________

Name of School Nurse

☐ This is no longer a health concern for my child.

My child is allergic to: _______________________________________

His/her symptoms are: _______________________________________

Treatment of the sting is:

☐ Local, with application of baking soda, ice, etc.

☐ Oral, with a medication such as Benadryl

☐ Injection, such as Epi Pen

What medication do we need to have at school? ____________________________

Name of your child’s licensed health care provider? ____________________________

Telephone No. ____________________________

If oral medication and/or an Epi Pen is to be administered at school, a Physician and Parent Medication Authorization Form (MA1) must be completed and signed by parent and licensed health care provider.

If an Epi Pen is to be self-administered exemption for student permission to carry a personal Epi Pen on campus (Form EPI) must be completed by parent, licensed health care provider, and student.

________________________________________

Signature of Parent and/or Guardian

________________________________________

Date
**Stomach Ache**

**Description:** It is important for the school nurse to differentiate between a serious emergency situation and less serious abdominal pain. A student’s complaint of a stomach ache may be related to emotional distress, constipation, menstrual cramps or hunger or the student may have a more urgent situation such as appendicitis, urinary tract infection or ectopic pregnancy.

**Assessment:**
- Relevant health history, onset of pain, constant or intermittent, diet, constipation or diarrhea, nausea or vomiting, stress, medication, pain on urination, menstrual history if appropriate, history of medical problems, family members ill or history of trauma
- Temperature and other vital signs if indicated
- Ask student to localize pain

**Intervention:** If temperature normal and nausea, vomiting or diarrhea are not present

- Allow student to rest;
- Encourage use of restroom if indicated;
- Return student to class if pain subsides and advise to return to health center if it returns; and,
- Call parent/guardian if pain persists or increases.

If temperature above 100.4°F for K – 12 or 101°F for Pre-K or student is vomiting or has diarrhea.

- Call parent/guardian and advise them student must be sent home.

**Student Pregnancy**

- The school nurse **will not** provide pregnancy testing.
- Inform the student of the importance of discussing this matter with her parent/guardian. Offer to assist by being available if the student would feel more comfortable with the nurse being present.
- If a student refuses to inform her parent/guardian or has parents/guardians who refuse to cooperate with the student, the school nurse should refer the student to their licensed health care provider or the Charlotte County Health Department, which will be confidential. The Health Department does not provide abortion counseling or referrals.
- Upon notification from the student that her parent/guardian have been informed of pregnancy, the school nurse **may** contact the parent/guardian and make them aware that the nurse is available to assist if needed. The nurse **should refrain from further involvement regarding the student's pregnancy unless requested by the student or parent/guardian, or in the event of any medical emergency.**
- Encourage the student to meet with the school social worker for further assistance.
- If the nurse becomes concerned about the physical welfare of the student, she has an obligation to notify the parent/guardian of the condition of their daughter.
- The school nurse **will not** provide information regarding abortions to students.
- The school nurse **will not** provide birth control devices.
Student with Sexually Transmitted Disease (STD)

- Inform student if they have any questions and/or concerns they can contact the Charlotte County Health Department’s Disease Intervention Specialist 624-7200 or their licensed health care provider for information regarding CONFIDENTIAL visits and/or treatments.
- Encourage student to share information with parent/guardian.

Tick Bites

Description: Ticks should be removed promptly. Most ticks secrete a cement-like substance during feeding. This material helps to secure their mouthparts firmly in the flesh, further adding to the difficulty of removal. If the tick is infected with pathogenic organisms, it can transmit the infection to the host during feeding. As the tick feeds, the pathogens multiply, migrate to the ticks salivary glands, and are carried into the wound with the saliva. Successful transmission of pathogens requires the tick to be attached for at least several hours. Therefore the sooner it is removed, the less likely it is to transmit infection. It is impossible to tell if a tick is infected by looking at it, however, many tick-borne diseases are transmitted only by certain species. The major class of illness spread by ticks in Florida are Rickettsia infections spread by the Lone Star Tick. The white tailed deer are the main animal host. The symptoms associated with Rickettsia infections are fever, chills, headache, muscle ache and nausea. Some individuals develop a red, spotted rash.

Assessment: - Do not squeeze the body of the tick because this may force infective fluids into the wound site.
- Do not apply substances such as petroleum jelly or finger nail polish or remover as this may force infected fluids through the mouth into the wound.
- Obtain a relevant history regarding recent travel within or outside the State of Florida, or being in an area with tall grass or brush where ticks are more likely to be present.
- Record any history of symptoms of illness or rash.

Intervention: - Remove tick promptly;
- Use blunt tweezers, or gloved fingers to grasp the head of the tick as close to the skin as possible;
- Gently pull the tick straight out without a twisting motion;
- If the tick’s head remains embedded, remove the head as you would a splinter to prevent the chance of secondary infection;
- Wash the wound site with soap and water;
- Put the tick in alcohol to kill it. It may be kept in a Ziploc bag if there is concern about infection;
- Note the location of the tick on the student’s body in the Nursing Notes;
- Contact the parent/guardian and inform them to continue to monitor the student for development of symptoms and to contact their licensed health care provider for further questions or concerns; and,
- Return the student to class if symptoms are not present.
### Toothache

**Assessment:**
- Localize pain
- Observe for signs of infection

**Intervention:**
- Have the student rinse mouth with warm water
- Apply cold pack to the cheek for swelling of gum, jaw or face
- Call parent/guardian and advise them to seek prompt dental care

### Vomiting

**Description:** Vomiting is not a disease but a symptom of many different conditions. Some triggers that may cause vomiting are from the stomach and intestines (infection, injury, food irritation), inner ear (dizziness or motion sickness), and brain (injury, infection, migranes and psychosomatic).

**Assessment:**
- Obtain relevant history
- Determine if student has any other signs or symptoms of illness

**Intervention:**
- Take temperature;
- Have the student rest;
- Do not give the student anything to eat or drink; and,
- Call parent/guardian.

Students should be excluded if vomiting is accompanied by a fever of 100.4°F for K – 12 or 101°F for Pre-K.

Student does not need to be excluded if cause is due to a non-communicable condition.
Chapter 7

Infection Control
**Infection Control Measures**

**Standard Precautions:** Infection prevention practices should be applied regardless of suspected or confirmed infection status. Standard Precautions apply to body fluids, secretions and excretions, as well as non-intact skin and mucous membranes. The precautions are designed to reduce the risk of disease transmission through body fluids. It directs the school nurse to handle all body fluids as if they are contaminated. Standard Precautions are also applied to protect others by ensuring the nurse does not carry infectious agents to others on his/her hands. Standard Precautions promote strict hand washing technique, the use of gloves, masks, eye protection and gowns when appropriate. “Personal Protective Equipment” (PPE) is considered a barrier device. The purpose of personal protective clothing and equipment is to prevent or minimize the entry of material into or onto the nurse’s body. Strict hand washing procedure, barrier protection (gloves, masks, etc.), decontamination of spills and appropriate disposal of waste and needles are the essential techniques of an effective infection control program. These procedures must be used with every individual and all body fluids. When Standard Precautions are used properly, the risk of acquiring disease/infection in a school setting becomes extremely low.

**Infection Control:** Infection control in the school setting includes everything from simple measures such as strict hand washing technique to OSHA Guidelines for bloodborne pathogens.

**Hand Hygiene:** Frequent and thorough strict hand washing technique is one of the most effective practices in preventing the spread of disease. Remember there is no substitute for good hand washing.

Students and staff should practice thorough strict hand washing technique with soap and running water especially at the following times:

- Before and after eating, feeding or handling food;
- Before and after giving medication;
- Before and after contact with body fluid (blood, mucous, vomit) mucous membranes, non-intact skin, or wound dressings;
- Before and after providing procedures such as catheterizations, suctioning, etc;
- After using or assisting students to use the rest room;
- After cleaning soiled surfaces;
- After removing gloves;
- After changing diapers, soiled clothing, or contaminated equipment;
- After leaving playground areas and outdoors; and,
- After handling pets and other animals.

**Procedure for Strict Hand Washing Technique**

- Wet hands with running water;
- Apply soap and lather well. Liquid soap is preferred;
- Wash hands using circular motion and friction for 20-30 seconds. Include the front and back surfaces of the hands, between the fingers and around the nails and wrists. Wash under jewelry as well;
- Rinse hands well under running water with flow directed downward from wrist to fingers;
- Dry hands well with paper towels and use the paper towel to turn off the water; and,
- Discard towel in waste receptacle.

**Respiratory Hygiene/Cough Etiquette:** This applies to any individual with signs of respiratory illness including cough, congestion, rhinorrhea or increased production of respiratory secretions. Students with asthma or allergic rhinitis may cough and sneeze and although they are often not infectious, they should be encouraged to practice cough etiquette. The following would be appropriate for a school setting:
• Educate staff and students;
• Post signs with instructions;
• Cover your mouth and nose with a tissue when coughing or sneezing;
• If a tissue is not available, cough or sneeze into your upper sleeve, not into your hands;
• Discard your used tissue in the waste receptacle; and,
• Follow proper procedure for hand hygiene after contact with respiratory secretions.

**Disposable Gloves:** Use of disposable latex free gloves to provide barrier protection when it can be reasonably anticipated that contact with blood or potentially infectious materials, mucous membranes, non-intact skin, or contact with potentially contaminated intact skin can occur. It is recommended the nurse have gloves available at all times when attending to students outside the health center. A supply of disposable gloves should be available in the health center, lunch room, classrooms, on buses, and stored with physical education and custodial supplies.

**Disposable Gloves Should be Worn for the Following:**

• When there is contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings;
• When providing mouth, nose or tracheal care;
• When cleaning spills or using strong cleaners which may damage the skin;
• When handling equipment or materials soiled with body fluids;
• When handling soiled clothing, diapers or catheterizing a student; and,
• When hands are dry, chapped or have non-intact skin (even around fingernails).

**Precautions When Using Disposable Gloves:**

• Remove gloves after contact with each student. Do not use the same pair of gloves to care for more than one student;
• Do not wash gloves for the purpose of reuse;
• Change gloves if your hands will go from a contaminated site to a clean site on the same individual;
• Dispose of materials or clean surfaces contaminated with blood before removing gloves; and,
• Do not use gloves that are torn.

**Procedure for Removing Gloves:**

• Discard used first aid materials in designated waste receptacle;
• Pinch the palm of glove on one hand and pull down off fingers. Using gloved hand, form glove into a ball and hold in fist of gloved hand;
• Insert two fingers of the ungloved hand under the inside of the glove;
• Pull inside the glove over gloved hand, down onto fingers and over glove in palm;
• Grasp gloves that are now together, inside out and discard in the designated waste receptacle; and,
• WASH HANDS – Remember wearing gloves is not a substitute for strict hand washing technique.
Disinfecting/Disposing of Contaminated Materials and Surfaces

Care of Patient Equipment

Most patient care equipment such as tongue depressors, gauze, dressings and cups are single use disposable items. Items that come in contact with intact skin such as blood pressure cuffs are usually not disinfected between uses. Depending on the equipment used, cleaning with a detergent or low level disinfectant may be sufficient for decontamination.

Cleaning of resuscitations masks (CPR) should follow these steps: wear disposable gloves; soak masks in mild soap and water; scrub vigorously; rinse and dry; and, cleanse with EPA registered disinfectant.

Care of Environment

Cleaning should be determined by level of patient contact and degree of soiling with an EPA registered disinfectant. Paper protection such as table paper should be used to cover cots and changed after each use. Due to the potential for adverse effects, a bleach solution is not recommended for cleaning as it requires new solution preparation every 24 hours. Decontamination of surfaces must be completed immediately after contact with blood or potentially infectious material. Notify school custodian as soon as possible. Cover and contain the affected area until cleaned. If a material is saturated with blood to the point of dripping or would release fluids if compressed, then it would be considered regulated waste. Multiuse play toys, books and puzzles in the school clinic are not recommended and if used must be easily cleaned and disinfected. School clinic sinks, counter tops and cots should be cleaned at least once a day with EPA registered disinfectant. If areas are soiled with body fluids gloves are to be worn when cleaning.

Cleaning of Floors, Carpet, Tile, Contaminated with Body Fluids

This is performed by school custodial staff using CCPS procedures.

Injections

Practice aseptic technique to avoid contamination of sterile single use injection equipment. Do not recap needles after injection is administered and dispose in a designated sharps box which is a sealed, puncture-resistant container, color coded red with a biohazard label prominently displayed. The sides and bottom must be leak proof. The “sharps” box should be maintained in a secure area away from students, and when full should be disposed according to Federal and State regulation.

Clothing, Towels and Other Non-Disposable Soiled Items

Use latex free disposable gloves when handling clothing soiled with body fluids. Handle with minimum agitation, place in a plastic bag, seal bag and send home with student for laundering. Clothing should not be maintained in the school clinic.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material, students/staff are not to eat, drink, or apply cosmetics. Food and beverages are not to be kept in refrigerators, cabinets or on countertops where blood or other potentially infectious materials are present.

Disposal of Waste

If material is saturated with blood to the point of dripping or would release fluids when compressed, it would be considered regulated waste and must be disposed of in a properly labeled red bag or sharps container designated as biohazard and affixed with a biohazard label. This would also include items such as sharps, broken glass, or plastic on which there is fresh blood.

See Appendix A – Bloodborne Pathogens Standard 1910.1030
**Diapering Procedure**

**Purpose:** The following proper procedures will reduce contamination of the changing area and minimize the risk of transmitting infection.

- Diapering surface should be smooth, nonabsorbent, intact (without cracks or tears) and easy to clean. Do not use areas that come in close contact with children during play such as sofas or floor areas.

- A sink should be in close proximity of changing area to allow for strict hand washing technique.

- A hands-free covered trash receptacle with plastic liner should be available next to the changing area.

- The child should never be left unattended.

- Do not store items not used for diapering in changing area.

- Do not rinse soiled clothing or cloth diapers because of the risk of contamination. Place soiled clothing in a plastic bag and give to parents.

**Procedures:**

- Organize needed supplies within reach of changing area and cover changing surface with table paper.

- Put gloves on.

- Place the child on changing paper, always maintain one hand on child.

- Remove soiled diaper and discard in plastic lined, covered, foot operated trash receptacle.

- Place soiled clothes and cloth diapers in plastic bag to give to parent.

- Clean child front to back, using a clean disposable wipe each time and place in trash receptacle.

- If a more thorough cleansing is needed use soap, running water, and paper towels.

- If table paper has become soiled during changing process, discard and replace with clean table paper.

- Remove gloves and discard in trash receptacle.

- Diaper and dress child.

- Wash child’s hands with soap and water and return child to activity.

- Hand hygiene method for children who can not wash at a sink is to alternately wipe child’s hands sequentially with a wet soapy towel, and then a fresh wet paper towel to remove all soap.

- Clean and sanitize diaper area, dispose of table paper in trash receptacle, clean visible dirt with soap and water and disinfect area and any soiled equipment.

- Wash hands under running water with soap.

- Document procedure. Note skin integrity and any abnormal findings.
Bloodborne Pathogen/Needle-Stick/Sharps Injury Log

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APPENDIX A
BLOODBORNE PATHOGENS STANDARD 1910.1030


XI. The Standard
General Industry Part 1910 of title 29 of the Code of Federal Regulations is amended as follows:

PART 1910-[AMENDED]
Subpart Z-[Amended]

1. The general authority citation for subpart Z of 29 CFR part 1910 continues to read as follows and a new citation for 1910.1030 is added: Authority: Secs. 6 and 8, Occupational Safety and Health Act. 29 U.S.C. 655, 657, Secretary of Labor's Orders Nos. 12-71 (36 FR 8754), 8-76 (41 FR 25059), or 9-83 (48 FR 35736), as applicable; and 29 CFR part 1911.

ion 1910.1030 also issued under 29 J.C. 653.

2. Section 1910.1030 is added to read as follows:

§ 1910.1030 Bloodborne Pathogens.
(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

(b) Definitions. For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV) and human immunodeficiency virus (HIV).

Biological Monitoring Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-shielding needles, safer medical devices, such as sharps with engineered sharps injury protection and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for: (1) The collection of bodily fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or
Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

(c) Exposure control--(1) Exposure Control Plan. (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.

(ii) The Exposure Control Plan shall contain at least the following elements:

(A) The exposure determination required by paragraph (c)(2).

(B) The schedule and method of implementation for paragraphs (c)(3)(iv), (d), (e) and (f) of this section.

(C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.

(iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.20(c).

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

A. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

B. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

(vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

(2) Exposure determination. (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

(A) A list of all job classifications in which all employees in those job classifications have occupational exposure;

(B) A list of job classifications in which some employees have occupational exposure, and

(C) A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(iv) of this section.

(ii) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of compliance--(1) General--Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.

Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and work practice controls. (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

(ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(iii) Employers shall provide handwashing facilities, which are readily accessible to employees.
When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

(v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

(vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

(vii) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Sharpening or breaking contaminated needles is prohibited.

(viii) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is available or that such action is required by a specific medical or dental procedure.

(B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a single-handed technique.

(viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:

(A) Puncture resistant;
(B) Labeled or color-coded in accordance with this standard;
(C) Leakproof on the sides and bottom; and
(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling or wearing contact lenses are prohibited in work areas on which there is a reasonable likelihood of aerosol exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benches where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(v) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(v) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container, which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(v)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(3) Personal protective equipment—(i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

(ii) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

(iii) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(iv) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.

(v) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

(vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
(vii) When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(ix) Gloves. Gloves shall be worn when it can reasonably be anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and intact skin; when performing vascular access procedures except as specified in paragraph (g)(3)(ix)(D); and when handling or touching contaminated items or surfaces.

(A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

(B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

(D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary, then the employer shall:

(1) Periodically reevaluate this policy;

(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(a) When the employee has cuts, scratches, or other breaks in his or her skin;

(b) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on cooperative source individuals; and

(c) When the employee is receiving training in phlebotomy.

(x) Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, sprays, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).

(4) Housekeeping. (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall develop and implement an appropriate schedule for cleaning and decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for use, which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

(iii) Regulated Waste.

(A) Contaminated Sharps Disposing and Containment. (i) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(1) Closable;

(2) Puncture resistant;

(3) Leakproof on sides and bottom; and

(4) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(ii) During use, containers for contaminated sharps shall be:

(1) Easely accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries); and

(3) Replaced routinely and not be allowed to overflow.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(1) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(2) Placed in a secondary container if leakage is possible. The secondary container shall be:

(4) Closable;

(5) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose
employees to the risk of percutaneous injury.

3) Other Regulated Waste Containment. (I) Regulated waste shall be placed in containers, which are:
   (i) Closed;
   (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
   (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
   (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
   (2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
   (i) Closed;
   (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
   (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
   (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
   (C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and territories, and political subdivisions of States and Territories.

4) Laundries. (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation. (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
   (2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
   (B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
   (C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).
   (D) HIV and HBV Research Laboratories and Production Facilities. (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.
   (2) Research laboratories and production facilities shall meet the following criteria:
      (i) Standard microbiological practices. All regulated waste shall be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
      (ii) Special practices. (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
      (B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leak-proof, labeled or color-coded container that is closed before being removed from the work area.
      (C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential bioterrorists, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
      (D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal bioterrorist symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.
   (E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.
   (F) Laboratory coats, gowns, smocks, uniforms or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
   (G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.
   (H) Before disposal all waste from work areas and from animal rooms shall be either incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
   (I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained as necessary.
   (J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be taken when handling needles and syringes. A needle shall not be bent, scarred, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.
   (K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
   (L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
A biosafety manual shall be
used or adopted and periodically
updated and prepared at least annually or
more often if necessary. Personnel shall be
advised of potential hazards, shall be
required to read instructions on practices
and procedures, and shall be required to
follow them.

(iii) Containment equipment. (A)
Certified biological safety cabinets (Class
I, II, or III) or other appropriate
combinations of personal protection or
physical containment devices, such as
special protective clothing, respirators,
centrifuge safety cups, sealed centrifuge
rotors, and containment caging for
animals, shall be used for all activities
with other potentially infectious materials
that pose a threat of exposure to droplets,
splashes, spills, or aerosols.

(B) Biological safety cabinets shall be
certified when installed, whenever they are
moved and at least annually.

(3) HIV and HBV research laboratories
shall meet the following criteria:

(i) Each laboratory shall contain a
facility for hand washing and an eye wash
compartment, which is readily available within
work area.

(ii) An autoclave for decontamination of
regulated waste shall be available.

(4) HIV and HBV production facilities
shall meet the following criteria:

(i) The work areas shall be separated from
areas that are open to unrestricted
traffic flow within the building. Passage
through two sets of doors shall be the basic
requirement for entrance into the work area
from access corridors or other contiguous
areas. Physical separation of the
high-containment work area from access
corridors or other areas or activities may
also be provided by a double-doored
clothes-change room (shower may be
included), airlock, or other access facility
that requires passing through two sets of
doors before entering the work area.

(ii) The surfaces of doors, walls, floors and
ceilings in the work area shall be
water-resistant so that they can be easily
cleaned. Penetrations in these surfaces
shall be sealed or capable of being sealed
to facilitate decontamination.

Each work area shall contain a sink
ashing hands and a readily available
wash facility. The sink shall be foot,
lbow, or automatically operated and shall
be located near the exit door of the work
area.

(iv) Access doors to the work area or
containment module shall be self-closing.

(v) An autoclave for decontamination of
regulated waste shall be available within
or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation
system shall be provided. This system
shall create directional airflow that draws
air into the work area through the entry
area. The exhaust air shall not be
recirculated to any other area of the
building, shall be discharged to the
outside, and shall be dispersed away from
occupied areas and air intakes. The proper
direction of the airflow shall be verified
(i.e., into the work area).

(5) Training Requirements. Additional
training requirements for employees in
HIV and HBV research laboratories and
HIV and HBV production facilities are
specified in paragraph (g)(2)(ix).

(i) Hepatitis B Vaccination and post-
exposure evaluation and follow-up-1

General. (i) The employer shall make
available the hepatitis B vaccine and
vaccination series to all employees who
have occupational exposure, and post-
exposure evaluation and follow-up to all
employees who have had an exposure
incident.

(ii) The employer shall ensure that all
medical evaluations and procedures
including the hepatitis B vaccine and
vaccination series and post-exposure
evaluation and follow-up, including
prophylaxis, are:

(A) Made available at no cost to the
employee;

(B) Made available to the employee at a
reasonable time and place;

(C) Performed by or under the
supervision of a licensed physician or by
or under the supervision of another
licensed healthcare professional; and

(D) Provided according to
recommendations of the U.S. Public
Health Service current at the time these
evaluations and procedures take place,
except as specified by this paragraph (1).

(iii) The employer shall ensure that all
laboratory tests are conducted by an
accredited laboratory at no cost to the
employee.

(2) Hepatitis B Vaccination. (i)
Hepatitis B vaccination shall be made
available after the employee has
received the training required in
paragraph (g)(2)(vi)(1) and within 10
working days of initial assignment to all
employees who have occupational
exposure unless the employee has
previously received the complete
hepatitis B vaccination series, antibody
testing has revealed that the employee is
immune, or the vaccine is
contraindicated for medical reasons.

(ii) The employer shall not make
participation in a prescreening program a
prerequisite for receiving hepatitis B
vaccination.

(iii) If the employee initially declines
hepatitis B vaccination but at a later date
while still covered under the standard
decides to accept the vaccination, the
employer shall make available hepatitis B
vaccination at that time.

(iv) The employer shall assure that
employees who decline to accept hepatitis B
vaccination are informed of the
employee's right to refuse vaccination.

(v) If a routine booster dose(s) of
hepatitis B vaccine is recommended by the
U.S. Public Health Service at a future date,
such booster dose(s) shall be made
available in accordance with section
(h)(1)(ii).

(3) Post-exposure Evaluation and
Follow-up. Following a report of an
exposure incident, the employer shall
make immediately available to the
exposed employee a confidential medical
evaluation and follow-up, including at a
least the following elements:

(i) Documentation of the route(s) of
exposure, and the circumstances under
which the exposure incident occurred;

(ii) Identification and documentation of
the source individual, unless the employer
can establish that identification is
infeasible or prohibited by state or local
law;

(A) The source individual's blood shall
be tested as soon as feasible and after
consent is obtained in order to determine
HBV and HIV infectivity. If consent is not
obtained, the employer shall establish that
legally required consent cannot be
obtained. When the source individual's
consent is not required by law, the source
individual's blood, if available, shall be
tested and the results documented.

(B) When the source individual is
already known to be infected with HBV or
HIV, testing for the source individual's
known HBV or HIV status need not be
repeated.

(C) Results of the source individual's
testing shall be made available to the
exposed employee, and the employee shall
be informed of applicable laws and
regulations concerning disclosure of the 
biological and infectious status of the source 
individual.

(iii) Collection and testing of blood for 
"HIV and HBV serological status;

(A) The exposed employee’s blood shall 
be collected as soon as feasible and tested 
after consent is obtained.

(B) If the employee consents to baseline 
blood collection, but does not give consent 
at that time for HIV serologic testing, the 
sample shall be preserved for at least 90 
days. If, within 90 days of the exposure 
incident, the employee elects to have the 
baseline sample tested, such testing shall 
be done as soon as feasible.

(iv) Post-exposure prophylaxis, when 
medically indicated, as recommended by 
the U.S. Public Health Service;

(v) Counseling; and

(vi) Evaluation of reported illnesses.

(7) Information Provided to the 
Healthcare Professional. (i) The employer 
shall ensure that the healthcare 
professional responsible for the 
employee’s Hepatitis B vaccination is 
provided a copy of this regulation.

The employer shall ensure that the 
healthcare professional evaluating an 
employee after an exposure incident is 
provided the following information:

(A) A copy of this regulation;

(B) A description of the exposed 
employee’s duties as they relate to the 
exposure incident;

(C) Documentation of the route(s) of 
exposure and circumstances under which 
exposure occurred;

(D) Results of the source individual’s 
blood testing, if available; and

(E) All medical records relevant to the 
appropriate treatment of the employee 
including vaccination status which are the 
employee’s responsibility to maintain.

(5) Healthcare Professional’s Written 
Opinion. The employer shall obtain 
and provide the employee with a copy of the 
evaluating healthcare professional’s 
written opinion within 15 days of the 
completion of the evaluation.

(i) The healthcare professional’s written 
opinion for Hepatitis B vaccination shall 
be limited to whether Hepatitis B 
vaccination is indicated for an employee;

(ii) The healthcare professional’s written 
opinion for post-exposure evaluation 
and follow-up shall be limited to the following 
information:

September 2003

(A) That the employee has been 
informed of the results of the evaluation;

(B) That the employee has been notified 
about any medical conditions resulting 
from exposure to blood or other potentially 
infectious materials which require further 
evaluation or treatment.

(iii) All other findings or diagnoses 
shall remain confidential and shall not be 
include in the written report.

(6) Medical recordkeeping. Medical 
records required by this standard shall be 
maintained in accordance with paragraph 
(b)(1) of this section.

(a) Communication of hazards to 
employees. (i) Labels and signs. (i) 
Labels. (A) Warning labels shall 
be affixed to containers of regulated waste, 
refrigerators and freezers containing blood 
or other potentially infectious material; 
and other containers used to store, 
transport or ship blood or other potentially 
infectious materials, except as provided in 
paragraph (g)(1)(i)(E), (F) and (G).

(B) Labels required by this section shall 
include the following legend:

BIOHAZARD

(C) These labels shall be fluorescent 
orange or orange-red or predominantly so, 
with lettering or symbols in a contrasting 
color.

(D) Labels shall be affixed as close as 
feasible to the container by string, wire, 
adhesive, or other method that prevents 
their loss or unintentional removal.

(E) Red bags or red containers may 
substitute for labels.

(F) Containers of blood, blood 
components, or blood products that are 
labeled as to their contents and have been 
released for transfusion or other clinical 
use are exempt from the labeling 
requirements of paragraph (g).

(G) Individual containers of blood or 
other potentially infectious materials that 
are placed in a labeled container during 
storage, transport, shipment or disposal are 
exempt from the labeling requirement.

(H) Labels required for contaminated 
equipment shall be in accordance with this 
paragraph and shall also state which 
portions of the equipment remain 
contaminated.

(i) Regulated waste that has been 
decontaminated need not be labeled or 
color-coded.

(ii) Signs. (A) The employer shall post 
signs at the entrance to work areas 
specified in paragraph (e), HIV and HBV 
Research Laboratory and Production 
Facilities, which shall bear the following 
legend:

BIOHAZARD

(B) These signs shall be fluorescent 
orange-red or predominantly so, with 
lettering or symbols in a contrasting 
color.

(2) Information and Training. (i) 
Employers shall ensure that all employees 
with occupational exposure participate in a 
training program which must be provided 
at no cost to the employee and during 
working hours.

(ii) Training shall be provided as 
follows:

(A) At the time of initial assignment to 
tasks where occupational exposure may 
take place;

(B) Within 90 days after the effective 
date of the standard; and

(C) At least annually thereafter.

(iii) For employees who have received 
training on bloodborne pathogens in the 
year preceding the effective date of the 
standard, only training with respect to the 
provisions of the standard which were not 
included need be provided.

(iv) Annual training for all employees 
shall be provided within one year of their 
previous training.

(v) Employers shall provide additional 
training when changes such as 
modification of tasks or procedures or 
institution of new tasks or procedures 
effect the employee’s occupational 
exposure. The additional training may be 
limited to addressing the new exposures 
created.

(vi) Material appropriate in content and 
vocabulary to educational level, literacy, 
and language of employees shall be used.
(vii) The training program shall contain minimum the following elements:

(a) An accessible copy of the regulatory text of this standard and an explanation of its contents;

(B) A general explanation of the epidemiology and symptoms of bloodborne diseases;

(C) An explanation of the modes of transmission of bloodborne pathogens;

(D) An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

(G) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

(H) An explanation of the basis for selection of personal protective equipment;

(I) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

(J) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

(L) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

(M) An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and

(N) An opportunity for interactive questions and answers with the person conducting the training session.

(viii) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(ix) Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. Proficiency in work activities involving infectious agents only after proficiency has been demonstrated.

(h) Recordkeeping - (I) Medical Records. (i) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

(ii) This record shall include:

(A) The name and social security number of the employee;

(B) A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (i)(2);

(C) A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (i)(3);

(D) The employer's copy of the healthcare professional's written opinion as required by paragraph (i)(5); and

(E) A copy of the information provided to the healthcare professional as required by paragraphs (i)(4)(ii)(B)(C) and (D).

(ii) Confidentiality. The employer shall ensure that employee medical records required by paragraph (h)(1) are:

(A) Kept confidential; and

(B) Are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(iv) The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

(2) Training Records. (i) Training records shall include the following information:

(A) The dates of the training sessions;

(B) The content or a summary of the training sessions;

(C) The names and qualifications of persons conducting the training; and

(D) The names and job titles of all persons attending the training sessions.

(ii) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Availability. (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.

(b) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, to the Assistant Secretary.

(iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

(4) Transfer of Records. (i) The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(b).

(ii) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

(5) Sharps injury log. (i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall
be recorded and maintained in such manner as to protect the confidentiality of injured employee. The sharps injury log shall contain, at a minimum:
(A) The type and brand of device involved in the incident,
(B) The department or work area where the exposure occurred, and
(C) An explanation of how the incident occurred.
(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6

(i) Dates - (1) Effective Date. The standard shall become effective on March 6, 1992.

(2) The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.
(3) Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

Appendix A to Section 1910.1030-Hepatitis B Vaccine Declination (Mandatory)
I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Chapter 8

Communicable Diseases
Communicable Diseases

This chapter has been developed to assist the CCPS School Nurse in determining the likelihood that an infection may exist in one or more students and the potential risk of spreading the infection to others in the school community. Several factors must be considered with regard to the spread of infection from one person to another including the likelihood of immunity based on the history of previous vaccination or infection, increased risk due to an immunocompromised state, the ease with which the organism can be spread, and the mechanism by which it is spread. The control of communicable diseases in the school setting is multifaceted and requires close collaboration of parents/guardians, Charlotte County Public School staff and the Charlotte County Health Department. The following chapter has been arranged in a standard format based on the following categories:

Identification: Explains the typical symptoms and description of the disease.

Infectious Agent: The specific agent which causes the infection.

Mode of Transmission: Describes the mechanism by which the infection is spread to humans such as direct contact, respiratory route, fecal-oral route, and blood and body fluids.

Incubation Period: The time between initial contact and the first appearance of symptoms. This is not the same as the period of communicability.

Period of Communicability: The time during which the infectious agent can be transmitted from an infected person to another person.

Control: Measures to prevent further spread of the infection.

School Action: The appropriate procedures based on recommended standards the school nurse should follow for suspected and confirmed cases.

Treatment: Standard treatment which may be recommended by the student’s licensed health care provider.


General Considerations: Students may be excluded for medical reasons related to communicable diseases. As recommended by the American Academy of Pediatrics (AAP) a child should only be excluded from school when he/she is either too ill to participate successfully in school activities or when his/her illness requires a level of care or monitoring that can not be appropriately managed at school. Students are also excluded when there is a risk of spread to the school community that can not be controlled with appropriate environmental or individual management. Students who are well enough to carry on the school functions should not be sent home for colds, bronchitis or the rash of Fifths Disease, because inclusion in these circumstances has not been found to increase the chances others will become ill. Written protocols can never be so well outlined and up-to-date that they will answer all questions regarding exclusion for every possible situation.1

1 Nationalguidelines.org Health, Mental Health and Safety Guidelines for Schools
**Fever:** A child may have a fever for many reasons. When using fever as a basis for exclusion from school, when accompanied by behavior changes or other signs of illness, fever (without medication) is defined as follows:

**School-Age Kindergarten to Grade 12:** An oral, tympanic or temporal temperature of 100.4°F. An axillary (armpit) temperature of 99.4°F.

**Preschool Children:** “Children should be excluded from child care if the child has an oral temperature 101 degrees or greater;… axillary temperature 100” or greater, accompanied by behavior changes or other signs or symptoms of illness.”2 The use of the tympanic or temporal thermometer will also be considered equivalent to the oral temperature of 101°F.

**Diarrhea:** A student with diarrhea should be excluded for the following reasons unless the diarrhea is caused by a noncontiguous condition and may return to school when the diarrhea has been resolved.

- Stool not contained in a diaper or by appropriate toileting
- Stool contains blood
- Student has other signs of an acute illness
- Student has diarrhea accompanied by a fever
- Student shows evidence of dehydration

**Vomiting:** A student will be excluded for active vomiting unless caused by a noncommunicable condition until vomiting resolves.

**Reportable Diseases**

Effective November 20, 2006 revision of Chapter 64D-3, F.A.C., practitioners are required to report suspected cases of certain diseases of urgent public health importance. “Suspect Immediately” are conditions which should be reported upon initial suspicion of disease prior to confirmatory diagnostic results which the school nurse may encounter. Diseases warranting report under suspicion “Suspect Immediately” should be reported as soon as possible, 24 hours a day, seven days a week to the local county health department.

Please refer to [www.doh.state.fl.us/Disease_ctrl/epi/topics/surveillance.htm](http://www.doh.state.fl.us/Disease_ctrl/epi/topics/surveillance.htm) for a current list of the Notifiable Disease Reporting. In addition, any suspect case or confirmed cases of vaccine preventable diseases must be reported within 24 hours to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480 who will follow up on all cases. Have the following information available when reporting a case(s): students name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.

Any suspect case of possible rabies exposure is considered a “Suspect Immediately” condition and must be reported immediately to Animal Control at 941-833-5690.

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**Bed Bugs (Cimex lectularius)**

**Identification:** Bed bugs are external parasites typically blood feeders, feeding largely at night preferably on humans. They may also feed on rodents, bats, birds and domestic pets. They can be found in all fifty states. Bed bugs develop from eggs (1-12) that hatch in 6-17 days as nymphs (immature bugs). The nymphs will begin to feed on blood and molt and become an adult. Adult bed bugs can live 12-18 month and survive for months without food. Bed bugs can be identified by sucking mouthparts. Adults are 1/4 - 3/8 inch long. Young nymphs are tiny (<1/10 inch long). An unfed bed bugs body is brownish and flattened whereas after feeding the body is reddish and swollen.

The most noticeable signs of bed bug infestation: Fecal spots are black or rust-colored spots found on the mattresses, sheets, pillows, and box springs. They are caused by bed bug defecation after feeding. Blood smears are different. Smears are the red blood stains that occur when a bed bug is squashed while it still had an undigested blood meal.

**Agent:** Cimex lectularius

**Mode of Transmission:** Bed bugs are very good hitchhikers. Backbacks, books, clothing, wheelchairs and other items going from home to school provide harborage and transport. Anyone, at anytime, anywhere can come in contact with bed bugs.

It is very important to know the difference between an infestation of bed bugs versus an introduction of bed bugs. An *infestation* of bed bus is a reproducing population, i.e. when all stages of bed bus (eggs, various nymph stages and adults) are found in a given environment. An *introduction* of bed bugs is described as the transportation of bed bugs (e.g., in clothing, luggage, furniture) into an uninfested area. An apartment or home with blood smears and fecal spotting, along with visible bed bugs, would be called an infestation. If someone brings bed bugs into an area not previously known to have bed bugs, that would be called an introduction.

**Incubation:** Life cycle 32-48 days and they live 12-18 months without a human host.

**Management:** If bed bug evidence is found, stop and don’t panic. Immediately implement Management and Operations Bed Bug Protocol.

**School Action:** Students should not be excluded from school. See page 8-4 for Bed Bugs School Response Flowchart.

**Treatment:**
- Integrated Pest Management will determine treatment for school facilities.
- Recommend to parent/guardian professional pest management for in home treatment.
- Wash bite with warm soap and water and use paste of baking soda and water to apply to bites. Though bed bug bites can occur singly, they often follow a distinctive pattern of a linear group of a few or more bites. Bed bug bites can range in severity based on the person being bitten. Some don’t even notice the bite while others swell or even become infected.
- Typically, no treatment is required for bed bug bites. If itching is severe, steroid creams or oral antihistamines may be used for symptom relief. Secondary bacterial infections that develop over heavily scratched areas may require the use of antibiotics as prescribed by your licensed healthcare provider.

References:
- [www.cdc.gov](http://www.cdc.gov)
- [www.michigan.gov](http://www.michigan.gov)
- [http://entomology.os](http://entomology.os)
Bed Bugs: School Response Flowchart

School Responsibility:
Providing a healthy, pest-free environment in which students can excel

Parent/Caregiver Responsibility:
Providing a safe and healthy living environment for the student

Bed bug found in/on.*

Child’s clothing/belongings

Discreetly remove child from classroom. Qualified individual should examine clothes, belongings, and locker for presence of bed bugs. Attempt to collect specimen for confirmatory identification.

Notify child’s parents by phone. Bed bug inspection report (provided), and educational materials should be sent home with student. Parents should inspect or have pest management professional inspect the home and return notification letter.

Evidence of bed bug infestation

Investigate other potential sources of bed bugs.

Promote rapid response by parents to treat the infestation at home. Provide educational materials and guidance if assistance is necessary.

NO evidence of bed bug infestation

Classroom/environment

Consider sending parent notification letter (provided) for all students in affected classrooms.

Have trained staff or school pest management contractor inspect room(s) for evidence of bed bug infestation.

Evidence of bed bug infestation


NO evidence of bed bug infestation

Maintain vigilance

If repeated instances occur, follow local policy and enlist the assistance of appropriate agencies.

See the Schools and Daycares section of Michigan’s Bed Bug Prevention and Control Manual for detailed instructions.

Courtesy of Michigan Department of Education, Michigan Department of Community Health and Michigan Department of Agriculture
Dear Parent or Guardian:

We recently found a bed bug in your child’s classroom. Bed bugs are a nuisance, but their bites are not known to spread disease. Bed bugs are usually active at night and feed on human blood. The bite does not hurt at first, but it may become swollen and itch, much like a mosquito bite. Watch for clusters of bites, usually in a line, on exposed areas of the body. If you have medical concerns for you or your child, please contact your doctor.

The source of bed bugs often cannot be determined, as bed bugs may be found in many places including hotels, planes, and movie theaters. Even though it is unlikely for bed bugs to infest a school, Charlotte County Public Schools will conduct an inspection and, if needed, will implement an integrated pest management plan in the area where the bed bug was found. Charlotte County Public Schools will continue to work to identify bed bugs, provide thorough inspections of schools, and have licensed pest control specialists assist with pest management.

Contact your physician or school nurse for proper care and treatment of bed bug bites.

If you have any questions regarding bed bugs in your school, please contact your school principal. If you have any questions regarding bed bugs found in your home, contact your local health department or visit http://www.charlottechd.com/

Sincerely.

School Nurse

Principal

Courtesy of Michigan Department of Education, Michigan Department of Community Health and Michigan Department of Agriculture
Dear Parent,

Today, a bed bug was found on your child or in your child’s belongings. While this does not necessarily mean that the bed bug was brought to school by your child, it is important to your child’s health and to the school community that you inspect your home for signs of bed bugs.

Enclosed you will find information about bed bugs and an identification guide to help you with your inspection. Once you have inspected your home, please fill out the form below and return to the school office by _________.

Sincerely,

School Administration

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I have been informed that a bed bug was found on my child at school. I understand that bed bugs pose a threat to my child’s well-being and to the greater school community. I have read and understood the educational materials provided to me regarding bed bugs, and have:

carefully checked my family and home for signs of bed bug infestation myself
hired a pest management professional to check my family and home for signs of bed bug infestation. Name of pest control company: ____________________________

After completing a careful inspection, I certify that to the best of my knowledge:

I or a pest management professional found signs of bed bugs in my home, and I will take the following actions to eliminate this infestation:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

I or a pest management professional did not find signs of bed bugs in my home at this time. If I find evidence of bed bugs in the future, I will notify the school immediately and take action to address the infestation.

I understand that bed bugs can be spread to other homes if they are brought to school in backpacks, clothing, and other belongings. I understand that if bed bugs are repeatedly found on my child, that the school may take additional actions to protect the school community from bed bugs.

Signature __________________________  Date _______________

Pest management professional’s signature __________________________

Courtesy of Michigan Department of Education, Michigan Department of Community Health and Michigan Department of Agriculture
Dear Parents

If you are currently dealing with bed bugs in your home, please do the following to prevent them from traveling into our buildings. Parents can take an active part in helping eliminate this problem.

1. Do not send book bags, binders, or back packs to school.
2. Check all papers and books for bugs prior to sending to school.
3. Run the student’s clothing to be worn that day, plus the coat and any outer wear, through the dryer on high heat for 15-20 minutes prior to dressing. Have the student get dressed in those clothes immediately upon removal of clothes from the dryer and just prior to walking out the door to leave.
4. If the student is not going to dress in the clothing immediately, the clothing should be placed in a zippered plastic bag.
5. Please do not send students to school in clothing that has been slept in the night before.
6. Vacuuming will remove some of the bed bugs, but the eggs are glued in place and can’t be removed by vacuuming. When vacuuming, concentrate on mattress seams and around any tufts or buttons. Vacuum your mattresses, box springs, and carpets and dispose of the vacuumed contents in a sealed plastic bag.
7. Mattresses and box springs can be enclosed in a bed bug-proof zippered cover to kill the bugs inside. The cover should remain in place for more than one year because bed bugs can survive a long time without feeding.
8. To get rid of bed bugs, you must remove clutter such as pictures, books and clothing from the infested area so there are fewer places for the bugs to hide.
9. Understand that these measures must be done every day for as long as it takes to rid the home of the bed bugs, which can take up to a year or more.

The suggestions above can be effective in stopping the bugs from traveling into our buildings if done every day. Your efforts will be greatly appreciated. If you have any questions, please feel free to contact the school nurse. Complete elimination of a bed bug infestation may be difficult without the services of a knowledgeable pest control service.

For more information, check the Center of Disease Control and Prevention website [www.cdc.gov](http://www.cdc.gov) and search bed bugs.
Parent Information Sheet: Bed Bugs

Bed bugs feed on blood and cause itchy bites. Adult bed bugs are brown, 1/4 to 3/8 inch long, and have a flat, oval-shaped body. Young bed bugs (called Nymphs) are smaller and lighter in color. Bed bugs hide in a variety of places around the bed. They might also hide in other places, such as in the seams of chairs and couches, between cushions, and in the folds of curtains. They come out to feed on blood about every five to ten days. They can survive over a year without feeding.

To prevent bed bugs in your home:

- Check secondhand furniture or clothes for any signs of bedbugs before bringing them home.
- Use a protective cover that encases mattresses and box springs. Check it regularly for holes.
- Reduce clutter in your home so they have fewer places to hide.
- Unpack directly into your washing machine after a trip and check your luggage carefully. When staying in hotels, put your suitcases on luggage racks instead of the floor. Check the mattress and headboard for signs of bed bugs. Do not lay any clothing on the floor.

To get rid of bed bugs:

- Wash and dry bedding and clothing at high temperatures, 120⁰ degrees F for at least 20 minutes.
- Use mattress, box spring, and pillow encasements to trap bed bugs and help detect infestations.
- Vacuum infested areas often then dispose of the vacuum bag in a trash liner.
- Contact professional integrated pest management.

Unlike some other pests, bed bugs are not known to transmit and spread diseases.

Contact your medical provider, school nurse or Charlotte County Health Department with questions (941) 624-7200.

PLEASE HELP TO STOP THE SPREAD OF THESE PESTS

Source: Medline Plus  www.medlineplus.gov
Bed bugs are small insects that have co-existed with humans for millennia. Although not recognized as disease carriers, bed bugs are unpleasant pests that can cause physical discomfort and emotional distress to human hosts. Their presence is unrelated to personal hygiene habits or cleanliness. However, if not properly and quickly addressed, infestations of bed bugs can multiply and migrate into adjacent areas.

Many homeowners of this generation have never seen a bed bug. Until recently, they have also been a rarity among pest control professionals. Bed bug infestations were common in the United States before World War II. But with the widespread use of pesticides during the 1940’s and ‘50s, the bed bugs all but vanished. The pests remained prevalent in other regions of the world including Asia, Africa, and Eastern Europe. Immigration and international travel have contributed to the resurgence of bed bugs in the U.S.

Bed bugs are active mainly at night. During the daytime, they prefer to hide close to where people sleep. Bed bugs do not have nests but do tend to congregate in habitual hiding places. Characteristically, these areas are marked by dark spotting and staining. Also present will be eggs, eggshells, the brownish molted skins of the maturing nymphs, and the bed bugs themselves.

**General Information:**
- **Adult bed bugs are about 3/16 of an inch long and reddish-brown, with oval, flattened bodies.**
- **They are sometimes mistaken for ticks or cockroaches.**
- **The immature bed bugs resemble the adults, but are smaller and lighter in color.**
- **Bed bugs do not fly, but can move rapidly over floors, walls, ceilings and other surfaces.**
- **The eggs are tiny, whitish, and are hard to see on most surfaces without magnification.**

In general what we will experience in a school setting will not be a bed bug infestation but rather a bed bug introduction. The actual infestation will exist elsewhere and the bed bugs will be introduced into the school setting by hitching a ride on a carrier. An infestation in a school setting would be difficult to establish. However, we do need to take precautions so an introduction does not become an infestation.
Bed Bug Protocol: (continued)

- Remember you are the first line of defense.
- There is no prevention for bed bugs so vigilance is needed. Be aware of what bed bugs look like. Look for red welts on arms and legs; this could indicate an allergic reaction to bed bug bites. The red welts may alert you to a possible carrier of bed bugs.
- Avoid clutter, especially around areas where children may be napping.
- Do not bring in furniture from home or other sources.
- If a suspected bed bug is seen make every effort to capture the insect on a piece of tape or in a Ziploc bag for positive identification. Report the sighting to Maintenance and Operations so an inspection of the area can be made. Please follow up with a work order.
- If a positive identification is made our Integrated Pest Management vendor will respond to treat the area.
- New furniture should be inspected prior to being issued.
- Furniture being moved from one location to another should be inspected.

*Bed bugs are not known to carry disease. They are a pest and they need to be controlled. Your vigilance is the first line of defense in our control efforts.*

Here are a few interesting bed bug pictures that we have collected from various sources on the internet:
**Chickenpox/Varicella**  
(Reportable)

**Identification:** An acute, generalized viral disease with sudden onset of a slight fever and skin eruption that is maculopapular (for a few hours) progressing to vesicular for 3-4 days and then a granular scab. Lesions develop in successive crops with several stages of maturity (macular, vesicular, scab) and tend to be more abundant in covered areas of the body. Initial presentation of the rash is frequently on the trunk. The rash is itchy and can lead to secondary infection. Chickenpox/Varicella is one of the more highly contagious communicable diseases.

**Infectious Agent:** Varicella zoster virus VZV, herpes virus 3.

**Mode of Transmission:** Person to person by direct contact, droplet or airborne spread of respiratory secretions and vesicle fluid and indirectly through articles soiled by discharge from vesicles or mucous membranes of the infected person.

**Incubation:** 2 to 3 weeks, commonly 14 to 16 days.

**Period of Communicability:** As long as 5 days but usually 1 to 2 days before onset of rash and continuing until all lesions are crusted.

**Control:** Vaccine Available. One dose of Varicella Vaccine (Varivax) recommended at 12 to 15 months and a second dose at 4 to 6 years of age. (Vaccines are acceptable if given up to 4 days prior to the first birthday). One dose of Varicella or documented history of the disease is required for all children attending school through seventh grade beginning SY: 2008-09 then each subsequent year an additional grade. Second dose is required for all children entering kindergarten beginning SY: 2008-09 and then each subsequent year an additional grade. Vaccine efficacy is estimated to be 70% to 90% against infection and 90% to 100% against moderate or severe disease.¹

**School Action:**

**Suspect cases:**
- Any student suspected of having Chickenpox must be excluded from school until a definitive diagnosis is made.
- Report all suspect cases to the Charlotte County Health Department (CCHD), Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480.
- When reporting suspect cases, please provide student’s name, date of birth, parent/guardian name, address, and telephone number and name of licensed health care provider, if available.

**Confirmed cases; students**
- Identify and inform parents/guardians of unimmunized and immunocompromised and staff and advise them to contact their licensed health care provider.
- Exclude student from school until all lesions are dried and crusted over or if cleared to return to school by a licensed health care provider.
- Per advice of CCHD distribute attached letter and Fact Sheet to staff and parents/guardians of students who may have been exposed.
- Encourage parents/guardians to report all suspected cases to the school nurse.

¹ Epidemiology and Prevention of Vaccine-Preventable Diseases CDCP 1/2007
**Chickenpox/Varicella**
(Reportable)

**Treatment:** Treatment is focused on reducing symptoms to decrease itching and prevent secondary bacterial infections from scratching. Aspirin should be avoided due to the association with development of Reye Syndrome, an acute encephalopathy with cerebral cortex swelling, impaired liver function and high rate of morbidity and mortality.

Reference:

[http://www.health.state.ny.us/diseases/communicable/chickenpox/fact_sheet.htm](http://www.health.state.ny.us/diseases/communicable/chickenpox/fact_sheet.htm)

[www.cdc.gov/vaccines/vpd-vac/varicella/default.htm](http://www.cdc.gov/vaccines/vpd-vac/varicella/default.htm)
Dear Parent of Guardian,

A child or staff member in this school has recently been diagnosed with varicella, or chickenpox. Chickenpox is a rash illness caused by the varicella zoster virus. While this disease may not have originated in this facility, it may be spread in the school environment. Parents are encouraged to monitor their children for symptoms of varicella. Those at highest risk are children without history of vaccination.

The signs and symptoms of chickenpox include an itchy rash and fever. The rash is usually found on the trunk, face and scalp and looks like fluid-filled blisters. Although chickenpox is usually not serious, it can cause children to miss several days of school while they have the rash.

There is a vaccine for chickenpox, and many children have received one dose of the vaccine. New recommendations from the Advisory Committee on Immunization Practices, however, suggest that individuals should receive two doses of vaccine to increase their protection. This is because it is possible to still get chickenpox after being vaccinated, and having 2 doses increases protection from being infected.

It is recommended that all children who have not had a natural case of the chickenpox be vaccinated. For children who may have already had one dose of vaccine, a second dose is encouraged. Please consult your physician about varicella vaccine. Or, if you do not have a physician, contact the Health Department at 941-624-7200 Ext. 7319 or 941-624-7241 for assistance.

Thank you for your cooperation.

Florida Department of Health in Charlotte County
Disease Control prevention and Preparedness
Varicella Disease Questions & Answers

What is varicella (chickenpox)?

Chickenpox is an infectious disease caused by the varicella-zoster virus, which results in a blister-like rash, itching, tiredness, and fever. The rash appears first on the trunk and face, but can spread over the entire body causing between 250 to 500 itchy blisters in unvaccinated persons. Prior to use of the varicella vaccine, most cases of chickenpox occurred in persons younger than 15 years of age and the disease had annual cycles, peaking in the spring of each year.

How do you get chickenpox?

Chickenpox is highly infectious and spreads from person to person by direct contact or through the air from an infected person’s coughing or sneezing or from aerosolization of virus from skin lesions. A person with chickenpox is contagious 1-2 days before the rash appears and until all blisters have formed scabs. It takes from 10-21 days after exposure for someone to develop chickenpox.

What is the chickenpox illness like?

In unvaccinated children, chickenpox most commonly causes an illness that lasts about 5-10 days. Children usually miss 5 or 6 days of school or childcare due to their chickenpox and have symptoms such as high fever, severe itching, an uncomfortable rash, and dehydration or headache. In addition, about 1 in 10 unvaccinated children who get the disease will have a complication from chickenpox serious enough to visit a health-care provider. These complications include infected skin lesions, other infections, dehydration from vomiting or diarrhea, or more serious complications such as pneumonia and encephalitis. In vaccinated children, chickenpox illness is typically mild, producing no symptoms at all other than a few red bumps. However, about 25% to 30% of vaccinated children who get the disease will develop illness as serious as unvaccinated children.

Certain groups of people are more likely to have more severe illness with serious complications. These include adults, infants, adolescents, and people whose immune systems have been weakened because of illness or medications such as long-term use of steroids.

What are the serious complications from chickenpox?

Serious complications from chickenpox include bacterial infections which can involve many sites of the body including the skin, tissues under the skin, bone, lungs (pneumonia), joints, and blood. Other serious complications are due directly to infection with the varicella-zoster virus and include viral pneumonia, bleeding problems, and infection of the brain (encephalitis). Many people are not aware that before a vaccine was available approximately 10,600 persons were hospitalized and 100 to 150 died as a result of chickenpox in the U.S. every year.
Varicella Disease Questions & Answers (Continued)

Can chickenpox be prevented?
Yes, vaccination with the recommended two-doses of varicella vaccine prevents chickenpox in most people.

Can you get chickenpox if you've been vaccinated?
Yes. About 15%–20% of people who have received one dose of chickenpox vaccine do still get chickenpox if they are exposed, but their disease is usually mild. Vaccinated persons who get chickenpox generally have fewer than 50 spots or bumps, which may resemble bug bites more than typical, fluid-filled chickenpox blisters. In 2006, the Advisory Committee on Immunization Practices (ACIP) voted to recommend routine two-dose varicella vaccination for children. In one study, children who received two doses of the chickenpox vaccine were three times less likely to get chickenpox than individuals who have had only one dose.

Can you get chickenpox more than once?
Yes, but such occurrences are uncommon. For most people, one infection appears to confer lifelong immunity. Chickenpox in children is usually not serious. Why not let children get the disease?

It is not possible to predict who will have a mild case of chickenpox and who will have a serious or even deadly case of disease. Now that there is a safe and effective vaccine, it is not worth taking this chance.
Conjunctivitis (Pink Eye)

**Identification:** Conjunctivitis, commonly known as pink eye, is an inflammation of the clear membrane (conjunctiva) that covers the white of the eye and the inside surface of the eyelids in one or both eyes. There are many causes of conjunctivitis, including infection from a virus or bacteria, allergies, and chemical irritation. Symptoms may vary with the underlying cause, but it is usually associated with swelling of the eyelids and redness of the conjunctiva. Discharge from the eyes can be clear as in allergic or viral conjunctivitis or mucopurulent as in bacterial conjunctivitis resulting in eyelids that are matted together in the morning, as well as burning of the eyes, and sensitivity to light.

**Infectious Agent:** An acute bacterial or viral infection. Bacterial infections may be the result of one of several infections including staphylococcus and streptococcus, and viral infections are often caused by the adenoviruses.

**Mode of Transmission:** Direct contact with discharge from eyes or respiratory tract of infected individuals, through contamination of hands or articles soiled with secretions from the eyes or respiratory tract of infected individuals.

**Incubation:** Varies depending on causative agent, bacterial is usually 24 to 72 hours.

**Period of Communicability:** For bacterial infections, until 24 hours after antibiotic treatment.

**Control:**
- Exclude students with suspected bacterial conjunctivitis until cleared by a licensed health care provider.
- On antibiotic treatment for a minimum of 24 hours or until symptoms have resolved.

**School Action:**
- Exclude student from school until cleared by a licensed health care provider.
- On antibiotic treatment for 24 hours or until symptoms have resolved, whichever is earlier.
- Conjunctivitis attributed to adenoviruses or enteroviruses is self limited and requires no specific antiviral therapy.¹ *Examples of …conditions that do not necessitate exclusion includes: nonpurulent conjunctivitis defined as pink conjunctiva with a clear, watery eye discharge without fever, eye pain, or eyelid redness.*²
- Advise student to practice strict hand washing technique and to avoid contact with their eyes.

**Treatment:** Antibiotic drops can be prescribed for the treatment of bacterial conjunctivitis. Viral conjunctivitis usually does not require treatment but a licensed health care provider may prescribe antibiotics to help decrease the risk of a secondary infection.

Reference:
http://www.edcp.org/factsheets/conjunct.html

¹ Red Book, Page 149
² Red Book, Page 134
Diarrhea/Giardiasis

(Reportable)

Identification: A diarrheal illness caused by a one-celled, microscopic parasite. Once an individual is infected, the parasite lives in the intestine (primarily the small intestine). The parasite is excreted in the stool of an infected person and can survive outside the body in the environment for long periods of time because of a protective shell. The illness may present with a broad range of clinical manifestations from asymptomatic to occasional days of watery diarrhea with abdominal pain to a debilitating disease with foul smelling, greasy, pale stools, abdominal bloating and pain, nausea, malabsorption and weight loss. Symptoms usually begin 7 to 10 days after exposure and may last 2 to 6 weeks.

Infectious Agent: Protozoan, Giardia Lambia also known as Giardia Intestinalis.

Mode of Transmission: Spread person-to-person by fecal oral transmission of cysts from an infected individual or ingestion of contaminated water.

Incubation Period: Usually 3 days to 4 weeks or longer, median 7 to 10 days.

Period of Communicability: Entire period of infection, often months.

Control: Strict hand washing technique particularly after use of the toilet and diapering. Anyone who has the infection should not swim in recreational water for at least two weeks after symptoms resolve.

School Action:

Suspect Cases: • Any student suspected of having giardiasis must be excluded from school until a definitive diagnosis is made by a licensed health care provider.
• Notify the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.

Confirmed Cases: • Exclude student from school until treated with effective antimicrobial therapy and written confirmation by a licensed health care provider.
• If not treated, consult the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): student’s name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.
• Student should not swim in recreational water venues for two weeks after symptoms resolve.

Treatment: Several prescription drugs are available to treat giardiasis. Treatment may not be necessary for a child who is asymptomatic.

Reference

http://www.edcp.org/factsheets/giardias.html
www.cdc.gov
Diarrhea/Shigellosis
(Reportable)

Identification:  Shigellosis is an acute, infectious disease caused by a group of bacteria called Shagella which infects the intestinal tract. An infected individual may be asymptomatic or have symptoms which range from watery, loose stools to more severe cases which also present with fever, abdominal cramps and nausea. In typical cases, the stool contains blood and mucous. Clinical symptoms will vary with the specific Shagella species.

Infectious Agent:  Group of bacteria in the genus Shagella in the family of Enterobacteriaceae.

Mode of Transmission:  Mainly by direct or indirect fecal-oral transmission from a symptomatic individual or a short-term asymptomatic carrier.

Incubation:  Usually 1 to 3 days, up to one week.

Period of Communicability:  From start of acute infection until infectious agent no longer present in stool. Appropriate antimicrobial treatment usually reduces duration to a few days.

Control:  Strict hand washing technique is the single most important measure to decrease transmission.

School Action:

Suspected Cases:  Any student suspected of having shigellosis must be excluded from school until a definitive diagnosis is made by a licensed health care provider with written confirmation that the student is not infectious. Report all confirmed and suspect cases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students’ name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.

Confirmed Cases:  Exclude student until diarrhea has ceased, treatment with appropriate antimicrobial therapy and two successive stool cultures negative for Shigella are confirmed in writing by a licensed health care provider or other case specific recommendations from the Charlotte County Health Department. Strict hand washing technique is essential to limit spread. Educate students and staff regarding fecal-oral transmission. Students with a confirmed case should not use recreational water venues for two weeks after symptoms resolve.

Treatment:  Appropriate antibiotic treatment based on antimicrobial sensitivity pattern due to multi-drug resistance with supportive treatment if warranted by the severity of illness or to protect contacts. The use of anti-motility drugs is not recommended.

Reference:

http://www.edcp.org/factsheets/shigello.html
www.cdc.gov
Fifth’s Disease/Erythema Infectiosum
Human Parvovirus Infection

**Identification:** An acute viral infection with characteristic erythemia of the face (“slapped cheek” appearance) frequently associated with a lace-like rash on the trunk and extremities that fades, but may recur with environmental changes such as temperature and exposure to sunlight. Rash can fluctuate in intensity and reoccur. Symptoms include fever, headache, nausea, and muscle aches and often precedes the characteristic rash by approximately 7 to 10 days or weeks to a month. The incidence of this infection tends to peak around late winter to early spring.

**Infectious Agent:** Human parvovirus B19.

**Mode of Transmission:** Contact with infected respiratory secretions and from mother to fetus.

**Incubation:** Variable, 4 to 21 days to development of rash. Rash and joint symptoms occur 2 to 3 weeks after infection.

**Period of Communicability:** In people with rash illness only, greatest before onset of rash and probably not communicable thereafter.

**Control:** Transmission of parvovirus B19 is likely to be decreased through use of routine infection control practices, including strict hand washing technique and cough hygiene.

**School Action:**
- Exclusion not recommended unless fever is present, as period of communicability is usually before rash.
- Identify and inform all pregnant students and staff to contact their licensed health care provider.

**Treatment:** Supportive care.

Reference:

http://www.health.state.ny.us/diseases/communicable/fifth/fact_sheet.htm
**Hand, Foot and Mouth Disease**

**Coxsackievirus**

**Identification:** A viral disease which like the name implies, causes a rash which progresses to blisters particularly on palms, soles and around mouth with sores in the mouth. Oral lesions are diffuse and may occur in the buccal surfaces of the cheeks and gums and on the sides of the tongue. Maculopapular lesions may occasionally appear on the buttocks.

**Infectious Agent:** Coxsackievirus.

**Mode of Transmission:** Direct contact with respiratory secretions and feces of infected individual and by items freshly soiled with discharges from infected individual.

**Incubation:** Usually 3 to 6 days.

**Period of Communicability:** During the acute stage of the illness and sometimes longer as the virus may persist in the stool for several weeks. Oral secretions are infectious while sores are present.

**Control:** Promote strict hand washing technique and hygienic measures. Disinfection of respiratory and fecal discharges.

**School Action:**
- Exclude if student has blisters in the mouth, have weeping lesions on their hands or are too ill to participate in normal school routine.
- Follow strict diaper changing practices.
- Reinforce strict hand washing technique.
- Wash and disinfect or discard articles soiled with nose, throat or fecal discharges.

**Treatment:** There is no specific treatment.

Reference:

http://www.edcp.org/factsheets/handfoot.html
Head Lice/Pediculus Capitis

**Identification:** Infestation by head lice occurs on hair, and rarely on eyebrows and eyelashes. It is not associated with the transmission of disease or one’s hygiene. While the head louse is living on the head, it feeds by injecting small amounts of saliva to produce vasodilatation and take tiny amounts of blood from the scalp. A person develops a sensitivity to the saliva which causes itching. The female louse can lay as many as 10 eggs per day which are firmly attached to the hair shaft close to the scalp with a glue-like substance. Nits may be easier to spot because they are stationary and are generally laid within ¼ inch of the scalp. The nape of the neck, behind the ears, and on the crown of the head are good places to look for nits. It is important to distinguish live nits from empty casings. General guidelines for assessing live nits is the location and appearance. The eggs are incubated by body heat and hatch in 7 to 10 days. The student may complain of a tickling feeling of something moving in the hair or an intense itching from the sensitivity reaction. Sores may be evident on the scalp from aggressive scratching.

**Infectious Agent:** An ectoparasite Pediculus humanus capitis.

**Mode of Transmission:** Transmission is by direct contact especially head-to-head with an infected person or shared use of grooming items, hats or bedding. Lice CAN NOT jump, fly or hop, and can only crawl between individuals or from an object used by an infected individual. Although lice can crawl they rarely travel from a preferred habitat. If the louse falls off a person’s head, it dies within 1 to 2 days

**Incubation:** The life cycle of the louse has three stages: egg (nit), nymph, and adult. Under optimal conditions, lice eggs hatch in 7 to 10 days leaving the empty egg casing cemented to the hair shaft. The nymph matures to an adult in 9 to 12 days. The average life cycle of a louse is 18 days.

**Period of Communicability:** As long as lice or eggs remain alive on the infested person or on personal belongings.

**Control:** Exclusion from school until the student has been treated and reexamined by the school nurse.

**School Action:** A diagnosis (of head lice) can be made if a person has crawling bugs on the head or many lice eggs within ¼ inch … of the scalp.¹ Students with head lice will be excluded from school until treatment is provided and student is cleared by the school nurse to return to school. Research suggests that a child with an active case of head lice infestation is likely to have had the infestation for at least a month by the time it is discovered and therefore poses no immediate risk on the day of the diagnosis.² If there is more than an isolated case within a classroom, a letter (see attached) should be sent home to parents/guardians of classmates of the infested students with advice for parents/guardians to examine their child at home and take appropriate steps. Confidentiality of the students should be maintained.

**Treatment:** Over-the-counter (OTC) pyrethroid products (pyrethrins and permethrin 1%) called pediculicides are commonly used and generally considered safe. Pediculicides can be used to effectively treat lice; however, no pediculicide is 100% ovicidal. These products are available as shampoos or crème rinse preparations. Retreatment in 7 to 10 days is often required and manual removal of nits of the scalp is recommended. Misuse and overuse of these products has led to some resistance. Prescription medication is available, however not recommended, unless OTC products fail. Prescription products should be used conservatively and under close supervision by a licensed health care provider. Each of the OTC products will contain one of the following active ingredients.

**Pyrethrins often combined with Piperonyl Butoxide:** Brand names; RID, A-200, Pronto, R&C, Clear Lice System. Pyrethrins are natural extracts from the chrysanthemum flower. Though safe and effective, pyrethrins only kill crawling lice, not unhatched nits. A second treatment is recommended in 7 to 10 days to kill any newly hatched lice.³ This type of scalp treatment is usually applied to dry hair.

**Reference:**

¹ CDCD.gov Fact Sheet, Treating Head Lice Infestation
³ [www.cdc.gov](http://www.cdc.gov) (Fact Sheet)
**Permethrin:** Brand name NIX-Permethrins may continue to kill any newly hatched lice for several days after treatment. A second treatment may be necessary in 7 to 10 days to kill any newly hatched lice that may have hatched after residual medication from the first treatment was no longer active. This type of scalp treatment is applied to clean, towel dried hair.

Prescription medications may be used to treat head lice in cases of suspected resistance to OTC products.

**Malathion:** Brand name Ovide. This product is approximately 98% ovicidal; however, it is a flammable alcohol based product and the product labeling advises that the product be left on the hair for 8 to 12 hours.

**Lindane:** Brand name Kwell. The FDA has warned of potential central nervous system toxicity and increase risk for seizures and has recommended that lindane be used with caution in select populations.

Counseling and education of the parent/guardian and student are essential for effective treatment and to minimize risk of transmission to others. The school nurse should elicit a health history to determine risk of infestation of family members and screen siblings or students who attend the same school and have shared close personal contact such as sleepovers. Education of student and parent/guardian should involve an assessment of current knowledge of head lice transmission, symptoms and treatment; including direct scalp treatment, combing for manual removal of nits and environmental controls. According to the American Academy of Pediatrics and the Harvard School of Public Health, 1% permethrin (Brand name NIX) is the recommended treatment of choice for head lice. It has extremely low mammalian toxicity in individuals.

After treatment, parents/guardians should be advised to check hair and comb with nit comb to remove nits and lice every 2 to 3 days and continue to check for 2 to 3 weeks until they are sure lice are gone.

**Treating the household:** The CDC does NOT recommend the use of household sprays as they can be toxic if inhaled or absorbed through the skin. They do recommend

- Machine wash all washable clothing and bed linens that the infested person wore or used during the 2 days prior to treatment. Use hot water cycle (130° F) and dry for at least 20 minutes on the high heat setting.
- Dry clean clothing or bedding which cannot be washed or store in a plastic bag and seal for two weeks.
- Soak combs and brushes for 1 hour in rubbing alcohol, Lysol or wash with soap and hot water (130° F).
- Vacuum the floor, furniture and automobile.

**Common Reasons for Treatment Failure:**

- Making hair too wet before applying pediculicide, diluted products are ineffective in killing lice and allow the parasite to develop resistance over time from exposure to repeated sublethal doses.
- Using crème rinse or conditioner shampoo before applying pediculicide.
- Failure to follow label directions.
- Re-shampooing hair immediately after use of pediculicide (Do not rewash hair for 1 to 2 days).
- Inadequate amount of pediculicide for length of hair.
- **NOT COMBING** to remove lice and eggs. Medication alone may not be sufficient as it is difficult for the medication to penetrate the nit shell.

Reference:

4 AAP Guidelines for the Prevention and Treatment of Head Lice Infestation, The American Journal of Managed Care, Page S27.
5 Taken from [www.hsph.harvard.edu/headlice.html](http://www.hsph.harvard.edu/headlice.html)
Home Remedies:

Home remedies involving coating the hair with thick or oily substances such as full-fat mayonnaise, petroleum jelly, herbal or olive oils and leaving them on overnight to smother the lice have not been scientifically proven effective. Home treatments which include coating the hair with toxic or flammable substances such as gasoline, kerosene or using products intended for use on animals should not be used and may pose a risk to the health and safety of the child.
Dear Parent/Guardian of ____________________________

Your child has been excluded from school for head lice/nits.

Getting rid of head lice is a time-consuming process, but it is not impossible. There are a number of nonprescription treatments available; your pharmacist or doctor can offer you advice on selecting a product. After using the treatment recommended to you, be sure to remove every last nit, because even one nit can cause a re-infestation.

Your child may return to school when the following conditions are met:

1. No active head lice present;
2. No nits present; and,
3. Parent/guardian and child have checked in with the school nurse prior to re-entry into school.

Regarding the Charlotte County Public Schools Absence Policy:

Students excluded from school for head lice or nits will be allowed up to three (3) school days to remove the lice or nits. After three (3) school days for a single occurrence, the absences will be considered unexcused unless the principal or designee extends the excused classification for special circumstances. Continued re-infestation will be referred to the Director of Student Services and the Supervisor of District Health Services and may result in a referral to the Student Assistance Team as a pattern of non-attendance. *(See Excessive Excused or Chronic Absences)*.

Thank you for your cooperation in this matter. If you have any questions, please feel free to call your child’s school nurse.

__________________________________________  ____________________________
School Nurse                                      Date

Cc: Parent/Guardian
    School Nurse

Reference:
6 Charlotte County Public Schools Code of Student Conduct, page 16, section A (3).
Letter to Parents/Guardians Regarding Head Lice

Date: ____________________________

Dear Parents/Guardians of children in ____________________________ class:

(Name of Teacher)

A case(s) of head lice has been reported in your child’s classroom. We would like to offer information to assist you when you check your child at home. Head lice are usually spread by close personal contact with someone who has an active case of lice or from sharing personal belongings. It is not indicative of a lack of cleanliness. **Lice do not have wings and can not fly, jump or hop from one person to another;** they can only crawl. They also do not carry disease. While itching may not occur right away, it is a common symptom.

- Please inspect your child’s head at home for the possibility of head lice. In a brightly lit room, look for live lice or small nits (lice eggs) fixed to the hair shaft close (usually within ¼ inch) to the scalp which are not easily removed. The nits appear as tiny yellow-white oval specks which must be carefully removed by hand. They may be easier to locate behind the ears, nape of the neck and crown of the head. Lice move quickly and may be difficult to spot.

- If lice or nits are found, it is important to check other family members and contact your child’s licensed health care provider regarding appropriate treatment. Please treat your child before he/she returns to school.

- Read and follow directions carefully for applying the medication. Crème rinse and conditioners can decrease the effectiveness of treatment. Make sure your child’s hair is not too wet when applying the scalp treatment as this will dilute the medicine.

- During the school year, it is a good idea to check your child’s scalp weekly or when he/she complains of itching.

- Remind your child not to share combs, brushes, hats or hair items.

If your child is diagnosed with head lice, or you have any questions, please contact the school nurse at __________. I will be glad to assist you in answering any questions you may have regarding treatment or prevention of head lice.

Thank you for your cooperation.

School Nurse
Hepatitis A Virus
(Reportable)

Identification: Young children often may not have symptoms or may have a mild illness. Symptoms in adults are usually abrupt with fever, malaise, anorexia, nausea, and abdominal discomfort followed in a few days by jaundice. The disease varies in clinical severity from a mild illness lasting 1 to 2 weeks to a severely disabling disease lasting several months.

Infectious Agent: Hepatitis A Virus (HAV)

Mode of Transmission: Hepatitis A virus infection is primarily acquired by the fecal/oral route either by person to person contact or ingestion of contaminated food or water. The infectious agent is found in feces, reaches peak levels a week or two before onset of symptoms and diminishes rapidly after liver dysfunction or symptoms appear.

Incubation: Average 28 to 30 days (range 15 to 50 days).

Period of Communicability: Infected persons are most likely to transmit HAV 1 to 2 weeks before to 1 week after onset of jaundice when HAV concentration in stool is highest.

Control: Educate about good sanitation and personal hygiene with special emphasis on strict hand washing technique. In 2005 the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination for all children 12 to 23 months of age with a booster 6 to 12 months later. Vaccination is recommended for persons at increased risk for HAV infection or who are at increased risk of complications of HAV infection.

School Action: 
- Exclude from school all suspect cases until a definitive diagnosis is made.
- Report all known or suspect cases immediately to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480 who will follow up on all cases. Have the following information available when reporting a case(s): students name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.
- Students with confirmed acute HAV infection should be excluded until one week after onset of illness or until directed by the Charlotte County Health Department.
- School room exposure generally does not pose an appreciable risk of infection and Hepatitis A Vaccine and IG administration is not indicated when a single case occurs.
- Implement strict hand washing technique after using the toilet or diapering.

Confirmed Cases: Report to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480 and follow recommendations for school exclusion.

Treatment: Supportive.
Hepatitis B Virus
(Reportable)

**Identification:** A small proportion of acute Hepatitis B virus (HBV) may be clinically recognized with less than 10% of children and 30% to 50% of adults with acute HBV infection show icteric disease. In those with clinical illness, symptoms include anorexia, vague abdominal discomfort, nausea, vomiting, dark urine and sometimes arthralgias and rash beginning 1 to 2 days before onset of jaundice. The icteric phase usually lasts 1 to 3 weeks.

**Infectious Agent:** Hepatitis B Virus (HBV).

**Mode of Transmission:** Hepatitis B is spread by percutaneous and permuscosal (a path of entry via the mucous membrane) exposure to infected blood or infecting body fluids, injection drug use from mother to infant during pregnancy or birth, and sexual contact. Hepatitis B virus is stable on environmental surfaces for at least 7 days at room temperature, and is inactivated by commonly used disinfectants.

**Incubation:** Usually 6 weeks to 6 months. Variation is related in part to amount of virus in the inoculum, mode of transmission and host factors.

**Period of Communicability:** All persons who are HBsAg-positive are potentially infectious, and it may be weeks before the onset of symptoms and remain infective through the acute clinical course of the disease. Some persons remain chronic carriers of HBsAg for many years.

**Control:** Vaccine available. Hepatitis B vaccine is recommended for all infants soon after birth and is required for school entrance. Primary vaccination consists of three (3) intramuscular doses of vaccine. Hepatitis B virus is not transmitted by casual contact as occurs in child care or school settings.

**School Action:** • Notify the Charlotte County Health Department, Office of Epidemiology 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.  
  • Practice standard infection control measures.  
  • Exclusion is not routinely recommended; follow CCHD recommendations.

**Treatment:** Generally Supportive.

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1 Control of Communicable Diseases Manual, Page 253  
2 Control of Communicable Diseases Manual, Page 255  
3 Red Book, Page 337
HIV-AIDS

Identification: HIV is a viral infection that causes malfunctioning of the immune system. AIDS refers to the disease resulting from HIV infection, characterized by symptomatic opportunistic infections.

Infectious Agent: Human Immunodeficiency Virus (HIV).

Mode of Transmission: Known modes of transmission of HIV infection include direct exposure to HIV infected blood, semen, vaginal fluids, and breast milk. In the school setting, due to limited direct exposure to these body fluids, HIV transmission is virtually nonexistent. You do not get HIV from feces, nasal fluid, saliva, sweat, tears, urine, or vomit, unless these have blood mixed in them.\(^1\)

Incubation Period: Variable, although the time from infection to development of detectable antibodies is generally 1 to 3 months. The time from HIV infection to diagnosis of AIDS has an observed range of less than 1 year to 15 years or longer.

Period of Communicability: Throughout the course of the disease and lifetime of a person with positive HIV.

Control: Education of individuals concerning the mode of transmission, sex education, abstinence, safer sex practices, and avoiding the illegal use of intravenous drugs.

School Action:

- If the student is the disclosing person, this report will not be made known to the parents or guardian per the Omnibus Act of 1990; however, every effort will be made to encourage the student to inform his/her parent/guardian.

- Staff members disclosing a positive HIV/AIDS status to the school nurse will be referred to the Charlotte County Health Department and their licensed health care provider.

- If a consent form is signed, the school nurse will notify designated CCPS staff as identified and each employee will complete a Statement of Confidentiality (Form SOC 5/08).

- The school nurse is responsible for providing community agency referral information to the parents/guardians and/or student. Only those persons listed by the parent or student on the Confidential History Form will be provided information regarding the disclosure.

- To maintain an atmosphere of trust with staff members, students, families, and the community, confidentiality is essential. It is important that people who have the Human Immunodeficiency Virus (HIV) and their families feel certain that their names will not be released against their wishes to others without a need to know.

To promote confidentiality and to avoid the violation of state and federal laws that protect the confidentiality of medical records, the following procedures are suggested.

- All medical information in any way relating to the HIV status of any member of the school community, including written documentation of discussions, telephone conversations, proceedings, and meetings shall be kept in a locked file. Access to this file shall be granted only to those persons identified in writing by the student or student’s parent/guardian, or the employee, as having a direct need to know. Filing and photocopying of related documents may be performed only by persons named in the written consent.

• No medical information shall ever be faxed.

• Medically-related documents that are to be mailed shall be marked “Confidential.” Names of persons mailing documents and those receiving the documents shall be identified on the written consent form by the student or student’s parent/guardian, or the applicant/employee.

• A written consent form shall be completed prior to each disclosure and release of HIV-related information (sample attached).

• Each disclosure made shall be noted in the student or employee’s personal file. The list of such disclosures shall be made available to the student, parent/guardian, or employee upon request.

• Practice Standard (Universal) Precautions.

• When health conditions occur in the school setting which may present increased risk of HIV-infected students, parents/guardians will be advised of the existence of the condition.
The School Board of Charlotte County, Florida Consent To Release Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Information

No law requires that a parent or legal guardian notify the School Board of Charlotte County about the HIV status of their child. If you, as a parent or legal guardian of a child, sign this form, HIV-related information about your child will be released only to staff listed by you in writing. Please fill in the information requested below.

1. Full name of student whose HIV-related information to be released.

   Name (PLEASE PRINT) ____________________________ DATE OF BIRTH ____________________________

   The name and address of the person signing this form:

2. ____________________________

   Name (PLEASE PRINT) ____________________________

   Address (NUMBER AND STREET) ____________________________

   City ____________________________ Zip Code ____________________________

3. Relationship to the student: ____________________________

4. Specify what information you would like to release (HIV status, medications, restrictions, special needs, etc.):

   ____________________________

5. Please list by name and position, the staff member(s) to whom HIV-related information will be released:

   ____________________________

   ____________________________

   ____________________________

I understand the reason for, and use of, this form. I know that I do not have to allow release of HIV-related information to anyone in the school system. Only the person(s) listed by me in (5) will be given the HIV-related information identified in (4).

Date ____________________________ Signature of Parent/Legal Guardian ____________________________

“It is against the law to keep this form in a cumulative folder. Once the form is signed by a parent or legal guardian, place the form in a confidential location and NEVER release to anyone else”.

(HIV 5/08)
Statement of Confidentiality

Warning Statement

“This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.”

I have read the above statement and agree, by my signature below, to abide by the provisions in this statement.

_________________________________________    ____________________________
Employee’s Signature                          Date

_________________________________________    ____________________________
School Nurse Signature                        Date

(SOC 5/08)
**Impetigo**

**Identification:** Impetigo is a contagious, superficial, bacterial infection of the skin caused by Streptococci or Staphylococcus aureus or a combination of both. The infection may start as an itchy rash or red sores which rupture and develops a yellow-brown crust with irregular borders. The rash is usually not painful. Although Impetigo may occur anywhere on the body, it is more common around the nose or mouth. Herpes Simplex is the disease most commonly misdiagnosed as Impetigo.

**Infectious Agents:** Staphylococcus aureus and group A streptococci.

**Mode of Transmission:** Direct contact with drainage from lesions or less commonly from objects contaminated by discharge.

**Incubation:** Variable, but commonly 2 to 10 days after exposure, occasionally longer.

**Period of Communicability:** Onset of symptoms until drainage no longer present or after 24 hours of treatment.

**Control:** Encourage strict hand washing technique. All minor cuts should be cleansed well and covered with a clean bandage. Students should be advised not to scratch affected area as this can also spread the infection. Exclude from school until 24 hours after treatment with a topical or oral antibiotic.

**School Action:**
- Exclude all suspect cases from school until 24 hours after start of antibiotic treatment or a diagnosis in writing by a licensed health care provider indicating this is a noncontagious ailment.
- All lesions must be covered, if possible, until discharge is no longer present and lesions are dry.
- Wear non-latex gloves when applying topical medication or changing bandage.
- Encourage strict hand washing technique.
- Advise student to avoid contact with newborn babies, if applicable.
- Impetigo letter can be sent home to parents/guardians of student’s classmates if there is concern that other students have been exposed prior to treatment.

**Treatment:** Topical or oral antibiotics.

Reference:

[http://www.health.state.ny.us/diseases/communicable/impetigo/fact_sheet.htm](http://www.health.state.ny.us/diseases/communicable/impetigo/fact_sheet.htm)
Dear Parents/Guardians:

A student in your child’s class has been diagnosed with Impetigo. This infection may start as an itchy rash or red sores which rupture and develops a yellow-brown crust with irregular borders and honey color drainage. It is usually seen around the nose or mouth, but can occur on other parts of the body. Impetigo is contagious.

If your child begins to have these symptoms please contact your licensed health care provider for diagnosis and treatment.

If you have any questions, please contact me.

Sincerely,

__________________________________________

School Nurse

__________________________________________

Telephone Number
Measles
(Reportable)

Identification: An acute viral disease with fever, conjunctivitis, cough, runny nose, photophobia, and small white spots (koplik’s spots) may appear inside the mouth. A characteristic red blotchy rash appears on the 3rd to 7th day. The rash begins on the face, behind the ears or neck and then spreads rapidly over the trunk and limbs and lasts for 4 to 7 days.

Infectious Agent: Measles Virus.

Mode of Transmission: Airborne by droplet or direct contact with nasal or throat secretions from infected person. Transmission less common by articles freshly soiled with nasal or throat secretions. Measles is one of the most highly communicable infectious diseases.1

Incubation Period: 7 to 18 days, usually 10 days from exposure to onset of fever; usually 14 days until rash appears.

Period of Communicability: Usually 1 to 2 days before onset of symptoms; 3 to 5 days before rash to 4 days after rash appears.

Control: Vaccine available. Measles vaccination is a routine 2 dose schedule, at 12 to 15 months of age followed by a second dose at 4 to 6 years and is required for school entrance. Generally it is given as a combined measles, mumps rubella live attenuated virus vaccine. Exposure to measles is not a contraindication to immunization. Vaccination if provided within 72 hours of measles exposure will provide protection in some cases.

School Action:

Suspect Cases:
- Any student suspected of having measles must be excluded from school until a definitive diagnosis is made.
- Report all suspect cases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, immunization status, parent/guardian name, home address, telephone number and name of licensed health care provider.

Confirmed Cases:
- If case is confirmed, contact pregnant women and parents/guardians of all unimmunized and immunocompromised students and advise them to check with their licensed health care provider.
- Follow direction from the Charlotte County Health Department for distribution of letters to parents/guardians of student or staff who are at risk for exposure.
- Student with confirmed measles will be excluded at least 4 days after onset of rash.

Treatment: None. During measles infection Vitamin A reserves fall rapidly which further weakens immunity. Vitamin A supplementation may be recommended.

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1 Control of Communicable Diseases Manual (CCDM), Page 349
**Meningitis/Bacterial (Reportable)**

**Identification:** Bacterial meningitis is an acute bacterial disease in which there is inflammation of the meninges (covering of the brain and spinal cord) causing sudden onset of fever, intense headache, stiff neck, photophobia, nausea, and often vomiting. (Viral and bacterial meningitis symptoms are the same.) Presence of these symptoms warrant immediate evaluation by a licensed health care provider. Bacterial meningitis is most often caused by Streptococcus pneumoniae or Neisseria meningitides. Meningitis due to Hib (Haemophilus influenza type b), previously the most common cause of bacterial meningitis in children, has largely been eliminated through vaccination. In the United States, the median age of infected individuals increased from 15 months in 1986 to 25 years in 1995 due to the reduction in Hib disease. Meningitis caused by Neisseria meningitides (meningococcal disease) is now the leading cause of bacterial meningitis in the United States (2,000 to 3,000 cases per year)\(^1\)

Meningeal infection is similar to other forms of meningitis but is also characterized by a petechial rash.

**Infectious Agent:** Varies depending on bacterial agent.

**Mode of Transmission:** Direct contact including respiratory droplet from nose or mouth of infected individual or asymptomatic carrier, but can vary with bacterial agent causing illness.

**Incubation:** Varies depending on bacterial agent, but usually 2 to 10 days.

**Period of Communicability:** Varies depending on bacterial agent, but usually from initial infection 24 to 48 hours after start of appropriate antibiotic treatment.

**Control:** Vaccine is available from some types of bacterial meningitis. Vaccination for Hib is required for Early Childhood Education Programs. The meningococcal conjugate vaccine (MCV), was licensed in the United States in 2005 and is currently recommended by the Advisory Committee on Immunization Practices (ACIP) for individuals beginning at 11 years and older. This is not a requirement for school attendance, but it is recommended for all college freshman who live in a dormitory. Vaccination is the key preventative measure.

**School Action:**

**Suspected Cases:**
- Any student suspected of having bacterial meningitis must be excluded from school until a definitive diagnosis is made by a licensed health care provider and written confirmation that the student is not infectious. Report all known or suspect cases immediately to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480 who will follow up on all cases. Have the following information available when reporting a case(s): students name and date of birth, parent/guardian name, home address, telephone number and name of licensed health care provider.

**Confirmed Cases:**
- Exclude from school until cleared, in writing, by a licensed health care provider in conjunction with the Charlotte County Health Department. Case specific guidance will be provided by the Charlotte County Health Department.

**Treatment:** Appropriate antibiotic therapy.

\(^1\) Epidemiology and Prevention of Vaccine Preventable Diseases, 10th Edition, Center for Disease Control.
Meningitis (Viral/Aseptic)

**Identification:** Meningitis is an illness in which there is inflammation of the meninges which cover the brain and spinal cord. Viral or “aseptic” meningitis, which is the more common type, is caused by an infection by one of several types of viruses. It is called aseptic meningitis because there are symptoms of meningitis, but bacteria do not grow in a culture. Viral meningitis is usually much less serious than bacterial meningitis, but initial symptoms are similar. Physician diagnosis is essential to determine the cause and ensure proper management. Symptoms include sudden onset of fever with signs and symptoms of meningeal involvement: severe headache, stiff neck, photophobia, drowsiness, confusion, nausea and vomiting. Rashes may be present with certain types of viral meningitis such as in coxsackie infections. Symptoms usually last 7 to 10 days.

**Infectious Agent:** A wide variety of viral infections. Enteroviruses cause most cases followed by coxsackie virus.

**Mode of Transmission:** Varies with the infectious agent. Enteroviruses, the most common cause, are most often spread by direct contact with respiratory secretions of an infected person, and by indirect contact with objects which have been infected with respiratory secretions. It can also be spread by stool of an infected person. Enterovirus may survive on environmental surfaces for periods of time long enough to allow transmission from fomites (objects such as clothing, towels, and utensils that possibly harbor a disease agent and are capable of transmitting it).

**Incubation:** Varies with the infectious agent. Incubation for enteroviruses is usually 3 to 7 days.

**Period of Communicability:** Varies with the infectious agent.

**Control:** Not all individuals infected with enterovirus will develop meningitis. The most effective method of control is to practice strict hand washing technique.

**School Action:** Exclude from school until cleared for return to school by a licensed health care provider. Strict hand washing technique should be reinforced.

**Treatment:** No specific treatment for viral meningitis exists at this time. Most patients completely recover on their own.

Reference:

Molluscum Contagiosum

**Identification:** This is a viral disease of the skin which is generally mild. A molluscum infection presents as small papules which may be flesh colored, pink, or white and have a small dimple in the middle. In children, the papules are most often located on the face, trunk, and proximal extremities. The lesions may itch. A lesion may have a life span of 2 to 3 months and without treatment the disease may last for 6 months to 2 years.

**Infectious Agent:** Molluscipoxvirus.

**Mode of Transmission:** The disease can only be spread by direct contact with lesions of an infected person or objects contaminated with the virus shed from lesions. Autoinoculation may spread the virus to other parts of the body.

**Incubation:** Varies from 2 to 7 weeks, but may be as long as 6 months.

**Period of Communicability:** Unknown, may be as long as lesions persist.

**Control:** Follow strict hand washing technique to avoid spread. Exclude from contact sports unless all lesions are covered.

**School Action:**
- Visible lesions should be covered with clothing or a bandage if possible, while at school.
- Exclude from contact sports unless all lesions are covered.
- Reinforce the need for strict hand washing technique.

**Treatment:** Some treatments may prevent the spread of the infection; however, they are not successful for all individuals. Treatment is not usually required as the infection will resolve.

Reference:

http://www.cdc.gov/ncidod/dvrd/molluscum/overview.htm
**Infectious Mononucleosis**

**Identification:** Infectious mononucleosis is an acute viral disease characterized by fever, sore throat, exudative pharyngitis, swollen lymph nodes (glands) and feeling tired. In young children, the disease is generally mild and may be asymptomatic and more difficult to recognize. Sometimes the liver and spleen are affected. Duration can be from one to several weeks.

**Infectious Agent:** Epstein-Barr Virus (EBV).

**Mode of Transmission:** Direct contact with saliva of an infected person. Kissing facilitates spread among young adults. The virus is viable in saliva for several hours outside the body; therefore, young children may be infected by saliva on shared toys.

**Incubation Period:** 4 to 6 weeks.

**Period of Communicability:** Prolonged. Virus may continue to be shed from the throat for many months even without symptoms. Transmission of EBV requires intimate contact with the saliva of an infected person.

**Control:** Minimize contact with saliva of infected or recently diagnosed individual, use hygienic measures including strict hand washing technique, and do not share eating utensils, baby toys or items contaminated with saliva of infected individual. Disinfect objects soiled with nose and throat discharges.

**School Action:** • Student does not need to be excluded but a note from a licensed health care provider regarding participation in physical activity is recommended.

**Treatment:** None.

Reference:

http://www.health.state.ny.us/diseases/communicable/mononucleosis/fact_sheet.htm
www.cdc.gov/ncidod/diseases/ebv.htm
Mumps (Reportable)

Identification: An acute, systemic, viral disease characterized by fever, and two or more days of unilateral or bilateral swelling and tenderness of one or more salivary glands. Most frequently affected are the parotid glands in front of and below the ears. It should be noted that not all cases of parotitis are caused by mumps infection. In males after puberty, testicular involvement may occur.

Infectious Agent: Mumps Virus, Paramyxovirus.

Mode of Transmission: Airborne transmission or droplet spread and direct contact with respiratory secretions or saliva of an infected individual.

Incubation Period: Usually 16 to 18 days, but cases may occur from 12 to 25 days after exposure.

Period of Communicability: Infectious period is considered 3 days before to 5 days after onset of parotid swelling, but the virus can be present in the saliva from 7 days before to 9 days after onset of illness.

Control: Vaccine available. Routine mumps vaccination is recommended for all children at least 12 months of age with a second dose routinely given at 4 to 6 years of age. Two vaccinations are required for school entrance to kindergarten through 12th grade.

School Action:

Suspect cases:
- Exclude all students with suspect cases of mumps.
- Report all suspect cases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, immunization status, parent/guardian name, home address, telephone number and name of licensed health care provider.

Confirmed cases:
- Once case is confirmed, advise all unimmunized, immunocompromised, and pregnant students and staff to contact their licensed health care provider.
- Follow direction by Charlotte County Health Department for exclusion of unimmunized or susceptible contacts till at least 26 days after onset of parotitis in the last known case of mumps in the school.
- Provide letter and fact sheet to staff and parents/guardians as advised by Charlotte County Health Department.
- Exclude confirmed cases for 9 days from onset of parotid gland swelling or until cleared in writing by a licensed health care provider, for return to school.

Treatment: None.

Reference:

www.cdc.gov/vaccines/ypd-vac/mumps/dis-faqs.htm
Pertussis (Whooping Cough)  
(Reportable)  

**Identification:** Pertussis or whooping cough is an acute, bacterial infection of the respiratory tract. The bacteria which attach to the cilia of the epithelial cells of the respiratory tract produce toxins that paralyze the cilia and cause inflammation. Pertussis usually presents with mild respiratory symptoms, runny nose, sneezing and mild cough which progress to a cough which becomes paroxysmal (numerous, rapid coughs) usually within 1 to 2 weeks, progressing to violent coughing episodes which may be accompanied by a long inspiratory effort and may include an inspiratory “whoop.” Cough may be productive of clear, tenacious mucus and may be accompanied by vomiting with exhaustion. Fever may be low grade or absent. In between coughing episodes student may not appear ill.  

**Infectious Agent:** Bordetella Pertussis.  

**Mode of Transmission:** Direct contact with respiratory droplets.  

**Incubation:** 7 to 10 days with a range of 4 to 21 days.  

**Period of Communicability:** Highly communicable during first two weeks of cough onset and gradually becomes negligible by 3rd week.  

**Control:** Vaccine available. A series of 5 DPT vaccinations are required for school entrance to kindergarten. The Tdap Vaccine may be given in place of the Td Booster for entrance into 7th grade. The Advisory Committee on Immunization Practices (ACIP), Center for Disease Control recommends a single dose of Tdap instead of Td.  

**School Action:**  

**Suspect Cases:**  
- Any student suspected of having pertussis must be excluded from school until a definitive diagnosis is made.  
- Report all suspect cases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, immunization status, parent/guardian name, home address, telephone number and name of licensed health care provider.  

**Confirmed Cases:**  
- Exclude student from school until cleared to return, in writing, by a licensed health care provider and completion of 5 days minimum of 7 day course of antibiotics or 21 days from onset of cough if student does not receive antimicrobial therapy.  
- Identify and inform parent/guardian of students unimmunized and immunocompromised and staff and advise them to contact their licensed health care provider.  
- Follow recommendations from the Charlotte County Health Department for notifying parents/guardians of students and staff who may have been exposed.  

**Treatment:** Antibiotic treatment will eradicate the bacteria from respiratory secretions and shorten the period of communicability, but will not reduce symptoms unless it has been given during the incubation period.  

**Reference:**  
Pinworms (Enterobiasis)

**Identification:** An intestinal round worm parasite infection that is often asymptomatic. There may be perianal itching, disturbed sleep, irritability and sometimes secondary infection of the scratched skin. Pinworms are white and about ½ inch long. While the infected person sleeps, female parasites leave the intestine of humans and lay their eggs on the skin around the anus. The eggs are laid in a sticky, jelly-like substance that aids the female pinworm to wriggle and causes severe itching.

**Infectious Agent:** Enterobius Vermicularis.

**Mode of Transmission:** Egg transmission occurs by the fecal-oral route directly, indirectly or inadvertently by hands or fomites such as shared toys, bedding, clothing, toilet seats and baths contaminated with parasite eggs. Eggs survive as long as two weeks outside the host. Infections can be spread as long as eggs or worms are present.

**Incubation:** From ingestion of an egg until an adult female migrates to perianal area and deposits eggs is 1 to 2 months or longer. When eggs hatch while on the skin around the anus, they move to the lower intestine where they grow to adult size in 2 to 6 weeks.

**Period of Communicability:** As long as female worms deposit eggs on perianal skin. Eggs remain infective in an indoor environment for about two weeks. Humans are the only known natural host. Dogs and cats do not harbor enterobius vermicularis.

**Control:** Education regarding personal hygiene and strict hand washing technique before eating and preparing foods and after using the toilet. Discourage nail biting and scratching of anal area.

**School Action:**
- Identified cases should be excluded until student is treated.
- Strict hand washing technique is the most effective method of prevention.

**Treatment:** The drugs of choice are given in a single dose which is repeated in two weeks. Reinfection can occur easily so prevention, particularly strict hand hygiene should be discussed when student receives initial treatment.

Reference:

http://www.cdc.gov/ncidod/dpd/parasites/pinworm/default.htm
Ringworm (Tinea)

Identification: A fungal infection of the skin. The term tinea is identified as specific to the part of the body infected with fungus: tinea capitis (scalp and beard), tinea corporis or ringworm (body), and tinea pedis (feet) also referred to as Athlete’s Foot. Although the term ringworm can be applied to each of these body areas, the term is commonly used for tinea corporis or ringworm of the body. Symptoms vary by location of the infection.

Tinea Capitis (Scalp/Beard) Begins as a small area of erythema and/or scaling and spreads peripherally, leaving scaly patches of temporary baldness. Infected hairs become brittle and break off easily.

Tinea Corporis (Face, Trunk or Limbs) The lesions are generally circular, slightly erythematous and well demarcated with a scaly, vesicular or pustular border. Itching is common. The appearance of the lesions may be altered by application of a topical corticosteroid preparation, making identification more difficult.

Tinea Pedis (Feet) Scaling or cracking of the skin especially between the toes or blisters containing a thin watery fluid.

Infectious Agent: Various species including Microsporum and Trichophyton.

Mode of Transmission: Direct or indirect contact with skin of infected lesions of infected person or animals and contaminated objects or surfaces.

Incubation: Tinea Capitis (Scalp/Beard) – Usually 10 to 14 days
Tinea Corporis (Body) – Usually 4 to 10 days
Tinea Pedis (Feet) – Unknown

Period of Communicability: As long as lesions are present and viable fungus exists on contaminated materials.

Control: Exclude students with scalp or skin lesions until appropriate treatment has been initiated.

School Action: • Tinea Capitis: Exclude student until oral antifungal therapy is initiated. Haircuts, shaving of the head or wearing of a cap during treatment are unnecessary.
• Tinea Corporis: Exclude student until appropriate treatment or until a written diagnosis by a licensed health care provider is received indicating this is a non-contagious condition. Lesions should be covered with a dry dressing, if possible.

Treatment: Tinea Capitis: Oral (systemic) antifungals are required because topical antifungals are not effective in the treatment of tinea capitis.

Tinea Corporis and Tinea Pedis: Topical antifungals may suffice in the treatment of Tinea Corporis and Tinea Pedis. Topicals should be applied to lesions and surrounding skin as fungus spreads outward.

Reference:

http://www.edcp.org/factsheets/ringworm.html
Rubella (German Measles) (Reportable)

**Identification:** Rubella is a mild, viral disease with a diffuse erythematous, maculopapular rash and slight fever. Symptoms are often mild. Many cases in children are sub-clinical. The rash usually starts on the face, becomes generalized in 24 hours and lasts a median of 3 days. In older children and adults, there is often a prodrome with low grade fever, malaise, lymphadenopathy and upper respiratory symptoms. Older children and adults usually have swollen lymph nodes and joint pain. Maternal rubella during pregnancy can result in miscarriage, fetal death or congenital anomalies.

**Infectious Agent:** Rubella Virus.

**Mode of Transmission:** Contact through direct or droplet spread of nasopharyngeal secretions of infected person.

**Incubation Period:** Range 12 to 23 days, usually 16 to 18 days.

**Period of Communicability:** Moderately communicable, 7 days before to 7 days after onset of rash.

**Control:** Vaccine available. Rubella vaccination is recommended for children at 12 to 15 months of age and a booster at 4 to 6 years of age. Both vaccines are required for school entrance.

**School Action:**

For suspect cases:

- Exclude any suspected cases from school. Report all suspect cases to the Charlotte County Health Department, Office of Epidemiology at 624-7200 and the Supervisor of District Health Services, Charlotte County Public Schools at 255-7480. Have the following information available when reporting a case(s): students name and date of birth, immunization status, parent/guardian name, home address, telephone number and name of licensed health care provider.

For confirmed cases:

- The Charlotte County Health Department will advise appropriate actions to be taken. Confirmed cases must be excluded from school for a minimum of 7 days after onset of rash.
  - Identify and inform all parents/guardians of unimmunized and immunocompromised students, staff and pregnant women and advise that they contact their licensed health care provider.
  - Informational letters should be distributed to staff and parents/guardians of students at risk for possible exposure.
  - Educate staff on modes of transmission and reinforce the need for strict hand washing technique to all students and staff.

**Treatment:** Supportive.
Scabies

**Identification:** A parasitic infestation of the skin caused by a mite whose penetration is visible as papules, vesicles or tiny linear burrows containing the mites and their eggs. Lesions are prominent around finger webs, skin folds of the wrists and elbows, anterior axillary folds, and belt line. Itching is intense, especially at night, and scratching can lead to secondary bacterial infections. The characteristic scabetic burrows appear as gray or white thread-like lines which may be obliterated by scratching.

**Infectious Agent:** A mite, Sarcoptes Scabiei.

**Mode of Transmission:** Transfer of parasites usually occurs through prolonged, close, personal contact. Transfer from bed clothes and undergarments occur only if these have been contaminated by an infested person immediately prior. Pets do not transmit the mite.

**Incubation:** In person without previous exposure, 2 to 6 weeks before onset of itching. People who previously were infested are sensitized and will develop symptoms 1 to 4 days after repeated exposure to the mite; however, reinfestations are usually milder than the original exposure.

**Period of Communicability:** Until mites and eggs are destroyed by treatment, usually after one, occasionally two courses of treatment a week apart. The scabies mite can not live off the skin of the host for longer than 48 to 72 hours.

**Control:** Exclude infested individuals until treatment is administered. Treatment must be with a prescribed scabicide and prophylactic treatment is recommended for household members.

**School Action:**

- **Suspect Cases:** Exclude all suspect cases from school until a diagnosis is made by a licensed health care provider and the student is cleared, in writing, to return to school.

- **Confirmed Cases:** Any student with a confirmed case of scabies can be allowed to return to school once treatment has been administered and a written note from a licensed health care provider is received.

**Treatment:** Treatment with a licensed health care provider prescribed scabicide is required. Some scabicides must remain on the skin for several hours before they can be removed by washing. Because scabietic lesions are the result of a hypersensitivity reaction to the mite, itching may not subside for several weeks despite successful treatment. Prophylactic treatment is recommended for household members.

Reference:

Scarlet Fever/Strep Throat  
(Streptococcal Infections)

**Identification:** Streptococcal infections cause a variety of diseases. One of the most frequent is streptococcal pharyngitis, commonly called strep throat. Persons with streptococcal sore throat usually have sudden onset of fever, exudative tonsillitis or pharyngitis with diffuse redness of the pharynx. Scarlet fever is a form of streptococcal disease characterized by the symptoms of strep throat in addition to a confluent erythematous sandpaper like rash, strawberry-like tongue and flushed cheeks with circumoral pallor.

**Infectious Agent:** Streptococcus Pyogenes.

**Mode of Transmission:** Direct contact with nasal or respiratory secretions or large respiratory droplets of infected person or carrier, rarely indirect contact through objects.

**Incubation:** Usually 1 to 3 days, may be longer.

**Period of Communicability:** With adequate antibiotic treatment, transmissibility usually ends within 24 hours. In untreated, uncomplicated cases 10 to 21 days.

**Control:** Refer to licensed health care provider for diagnosis and exclude until 24 hours of appropriate antibiotic therapy or cleared by a licensed health care provider to return to school.

**School Action:**
- Exclude all confirmed cases until antibiotics have been taken for a minimum of 24 hours.
- For a confirmed case of Scarlet Fever, a written note from a licensed health care provider is required for student to return to school.

**Treatment:** Administration of an antibiotic is the usual treatment of choice.

Reference:

[http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/groupastreptococcal_g.htm)
**Shingles (Varicella Zoster Virus)**

**Identification:** This is a reactivation of a latent, prior infection with varicella zoster which may occur years after the primary infection (chickenpox). The virus infects the nervous system without causing any damage and becomes dormant. This latent infection reactivates and returns to the skin as shingles or zoster usually in the elderly and those with a weakened immune system. Shingles usually starts as a rash on one side of the face or body in the distribution of a peripheral sensory nerve. The rash starts as blisters that scab after 3 to 5 days. Prior to development of the rash, there is often pain, itching or tingling in the area where the rash will develop.

**Infectious Agent:** Varicella-Zoster Virus (VZV).

**Mode of Transmission:** Direct contact with the rash while it is in blister-phase. It can not be spread by sneezing, coughing or casual contact. The virus from vesicles is infective and can be transmitted by airborne viral particle shed from the skin of an infected person. A person breathes in the virus shed from vesicles which enters the mucosal membrane of their respiratory tract. The person exposed could develop chickenpox, not shingles.

**Incubation:** Reactivation of latent infection, may be years after primary infection (chickenpox).

**Period of Communicability:** From the appearance of vesicles until all vesicles are dried and crusted over. Usually about 5 days.

**Control:** The risk of spreading shingles is low if the rash is covered. Encourage the person not to touch or scratch the rash and to practice strict hand washing technique to prevent spread of VZV.

**School Action:**
- Exclude from school until vesicles are dried and crusted or lesions are fully covered.

**Treatment:** Prescription medicine is available for shingles which may shorten the duration and reduce symptoms.

Reference:

Chapter 9

COMMUNITY ASSOCIATED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA)
COMMUNITY ASSOCIATED METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (CA-MRSA)

Staphylococcus aureus, Staph, is a common bacterium found on the skin and in the nose of healthy individuals. MRSA is a specific type of staph which is resistant to the antibiotics previously used to treat patients with staph infections. MRSA has been seen among patients in the health care setting, also known as health care associated or HA-MRSA. Since 2002, outbreaks of a new form of MRSA have been reported among healthy individuals, particularly among athletes participating in contact sports. This type of infection is community associated, and is called CA-MRSA.

The most frequent infections caused by CA-MRSA are skin and soft tissue infections which usually present as boils, abscesses or cellulitis and may be mistaken for spider bites. The infected area usually starts as a small bump which becomes redder and develops pus drainage. In most cases, CA-MRSA infections are mild and can be treated with antibiotics, and/or incision and drainage and good hygiene. However, CA-MRSA can develop into a serious infection.

Transmission of CA-MRSA is associated with skin to skin contact and with skin contact of contaminated items and surfaces such as sports equipment. Outbreaks of CA-MRSA have occurred among members of athletic teams, particularly in sports involving close personal contact and with an increased risk of skin breakdown such as football, wrestling and volleyball.

One of the most important ways to protect against infection is to keep skin intact. Implementing measures to improve personal hygiene and environmental cleanliness appear to help control the transmission particularly where use of shared items and equipment is common. “These infectious agents are resistant to some of our strongest drugs, but do not resist hand washing” said Dr. Dan Jernigan, a medical epidemiologist with the Centers for Disease Control and Prevention. Early detection and appropriate treatment including measures to screen for early signs of infection of the skin and soft tissue should be implemented among contact sports participants. All confirmed cases of CA-MRSA should be reported to the CCPS Supervisor of District Health Services.

School Nurse Responsibilities:

**Suspect Cases:**

- Student does not need to be excluded from school.
- Notify your school administration if you are sending a student or staff member to the doctor for diagnosis of a possible case of MRSA.
- Notify parent/guardian regarding need for medical evaluation and provide a copy of letter to licensed health care provider (MRSA 5/08).
- Call the Supervisor of District Health Services to report the following: student name, school, grade level, parent/guardian name, telephone numbers, licensed health care provider and telephone number.
- Provide parent with information on CA-MRSA (P MRSA 5/08).
- All lesions must be cleaned properly and covered with a dry dressing. The term “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the activity. Good hygiene measures should be stressed to the student such as performing strict hand washing technique before and after changing bandages and throwing used bandages in the trash.
- Once diagnosis is known alert school administration and Supervisor of District Health Services.
Confirmed Cases:

- Student does not need to be excluded from school. However, a medical release is required for contact sports.
- Exclusion from school and sports activities should be reserved for those individuals with wound drainage (pus) that cannot be covered and contained with a clean, dry bandage and for those who cannot maintain good personal hygiene. The term “properly covered” means that the skin infection is covered by a securely attached bandage or dressing that will contain all drainage and will remain intact throughout the activity. Good hygiene measures should be stressed to the student, such as performing strict hand washing technique before and after changing bandages and throwing used bandages in the trash.
- Students must keep lesions covered with a dry dressing while attending school and participating in sports.
Community Associated
Methicillin Resistant
Staphylococcus Aureus
CA-MRSA

Information for Parents of Students Participating in Athletics

Staphylococcus aureus, also known as Staph, is a bacteria commonly found on the skin and in the nose of healthy individuals. Most people carry this bacterium on their skin and it does not cause an infection. A Staph infection usually begins when the bacteria enter the body through an injury to the skin. While most of the infections are minor, such as a boil or abscess, it can occasionally cause a more serious infection.

MRSA or methicillin resistant Staphylococcus aureus is a type of Staph that is resistant to the antibiotic methicillin which had been used to treat staph infections. This type of infection has most often been seen among patients in the health care setting. However, a new strain of MRSA, community associated MRSA or CA-MRSA, is now being seen among the general population and particularly among athletes. CA-MRSA infections usually appear as boils or abscesses and may often be confused with spider bites. While most infections are mild, severe conditions have resulted.

The spread of CA-MRSA is associated with direct skin to skin contact and by skin contact with contaminated surfaces or shared personal items and sports equipment. Athletes who participate in contact sports such as football and wrestling are at an increased risk for exposure. While all recommendations from the Centers for Disease Control and Prevention (CDC), will be implemented in the school setting to minimize any risk to students of contracting an infection, there are some recommendations which you can follow at home to further help in the prevention of such an infection.

**PREVENTION TIPS**

Parents and athletes can help prevent and control CA-MRSA infections within the athletic setting by following these health and hygiene practices.

- Wash hands frequently with soap and water, especially after using any sports facilities or shared equipment.
- Avoid sharing personal items with other athletes such as towels, razors, uniforms, soap bars.
- Report any suspicious skin sore or boil to your coach, school nurse or licensed health care provider.
- Cuts or abrasions in the skin should be cleansed with soap and water and a clean dry dressing applied daily. Continue to monitor for possible signs of infection.
- Use a towel or clothing to act as a barrier between skin and exercise equipment.
- When possible, wear clothing to protect skin during activities which are likely to cause skin damage.
- Shower with soap and water immediately after participating in sports involving close personal contact such as wrestling and football.
- Items shared with other people should be cleaned before use by another person.

**CA-MRSA RISK FACTORS**

- Crowded conditions
- Frequent skin to skin Contact
- Compromised skin (i.e., cuts, abrasions)
- Contaminated items and surfaces
- Lack of Cleanliness
- MRSA has been shown to have prolonged survival on everyday surfaces with growth of bacteria evident 24 hours after contamination.
School closures and Florida Department of Health recommendations:
The Florida Department of Health does not recommend closing schools for cleaning. Rather it recommends that schools have an emphasis on good hand hygiene among students and staff. This includes making sure opportunities for hand hygiene is readily available. Schools should have a scheduled cleaning program which emphasizes areas that are most likely to get contaminated such as locker rooms, weight rooms, whirlpools, and other sports equipment that are shared. The typical classroom environment is not a high risk environment for the transmission of MRSA.
<table>
<thead>
<tr>
<th>Key Prevention Messages for Parents/Guardians of Students</th>
<th>With Skin and Soft Tissue Infections</th>
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<tbody>
<tr>
<td>✓ Keep wounds that are draining covered with clean, dry, bandages.</td>
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<tr>
<td>✓ Clean hands regularly with soap and water or alcohol-based hand gel (if hands are not visibly soiled). Always clean hands immediately after touching infected skin or any item that has come in direct contact with a draining wound.</td>
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<tr>
<td>✓ Maintain good general hygiene with regular bathing.</td>
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<td>✓ Do not share items that may become contaminated with wound drainage, such as towels, clothing, bedding, bar soap, razors, and athletic equipment that touches the skin.</td>
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<tr>
<td>✓ Launder clothing that has come in contact with wound drainage after each use and dry thoroughly.</td>
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<tr>
<td>✓ If you are not able to keep your wound covered with a clean, dry bandage at all times, do not participate in activities where you have skin to skin contact with other persons (such as athletic activities) until your wound is healed.</td>
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<tr>
<td>✓ Clean equipment and other environmental surfaces with which multiple individuals have bare skin contact with an over-the-counter detergent/disinfectant that specifies <em>Staphylococcus aureus</em> on the product label and is suitable for the type of surface being cleaned.¹</td>
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¹ Department of Health and Human Services, Centers for Disease Control and Prevention
Dear Health Care Provider,

Our student, ________________________ has been referred for a possible infection. In your evaluation of this student, we would like you to know that some of our schools have reported children diagnosed with Community Associated MRSA (CA-MRSA). These student’s who were otherwise healthy, did not have any of the risk factors associated with Hospital-Acquired MRSA (HA-MRSA). The students often had a skin or soft tissue infection which presented as a boil, abscess or cellulitis. Early lesions often appear similar to spider bites.

If this student does have a confirmed case of CA-MRSA, we will require a medical release for this student to participate in contact sports.

We appreciate your cooperation in the care of this student. If you have any questions or you would like to discuss this matter you can reach me at _________________.

Very truly yours,

School Nurse

MRSA 5/08
Dear Parent,

Recently, it has been recognized that athletes who participate in contact sports are at a greater risk of developing a staph infection known as MRSA. This infection is caused by a type of Staphylococcus aureus bacteria known to be resistant to certain antibiotics.

MRSA has been identified in school and professional athletes nationwide. Attached is an information sheet explaining this infection and recommendations for steps you and your child can take to minimize their risk. We will take all necessary steps to reduce the risk of exposure in the athletic setting.

We are sure you will want to follow the attached recommendations at home to help your child prevent such an infection.
Maintaining a clean environment and implementing steps to improve personal hygiene appear to help control transmission of CA-MRSA where use of shared items and equipment is common. We recommend that you introduce a policy in which students must inform the coach or athletic trainer if they have a skin infection and that such students will not participate in contact activities until the coach has approved their return. We also suggest having the parents and students sign a release to this effect.

- Encourage students and staff to wash hands frequently with soap and water, especially after using the rest room, gymnasium facility, weight room and other sports activity areas, and whenever hands are contaminated or soiled.
- Encourage good hygiene, including showering and washing with soap immediately after practices and competitions involving close personal contact (such as football, wrestling and volleyball). Dry with a clean towel.
- Ensure availability of necessary hygiene supplies including soap dispensers for liquid soap rather than bar soap and paper towels for drying hands.
- Encourage the use of a towel or clothing (long sleeve shirt and pants) that acts as a barrier between skin and exercise equipment.
- Encourage athletes to wear long sleeves and long pants to protect skin during activities likely to cause skin damage.
- Wipe surfaces or equipment after use, especially if surface is wet with sweat. Recommend having spray bottles of disinfectant with disposable wipe cloths and instructions for safe use available.
- Encourage athletes to report skin lesions to coaches.
- Any cut or break in the skin should be immediately cleansed with soap and water and a clean dry dressing applied.
- Discourage the sharing of personal items such as towels, bar soap, razors, and clothing even on the sidelines at games. Do not share ointments or antibiotics.
- Athletes involved in close contact sports should receive a total body check by the appropriate athletic personnel prior to any game, match or competition.
- Cover any open wound or sore before participating in sports activity or using sports equipment. A clean dry dressing should be applied daily, before and after participation in close contact sports and after using a sports facility.
- Individuals with an infection involving drainage (i.e. pus drainage) should be excluded from participating in sporting events and practices until no drainage is present, and the site can be covered with a bandage and a licensed health care provider’s release is obtained.
- Clean shared equipment daily, and disinfect shared equipment surfaces according to manufacturer’s instructions and type of surface being cleaned. Athletic equipment such as wrestling and gymnastic mats should be wiped down regularly with a disinfectant solution.
- Educate all student athletes participating in contact sports on MRSA and prevention measures. This should include signs and symptoms of possible wound infection.
- Train all coaches and athletes in basic first aid procedures for wounds and recognition of wounds that are possibly infected.
- Repair and dispose of equipment and furniture with damaged surfaces that can not be adequately cleaned.
STUDENT ATHLETE’S RESPONSIBILITIES
FOR PREVENTION OF
CA-MRSA INFECTIONS

- Wash hands frequently with soap and water, especially after using the restroom, gymnasium, weight room, and whenever hands are soiled. Use the 15 second rule while washing hands.
- Shower with soap immediately after practices and competitions involving close personal contact such as wrestling and football.
- Use a towel or clothing as a barrier between skin and exercise equipment.
- Wipe surfaces of sports equipment after use especially if surface is wet with sweat.
- Report any skin lesions to the coach or school nurse. Monitor for signs of infection, including redness, drainage, or swelling.
- Any new cut or break in the skin should be cleansed with soap and water and covered with a dry dressing. Keep cuts or abrasions covered until healed.
- Do not share personal items such as towels, razors, or bar soap.
- Avoid contact with other people’s wounds or bandages. If there is skin contact, wash thoroughly with soap and water.
Chapter 10

Procedure for Administration of Medicines and Providing Prescribed Treatments
Purpose

This chapter has been prepared for school personnel who will be designated to administer medications to students per the requirements CCPS Policy 5330 and F1 Administrative Code 64B9-14.

F.S. 1006.062
Stipulated by State Law 1006.062, State Heading a 281.

I. Notwithstanding the provisions of the Nurse Practice Act, Part I of chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:

A. Each district school board shall include in its approved School Health Services Plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician licensed pursuant to Chapter 458 or Chapter 459, or a physician assistant licensed pursuant to Chapter 458 and Chapter 459, to the school personnel designated by the school principal to assist students in the administration of prescribed medication. Such training may be provided in collaboration with other school districts, through contract with an education consortium, or by any other arrangement consistent with the intent of this subsection.

B. Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel. The policies and procedures shall include, but not be limited to, the following provisions.

1. For each prescribed medication, the student’s parent/guardian shall provide to the school principal a written statement which shall grant to the principal or the principal’s designee permission to assist in the administration of such medication and explain the necessity for such medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or the principal’s trained designee shall assist the student in the administration of the medication.

2. Each prescribed medication to be administered by district school board personnel shall be received, counted, and stored in its original container. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the school principal.

There shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
Chapter 64B9-14
Delegation To Unlicensed Assistive Personnel
www.fac.dos.state.fl.us

64B0-14.001 Definitions
64B9.14.002 Delegation of Tasks or Activities
64B9-14.003 Delegation of Tasks Prohibited

64B9-14.001 Definitions:

(1) “Unlicensed assistive personnel” (UAP) are persons who do not hold licensure from the Division of Health Quality Assurance of the Department of Health but who have been assigned to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.

64B9-14.001 Definitions: (continued)

(2) “Assignments” are the normal daily functions of the UAP’s based on institutional or agency job duties which do not involve delegation of nursing functions or nursing judgment.

(3) “Competency” is the demonstrated ability to carry out specified tasks or activities with reasonable skill and safety that adheres to the prevailing standard of practice in the nursing community.

(4) “Validation” is ascertaining the competency including psychomotor skills of the UAP, verification of education or training of the UAP by the qualified individual delegating or supervising the task based on preestablished standards. Validation may be by direct verification of the delegator or assurance that the institution or agency has established and periodically reviews performance protocols, education or training for UAP’s.

(5) “Delegation” is the transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity.

(6) “Delegator” is the registered nurse or licensed practical nurse delegating authority to the UAP.

(7) “Delegate” is the UAP receiving the authority from the delegator.

(8) “Supervision” is the provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity, provided the nurse is qualified and legally entitled to perform such task or activity. The supervisor may be the delegator or a person of equal or greater licensure to the delegator.

(9) “Direct supervision” means the supervisor is on the premises but not necessarily immediately physically present where the tasks and activities are being performed.

(10) “Immediate supervision” means the supervisor is on the premises and is physically present where the task or activity is being performed.

(11) “Indirect supervision” means the supervisor is not on the premises but is accessible by two way communication, is able to respond to an inquiry when made, and is readily available for consultation.

(12) “Nursing judgment” is the intellectual process that a nurse exercises in forming an opinion and reaching a conclusion by analyzing data.

(13) “Education” means a degree of certification of the UAP in a specific practice area or activity providing background and experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated.
“Training” is the learning of tasks by the UAP through on the job experience or instruction by a nurse who has the education or experience to perform the task or activity to be delegated.

**64B9.14.002 Delegation of Tasks or Activities**

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 weigh in selecting the task or activity include:
   - Potential for patient harm
   - Complexity of the task

2. Factors to weigh in selecting and delegating to a specific delegate include:
   - Normal assignments of the UAP.
   - Validation or verification of the education and training of the delegate.

3. The delegation process shall include communication to the UAP which identifies the task or activity, the expected or desired outcome, the limits of authority, the time frame for the delegation, the nature of the supervision required, verification of delegate’s understanding of assignment, verification of monitoring and supervision.

4. Initial allocation of the task or activity to the delegate, 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.

**64B9-14.003 Delegation of Tasks Prohibited**

The registered nurse or licensed practical nurse, under direction of the appropriate licensed professional as defined in Section 464.003(3)(b), F.S., shall not delegate:

1. Those activities not within the delegating or supervising nurse’s scope of practice.

2. Nursing activities that include the use of the nursing process and require the special knowledge, nursing judgment or skills of a registered or practical nurse, including:
   - The initial nursing assessment or any subsequent assessments;
   - The determination of the nursing diagnosis or interpretations of nursing assessments;
   - Establishment of the nursing care goals and development of the plan of care; and
   - Evaluation of progress in relationship to the plan of care.

3. Those activities for which the UAP has not demonstrated competence.
School Board of Charlotte County
Bylaws and Policies

5330 – MEDICAL TREATMENT AND MEDICATION ADMINISTRATION

The School Board shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

Definitions

For the purposes of this policy, the following definitions shall apply:

A. “Medication” shall include all medicines including those prescribed by a physician and any non-prescribed (over-the-counter) drugs, preparations, and/or remedies.

B. “Treatment” refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Authorization of Medications

Before any medication or treatment may be administered to a student during school hours, the Board shall require a completed authorization form, signed by the prescribing physician and parent. Parents may administer medication or treatment without the authorization form.

The child’s physician and the parent/guardian must also authorize in writing any self-medication by the student.

Medications shall not be carried on a student’s person in school except epinephrine auto-injectors, asthma inhalers, and pancreatic enzymes; and only after a separate completed signed authorization form has been approved. Furthermore, no student is allowed to provide or sell any type of medication to another student. Violations of this policy will be considered in violation of the Code of Student Conduct and Parent Guide.

Medication Storage

ONLY MEDICATION IN ITS ORIGINAL CONTAINER LABELED WITH THE DATE, IF A PRESCRIPTION; THE STUDENT’S NAME; AND EXACT DOSAGE WILL BE ADMINISTERED. THE SCHOOL NURSE OR THE PRINCIPAL’S DESIGNEE WILL BE RESPONSIBLE FOR ACCEPTING, COUNTING, AND ADMINISTERING THE MEDICATION. THE SCHOOL NURSE OR DESIGNEE WILL COMPLETE A MEDICATION LOG FOR EACH STUDENT WHEN MEDICATION IS ADMINISTERED. MEDICATION WILL BE COUNTED UPON INTAKE AND STORED PROPERLY IN THE ORIGINAL CONTAINER UNDER LOCK AND KEY. CONTROLLED SUBSTANCES WILL BE COUNTED WEEKLY. PROPER DISPOSAL OF UNUSED MEDICATION SHALL BE THE RESPONSIBILITY OF THE PRINCIPAL AND SCHOOL NURSE.

Administration of Medication

The Board shall permit the administration by a licensed nurse of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a physician and the staff member has completed any necessary training.

A student who may require administration of an emergency medication may have such medication, identified as aforesaid, stored under lock and key in the clinic/school office and administered in accord with this policy.

In-service programs directed by the Supervisor of District Health Services, school nurse, and/or Public Health Nurse(s) will be conducted for those authorized to administer medication.

A student shall be permitted to carry out and use, as necessary, an asthma inhaler, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F4, Authorization for Possession and Use of Asthma Inhalers, to the principal and school nurse.

The student shall be permitted to carry and use, as necessary, an epinephrine auto-injector or anaphylaxis kit, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F4, Authorization for the Possession and Use of Epinephrine Auto-Injector, to the principal and school nurse.
The student shall be permitted to carry and use, as necessary, a prescribed pancreatic enzyme supplement while in school, participating in school sponsored activities, or in transit to or from school or school-sponsored activities, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F5, Authorization for the Permission to use Prescribed Pancreatic Enzyme Supplements, to the principal and school nurse.

The Superintendent shall prepare administrative procedures to ensure the proper implementation of this policy.

(F.S. 1006.062)
Medication Administration Procedures

Every attempt must be made by the student’s parent and licensed health care provider to have medication administered at home during non-school hours. When this is not possible a completed Physician and Parent Medication Authorization Form (MA1) must be provided for all medication to be administered during school hours.

Medication Documentation:

- Licensed medical personnel employed by CCPS or staff designated by the principal who have successfully completed, verified by signature, training for Unlicensed Assistive Personnel (UAP), shall administer medication to students.
- The parent or guardian must provide a completed Physician and Parent Medication Authorization Form for administration of medication in school and notify school personnel of any side effects or complications which may result from the administration of the medication including over-the-counter and herbal remedies. The Physician and Parent Medication Authorization Form will be valid only until the end of the current school year.
- An adult must transport all medication to and from school. All medication must be received by the school nurse or principal’s designee and delivered in the original prescription container. The label must comply with state laws and will contain as a minimum the student’s name, prescriber, medication name/dose/directions, date of prescription, and additional comments pertinent to storage, administration, or stability (e.g. protect from light, shake well, don’t use after mm/dd/yy). Over-the-counter medication, including herbal remedies, must be received in the original container with a label with the students name affixed.
- The school nurse or principal’s designee and the parent/guardian who transported the medication will count prescription medication upon intake and document the number in FOCUS in the Medication Administration Tab.
- The school nurse is responsible for maintaining an individual Medication Administration Tab with the student’s name and picture, name of medication, time, dose and route of administration noted.
- Those individuals properly trained to administer medication must electronically sign their full name in the designated area in the Medication Administration Tab.
- Each time medications are administered the school nurse/designee must electronically sign the correct date and time medication is administered.
- If the student is absent or does not receive the prescribed medication for any reason, this must be noted in the Medication Administration Tab and the parent/guardian notified.
- The original Physician and Parent Medication Authorization Form must first be scanned into FOCUS and then be kept in the Evacuation / UAP Handbook in alphabetical order by student name with the pink Medication Administration Record (MAR). The handbook should be locked in a cabinet at the end of the school day. At the end of the school year all Medical records kept in the handbook must be destroyed.
- Notify the teachers of students who receive medications at school.
• Since the individual MAR is a legal document, correction fluid, erasures, correction tape, or similar items are not to be used. Errors should be struck through and marked as mistaken entry, and signed. Then the information correctly entered.

• A new Physician and Parent Medication Authorization Form is not necessary when a student transfers to another school within the CCPS system. Give the parent a copy of the Physician and Parent Medication Authorization Form to take to the new school until the student’s records are received.

• It is the parent’s responsibility to notify the school nurse of changes in the medication order and to complete the appropriate forms. A new Physician and Parent Medication Authorization Form will be needed to reinstate the prescription.

• At least once a week, all controlled substances must be counted by the school nurse and a principal designee and recorded on the individual student’s electronic Medication Administration Tab.

**Medication Administration**

Every time a medication is given, all designees will follow the Rights of Medication Administration: The **RIGHT** way to give medications are: **RIGHT** patient, **RIGHT** medication, **RIGHT** dose, **RIGHT** route, **RIGHT** time, **RIGHT** documentation.

- Wash your hands prior to procedure.
- Verify MAR / Medication Administration Tab is complete and current and verify label on container is consistent with MAR / Medication Administration Tab.
- Check expiration date on medication.
- Verify student identification/picture. Have student state name.
- Verify students name is on the container.
- Open medication container and check the integrity of the medication.
- Retrieve correct dose.
- Verbalize correct dose and time to be administered and administer medication.
- Check student to assure successful medication administration.
- Record medication administered to student on the student’s MAR / Medication Administration Tab.
- Return medication to locked cabinet.
- Wash your hands.
General Guidelines

- Never permit the student to obtain the medication from the medication cabinet. Never give the medication bottle to the student.
- Medication may only be given in the dose ordered on the Physician and Parent Medication Authorization Form. According to the Nurse Practice Act, the school nurse can not take orders from a parent.
- Never administer the medication more than 1 hour before or after the prescribed time without checking with the licensed health care provider first.
- If a student arrives after the designated time to receive medication, always check with the parent to verify if the student has had the scheduled dose prior to arriving at school.
- Do not undo capsules, put into food, crush or grind, tablets without authorization from the licensed health care provider.
- Report to the parent any change in the appearance of any medication and do not use any medication with any apparent abnormalities, e.g. two different looking tablets in one bottle.

Medication Storage:

- Medication must be stored in its original container.
- Medications requiring refrigeration will be kept in a locked box in the health center refrigerator.
- Refrigerated medication should not be kept in the refrigerator door.
- Each medication cabinet must be locked.
- Medication cabinets must remain locked at all times when not in use.
- No medication should remain in the school’s locked medicine cabinet at the end of the school year.

Medication Disposal

- Form MDL 5/08 should be sent home to the parents of all students receiving medication two weeks prior to the end of the school year or upon completion of the student’s prescription to remind them of their responsibility to pick-up any unused medication.
- If the parent does not respond to the letter, then a telephone call should be made to again remind the parent and this should be noted on the individual Medication Administration Tab or the Daily Visit Log. 
- If the parent does not come to school to pick-up unused medication, the school nurse is responsible for disposing of all unused medication at the end of the school year.
- The school nurse and a principal designee as witness must both sign the individual Medication Administration Tab to verify proper disposal of each controlled substance.
- Disposing of unwanted medication down the toilet or drain is not endorsed by the Florida Department of Environmental Protection (DEP).
- Contact Supervisor of District Health Services regarding proper disposal.
Charlotte County Public Schools
Daily Medication Schedule

Beginning Date: ________________

End Date: ________________

<table>
<thead>
<tr>
<th>Time</th>
<th>Student Name/Medication</th>
<th>Teacher/Grade</th>
<th>Ext</th>
<th>M</th>
<th>Tu</th>
<th>W</th>
<th>Th</th>
<th>F</th>
<th>M</th>
<th>Tu</th>
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<th>Th</th>
<th>F</th>
</tr>
</thead>
</table>
Date:

Subject: Medication Administration During School Hours

Dear Parent/Guardian:

School Board Policy states that schools may not give any prescription or over-the-counter medication(s) to children during school hours unless a Physician and Parent Medication Authorization Form is completed by a licensed health care provider and the parent/guardian. This form can be obtained at the school office and on the school district’s website (www.yourcharlotteschools.net). All medication authorization forms are valid for the current school year only. Any changes in the type, dosage and frequency of medication administered will require a new Physician and Parent Medication Authorization Form. At no time will a student be allowed to carry prescription or nonprescription medication on his/her person unless prior arrangements have been made between the school nurse, principal, parents/guardians and the student.

If at all possible, the medication should be scheduled to be given right before and right after school rather than during school hours.

Prescription medications given at school must be provided in original containers with original pharmacy labels. Have the pharmacy fill your prescription in two (2) labeled containers so there is proper labeling at home as well as at school. The labels must include: name of student, name of drug, directions concerning dosage, time of day to be taken, name of prescribing licensed health care provider and date of prescription. A prescription label may be used as the licensed medical physician’s order and instructions with a completed parent section of the Physician and Parent Authorization Form for only three (3) school days. After that time, a completed Physician and Parent Authorization Form from must be received by the school nurse in order for the medication to be continued to be given at school.

A licensed health care provider must prescribe all over-the-counter medication including herbal remedies and the appropriate Physician and Parent Authorization Form must be completed. Nonprescription (over-the-counter) medications must be received in the original container and labeled with the student’s name.

School personnel should be informed of any side effects or complication which may result from taking the medication.

Parents are responsible for seeing that adequate supplies of the medication are provided for the school. Students may not bring the medication to school. Medication(s) must be brought to school by an adult.

Sincerely,

____________________________________
School Nurse

10-10
Charlotte County Public Schools recognize a student may have an illness that does not prevent him/her from attending school but which does require a FDA approved medication by a licensed medical physician for relief or cure. Parents should be giving medications and/or treatments at home except, when in a physician's opinion, it is deemed vital that it be given during school hours.

The following rules must be observed:

- An adult must transport all medications to and from school. All medication must be received by the school nurse or a principal’s designee and be delivered in the original container, labeled with the student's name, name of drug, directions concerning dosage, time of day to be taken, physician's name, and date of prescription. The school nurse (or the principal’s designee) and the adult, who transported the medication, will count the number of tablets in the medication bottle upon intake and it will be documented in FOCUS in the student’s individual Medication Administration Tab. Controlled substances/medications will be counted weekly;

- At no time will a student be allowed to carry prescription or nonprescription medication on his/her person unless prior arrangements have been made between the school nurse, principal, parents/guardians, and the student;

- The parent or guardian must provide a completed Physician and Parent Authorization Form for administration of medication in school for each prescribed medication in order for it to be dispensed to a child. A prescription label may be used as the licensed medical physician's order and instructions with a completed parent section of the Physician and Parent Authorization Form for only three (3) school days. After that time, a completed Physician and Parent Authorization Form must be received by the school nurse in order for the medication to be continued to be given at school;

- A Physician, Advanced Registered Nurse Practitioner, or Physician Assistant must prescribe all over-the-counter medication such as Tylenol, supplements including herbal remedies and the appropriate Physician and Parent Authorization Form must be completed;

- The student is responsible for coming to the School Health Center at the appropriate time for medication, although the school nurse will be responsible for monitoring compliance;

- School personnel should be informed of any side effects or complication which may result from taking the medication;

- It is the parents’ responsibility to notify the school nurse of changes in medication schedules and to complete the appropriate forms, if necessary. When the medication order expires or is completed, the signed Physician and Parent Authorization Form will be stored electronically in FOCUS in the Medication Administration Tab.

The parent must pick up all medications prior to the end of the school year. Medications stored over winter and spring break will be kept in a locked, storage area. When a parent withdraws permission for the medicine to be administered, it will be documented in FOCUS in the student’s individual Medication Administration Tab and the medication sent home with the parent or discarded. A new physician form will be needed to reinstate the medicine; and,

- Questions and/or concerns should be directed to the Supervisor of District Health Services at 255-7480.
PHYSICIAN and PARENT MEDICATION AUTHORIZATION FORM - General for Administration of Medication During School Hours

To Be Completed by Licensed Health Care Provider

_____________________________  ______________________  ______________________
Student Name              DOB              Allergies

Medical Diagnosis: ___________________________ Diagnostic Code: ___________________________

Name of medication: ________________________________________________________________

Time to be given: _______________        Dosage and Route to be given: ___________________________

Duration of time child is to receive medication: _______________________________________

Reactions to monitor for: ___________________________________________________________

Licensed Health Care Provider’s Signature: ___________________________ Date: _______________

Please print the following information:

Licensed Health Care Provider’s Name: ________________________________________________

Address: __________________________________________________________________________

Telephone No.: ___________________________ Fax No.: ___________________________

To be completed by PARENT/GUARDIAN

I hereby grant permission to the principal or his/her designee of _________________ School to assist in the administration of the prescribed medication to my child while in school and away from school while participating in official school activities (F.S.232.46). **It is my responsibility to notify the school if and when these orders change.** I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

_____________________________ Date: _______________
Parent’s Signature: ____________________________________

Please print parent’s name: __________________________________________________________________________

Does this medication need to be provided during field trips?  ☐ Yes  ☐ No

• **Physician and Parent Medication Authorization Form** must be completed for each individually prescribed medication

MA1 4/11
Medication Errors

In the case of a medication error, the person who is responsible for the error must complete the Medication/Treatment Error Report.

Medication errors include

- Wrong medication
- Wrong dose
- Wrong time
- Wrong student
- Missed dose
- Wrong route
- Incorrect documentation

If a medication error occurs, always

- Assess and document student’s condition;
- Notify the student’s parent/guardian;
- Notify the principal or principal designee;
- Notify the Supervisor of District Health Services;
- Document procedure followed; and,
- Complete Medication/Treatment Error Report.

If the error is giving the wrong medication, the wrong dose, wrong time, wrong route, or giving a medication to the wrong student the following must be done:

- Contact the Poison Control Center at 1-800-222-1222 for possible adverse side effects;
- Notify the student’s parent/guardian;
- Contact the student’s licensed health care provider, if necessary;
- Keep the student under observation for possible adverse reactions until the situation has been resolved; and,
- Complete Medication/Treatment Error Report.

For all medication errors

- Send copy of Medication/Treatment Error Report to the Supervisor of District Health Services.

Anyone can make an error, even when being most careful. There are some positive steps one can take to minimize the possibility of a medication error. These include

- Take your time and don’t be rushed;
- Concentrate on what you are doing and avoid distractions;
- Work with one student at a time;
- Before administering medication check the identity of the student and medication three (3) times; and,
- Document that you gave the medication in FOCUS in the student Medication Administration Tab immediately after administering the medication.
Procedure of Documenting, Reporting, and Handling
A Medication/Treatment Error

In the event of a possible medication error, the following steps should be taken by the school nurse or the principal's designee:

- Determine the medication/treatment involved in the possible error, assess and monitor student's condition and document;
- Complete Student Medication/Treatment Error Report;
- Contact Florida Poison Information Center at 1-800-222-1222 to relay medication name, dose, amount taken, time lapsed since administration, time of last food taken, and any other medical problems of student;
- Follow directions given by Florida Poison Information Center; and,
- Notify Supervisor of District Health Services, principal and parents/guardians.
Medication/Treatment Error Report

Name of Student ____________________________ Grade __________ School __________ Date __________

Time incident occurred: _______ A.M. _______ P.M.

This is to inform you that a medication/treatment error has taken place. Attach a copy of the original authorization form.

☐ Observed effect     ☐ No adverse effect     ☐ Minor adverse effect     ☐ Major adverse effect

Describe adverse effect: ______________________________________________________

Please check:

☐ Medication/treatment given too early

☐ Medication/treatment given too late

☐ Wrong dosage given

☐ Wrong medication/treatment given

☐ Wrong Route

☐ Wrong student

☐ No medication/treatment given

Telephone Contact With:

Parent/Guardian: ☐ Yes ☐ No

Principal Notified: ☐ Yes ☐ No

Licensed Health Care Provider: ☐ Yes ☐ No

Supervisor of District Health Services: ☐ Yes ☐ No

Action taken: ____________________________________________

Follow up: ____________________________________________

From: ____________________________________________

Person Responsible for Medication/Treatment Error

Original: School Nurse  Copy: Supervisor, District Health Services  Copy: Risk Management
**Medication Missed by Parent**

If a student was to receive medication in the morning before coming to school and does not get that dose, there are limited choices that follow:

- The parent/guardian should be urged to come to school to give the medication;
- If this is not possible, the parent/guardian has to call the school nurse to authorize her to dispense the medication this time only, in an emergency;
- This **can only be done if the prescription bottle at school indicates multiple doses in a day.**
  - If, for instance, it says give one tablet at 11:30 a.m., an earlier dose may not be given by school personnel;
- We also must be mindful of administering doses of medication too close together. Therefore, if the parents call after 8:00 a.m., determine the correct time to administer the subsequent dose; and,
- Any action taken which is different from that indicated by the physician on the medication form must be documented in FOCUS.

If this is a continuing problem for a particular child, the school should contact the parents/guardians to request that the doctor adjust the times of medication administration to allow school personnel to give both the morning and noon doses at school. The Supervisor of District Health Services should be notified of any difficulties.

**Missed Doses at School**

If a dose of medication is missed at school, the parent should be contacted. Documentation of this should be noted in FOCUS in the *Medication Administration Tab* and the *Medication/Treatment Error Report Form* filled out.
Field Trip Procedures for Medication Administration

The goal of the district is to facilitate students with special medical needs to be allowed to participate in all school activities. If a student requires medication to be administered during a field trip the following procedure must be implemented:

- School staff will be responsible for notifying the school nurse 30 calendar days prior to any scheduled field trips;
- The school nurse will prepare a list of those students who will require medication during the field trip;
- The student must have a completed Physician and Parent Medication Authorization Form on file signed by a licensed health care provider and the parent/guardian;
- If medication is to be administered on a field trip the same regulations apply. Therefore, the original container must be transferred to the trained person who will be administering the medication. It is not permissible to transfer medication to an envelope or other container for alternate administration. However, parents may request that the pharmacy provide them with a properly labeled duplicate prescription container for field trips.

The prescription label should include the following information:

- Students name
- Name of medication
- Dosage directions (by mouth, injection, etc.)
- Time(s) of day to be administered
- Provider’s name
- Date of prescription

- Give prescription container to faculty/staff designee and inform them that medication must be kept in a secure place at all times. Include a copy of the Physician and Parent Medication Authorization Form;
- The staff member responsible for administration of emergency injectable drugs must receive child specific training;
- The medication must be kept safely with the principal’s designee;
- Always use strict hand washing technique before administering medications;
- Medication that requires refrigeration must be kept in a small cooler with ice packs;
- Prior to administering any medication the principal’s designee will use the medication safety precaution known as the The Rights of Medication Administration;
- Note the time medication is administered (within 1 hour of scheduled time); and,
- Documentation should be completed on the Medication Administration Tab upon return to school.

Supplies Needed:

- Medication in appropriately labeled original container;
- Drinking cups;
- Drinking water;
- Calibrated measuring cup (for liquid medications only); and,
- Cooler and ice packs if needed for refrigerated medication.

Upon Return to School:

- Record time and date medication administered, sign full name and initial.

If the medication is not given as ordered, the principal and parent/guardian will be notified. Designated staff will complete Medication/Treatment Error Report Form.
Field Trip Information Form for the School Nurse

Please return this form to the nurse at least 30 calendar days before your trip.

Grade of students participating in field trip: ____________  Teacher’s Name: ____________________________

Date of Field Trip: ____________________________

Destination: ________________________________________

Type of Transportation: ____________________________

Time of Departure from School: ____________  Approximate Time Returning to School: ____________

Where will you be eating lunch?  
☐ Away from School  ☐ At School

Will you have any parent chaperones?  
☐ Yes  ☐ No

Field Trip Sponsor/Organizer: ____________________________

Who will be giving prescribed medication?  ____________________________

Has the individual administering medication completed Medication Administration training.  
☐ Yes  ☐ No

In cases where a student requires advanced medical care or has medical issues that need to be addressed during the field trip, advanced planning of at least thirty calendar days is necessary. Communication between the teacher/staff, school nurse and parent/guardian is required to determine the necessary accommodations required for student attendance.

For School Nurse:

Reviewed medication policy with teacher/staff:  ☐ Yes  ☐ No

First Aid Packet Given:  ☐ Yes  ☐ No

Medication(s) given to teacher/staff in prescription container:  ☐ Yes  ☐ No

Please return this form to the nurse at least 30 calendar days before your trip.
Date:

Subject: Medication Refills

To the Parent/Guardian of _________________________________

Your child will be in need of a medication refill for school. Please see below:

Name of medication: _________________________________

Your child has _________ day(s) supply of this medication left at school.

Please bring in a refill prior to _______________. (Please Note: Only adults may carry medication to school).

Reminder:

When bringing in a refill, please keep in mind that the label on the prescription bottle must have the identical information as the Physician and Parent Medication Authorization Form, which we have on file. The information includes the licensed health care provider’s name, type of medication, dosage amount, and time to be administered while at school only, name and telephone number of pharmacy.

If there are any changes, a new Physician and Parent Medication Authorization Form must be completed by a licensed health care provider.

We cannot accept or administer any medication unless these requirements are met according to Florida Statute 1006.062.
Medication Disposal Letter

Date: __________________________

To the Parent/Guardian of: ____________________________________________

Name of Student

This is to inform you, our school has unused, discontinued or expired medication that you provided for your child. Please make arrangements to pick up this medication by _______________________. Any unclaimed medications will be disposed of.

Fill in date

Thank you for your cooperation in this matter.

Sincerely,

______________________________

School Nurse

MDL 5/08
Allergic Reactions to Medications

- Carefully observe the student for adverse reactions after student has taken any medication.
- An allergic reaction to medication can happen at any time, no matter how long the child has been taking the medication. Call the parent/guardian and/or licensed health care provider immediately. Notify school principal. Stay with the child until help arrives or symptoms improve.
- The most common allergic symptoms are rash, itching, swelling, and breathing problems. Diarrhea, abdominal cramps, nausea, vomiting, behavioral changes, or bluish color of the skin or lips can occur as well.
- Call 911 if adverse reactions are observed (i.e., vomiting, rash, difficulty breathing).
- If a student is taken to the hospital emergency room, send the medicine container and emergency information card with the person accompanying the child.
- Notify parent/guardian.
- Notify student’s licensed health care provider.
- Notify principal.
- Document event in Medication Administration Tab and Daily Visit Log in FOCUS. Describe adverse reaction and steps taken (i.e., parent called, 911 called).
Administration Techniques

- Wash hands prior to the procedure.
- Verify that student’s Medication Administration Tab is complete and current and verify label on container is consistent with Medication Administration Tab.
- Check expiration date on medication container.
- Verify student identification/picture. Have student verbally state name.
- Verify that student’s name is the same as on the container.
- Open the medication container and check the integrity of the medication.
- Retrieve the correct dose.
- Verbalize the correct dose and time to be administered and administer the medication.
- Check student to assure successful medication administration.
- Record medication administered to student on the student Medication Administration Tab.
- Return medication to locked cabinet.
- Wash hands at the end of the procedure.

Oral Medications

- Verify order on Medication Administration Tab.
- Check student’s name against name on bottle to be sure it is the correct medication and dose.
- Oral medications are always given with the child standing or sitting up.
- Remove the correct number of pills from the bottle or measure liquid medication with calibrated cup.
- Hand it to or assist the child in putting it in the mouth.
- Make sure the medicine is swallowed. Check student’s mouth.
- Always follow with water unless otherwise directed.
- If the child vomits after the medication, call the parent/guardian and give him/her the time interval. Document it on the front and back of the individual Medication Administration Tab.
- If an error of any kind is made, always notify the parent/guardian, principal and fill out a Medication/Treatment Error Report. It may be necessary to notify the licensed health care provider as well (see Medication Error).

Ear Drops

- Check prescription and label to be sure the medicine is being put in the correct ear.
- Assist student to lie down on the opposite side of the prescribed ear.
- Pull up and back on the ear and put in the correct number of drops.
- Have student remain on his/her side for a few minutes.
- Wipe off any medicine that runs out the ear.

Eye Drops or Eye Ointment

Instillation of eye drops or eye ointment is a sterile technique necessary to prevent the introduction of bacteria into the eye.

- Always use strict hand washing technique before and after giving medications.
- Make sure you are putting the medication in the correct eye.
- Have the student lie down and extend the neck back over a pillow.
- Have student close his/her eyes.
- Do not put medication in the eye if the child is crying.
- Rest your hand on the child’s forehead. Gently pull the lower lid down and administer inside the lower lid close to the nose. Do not administer the medication directly on the eyeball.
- Apply eye drops or eye ointment without touching the container tip to the eye, skin or anything else.
- If you contaminate the end of the tube by touching it, squeeze out a small amount of medicine on a gauze pad or cotton tipped applicator and start over.
- Have the student remain lying down for a few minutes after the instillation of the eye drops or ointment.
Topical Medications

- Apply medication to a clean skin surface.
- Always use cotton tipped applicators or tongue depressors to apply salves and ointments. **Never use fingers. Do not touch skin with the tip of the medication tube. If this happens, squeeze a small amount of medicine onto gauze and start over.**
- Be sure to cover the site with gauze or adhesive bandage if the licensed health care provider’s order indicates.

Nose Drops

- Position the student to lie down with the neck extended back over a pillow.
- Instill drops in prescribed nostril.
- Keep the student in this position for a few minutes.
- Observe closely for choking or vomiting.
**MEDICATION ADMINISTRATION SKILLS CHECKLIST**

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate knowledge of location of Medication/Treatment guidelines.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>2. Wash hands before assisting with medication administration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Ask student to state first and last name. Check student’s identity with name on the medication container label.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Compare medication container label with <em>Physician and Parent Medication Authorization Form</em> and <em>Medication/ Administration Tab</em>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Give proper dose of medication by the correct route as indicated on medication container label and <em>Physician and Parent Medication Authorization Form</em> and <em>Medication/ Administration Tab</em>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Give medication at the time indicated on the <em>Physician and Parent Medication Authorization Form</em> and <em>Medication/ Administration Tab</em>.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Remove dose of medication from container without touching medication and assist in administering by proper route.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Document medication administration on student's <em>Medication/ Administration Tab</em> as soon as medication is taken.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Return medication to locked drawer, cabinet, or refrigerator box.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainer’s Signature ____________________________________________  Initials ______  Date ______
Trainee’s Signature ____________________________________________  Initials ______  Date ______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

**Distribution:** Original: Evacuation/UAP Handbook  Copy: Supervisor, District Health Services
**Inhaled Medications**

**SIT-UP, CHIN-UP, SHAKE-UP**

A metered dose inhaler (MDI) is a device used to deliver medication directly to the lungs. Medications that come in MDI’s include the following:

**Bronchodilators**: Quick relief medicines that are used only to relieve symptoms of asthma and should only be used when symptoms are present. These include Albuterol, Proventil, Ventolin, Maxair and Combivent; and

**Inhaled Steroids**: Preventive medicine which are used to prevent asthma episodes by decreasing inflammation and swelling of the airways. These medications are taken daily as directed by a licensed health care provider. These include Flovent, Pulmicort Turbuhaler, Aerobid and Intal.

In order to ensure effective administration, the following steps should be performed:

- Prime MDI per manufacturer’s instruction;
- Verify the name of the student with the order and the MDI;
- Assess the student to determine the need for use of a rescue inhaler based on the Physician and Parent Medication Authorization Form;
- Remove cap and hold inhaler upright;
- Shake inhaler;
- Connect spacer if provided;
- Instruct the student to tilt head back slightly and exhale as much air as possible;
- Position inhaler in one of the following ways:
  - Open mouth with inhaler 1 to 2 inches away;
  - Use spacer or holding chamber;
  - Place in mouth;
  - DRY POWDER INHALERS - close mouth tightly around the mouthpiece and inhale rapidly;
- Press down on inhaler to release medication as the student breathes in slowly;
- Breathe in slowly, 3 to 5 seconds through the mouth, not the nose;
- Hold breath for 10 seconds to allow medicine to reach deeply into the lungs;
- Wait one minute between puffs if using a bronchodilator, repeat the prescribed number of puffs;
- Rinse mouth after using powdered inhalants or inhaled steroids; and,
- Clean the plastic holder once a day by removing the canister and running warm water through it.

Portable pressurized MDI’s are filled with either 200 or 400 metered doses. However, when these doses are depleted, the inhaler may still work and seem to dispense medication, but the medication may be greatly reduced or may only dispense propellant. There is no reliable way to gauge how much medication is left in the inhaler other than to count the number of doses administered.

**Holding Chambers** Using a holding chamber with an MDI will make it easier to inhale the medication. Often a holding chamber is referred to as a spacer; however, there is an important difference between the two types of devices. Both extend the mouthpiece of the inhaler and direct the medication toward the back of the mouth, but a valved holding chamber offers extra value; a one-way flap traps and suspends medication long enough for the student to inhale over a 3 to 5 second period.

**Chambers With Masks For Use With MDI** After placing the mask firmly over the child’s mouth and nose, press one puff of medication into the chamber. Hold the mask in place while the child takes 5 breaths. Repeat until prescribed number of puffs have been given. Do not run water directly into the chamber to clean as this may damage the valves.
Valved Chambers For Use With MDI’s  Attach the chamber to the MDI. Place the mouthpiece in the mouth. Press the MDI to distribute one puff of medication into the chamber. Advise student to take a long, slow, deep breath in and hold for 10 seconds. Repeat until the prescribed number of puffs have been administered. A whistle may sound if the inhalation is too rapid. Rinse the chamber once a week with warm soapy water and allow to air dry, but do not run water directly into the chamber as this may damage the valves.

Peak Flow Meter

Some licensed health care providers may prescribe medication based on the peak flow reading when compared to the student’s personal best. The licensed health care provider should provide the student’s “personal best” and prescribe medication accordingly. The following steps should be followed when using a peak flow meter:

- Instruct the student to stand;
- Move the pointer on the peak flow meter to zero;
- Instruct the student to take a deep breath;
- Place the mouthpiece in the mouth on top of the tongue and advise the student to seal lips tightly around the mouthpiece. (Make sure the tongue does not block the mouthpiece);
- Instruct the student to blow out hard and fast;
- Repeat these steps three times; and,
- Record the highest reading.
**Nebulizers**

A nebulizer is a machine used to deliver medicine as a mist that is breathed directly into the lungs. The nebulizer has a compressor or pump that pushes air through a tube and then through the medicine chamber to change the medicine into very small droplets. This is the mist that can be seen coming from the nebulizer.

Several types of medications can be given by nebulizer such as a bronchodilators, anti-inflammatory drugs or antibiotics. Depending on the type of medication ordered, it may be given on a regular schedule each day. Sometimes it is ordered for only those times that the student is sick or is having an especially difficult time with breathing. The school nurse should perform an assessment of the student’s respiratory status before and after administration of medication.

**Nebulizer Procedure**

**Purpose:** To deliver medication by a fine mist that is breathed directly into the lungs

**Action To Be Performed By:** Person trained by licensed health care professional.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash hands</td>
<td>1. Use approved hand washing technique.</td>
</tr>
<tr>
<td>2. Position the student in comfortably seated position.</td>
<td>2. Facilitates better ventilation.</td>
</tr>
<tr>
<td>3. Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.</td>
<td>3. -----</td>
</tr>
<tr>
<td>4. Place medication in the medicine chamber following all medication administration steps. Securely close the lid to the medicine chamber.</td>
<td>4. -----</td>
</tr>
<tr>
<td>5. Attach a mouthpiece or face mask to the machine chamber with an adapter.</td>
<td>5. -----</td>
</tr>
<tr>
<td>6. Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.</td>
<td>6. -----</td>
</tr>
<tr>
<td>7. Turn on the compressor switch and watch for the medication mist to flow from the mouth piece or mask.</td>
<td>7. -----</td>
</tr>
<tr>
<td>8. If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.</td>
<td>8. -----</td>
</tr>
<tr>
<td>9. If a mouthpiece is used, have the student place their lips around the mouthpiece to make a seal.</td>
<td>9. -----</td>
</tr>
</tbody>
</table>
Nebulizer Procedure (Continued)

10. Instruct the student to breath in and out through the mouth slowly and completely.  
    10. Mouth breathing is necessary for adequate delivery of medication with mouth piece.

11. Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.  
    11. If a student coughs excessively, stop treatment briefly until symptoms subside.

12. Continue to have nebulizer dispense the medication until all the medication has disappeared from the chamber.  
    12. If the mist stops, but you can see more medicine clinging to the sides of the medicine chamber, tap the side of the chamber. The mist should start again.

    13. Document on the Medication Administration Tab and describe the symptoms and response in The Daily Visit Log in FOCUS.

14. If symptoms have improved, the student may go back to class.  
    14. -----

15. If the equipment is not to be sent home for cleaning, before the next treatment disassemble and clean the medicine chamber adapter, mouth piece or mask and lid with warm water, rinse thoroughly. Soak for 30 minutes in solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a paper towel; cover with a paper towel and air dry. Store in a clean plastic bag.  
    15. The tubing does not need to be cleaned since only air has been delivered through the tubing.

16. Wash hands.
MEDICATION BY NEBULIZER SKILLS CHECKLIST

*Training to be conducted by approved licensed CCPS personnel.

Name: ____________________________  School: ____________________________

<table>
<thead>
<tr>
<th>SKILL</th>
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<tr>
<td>1. Wash hands.</td>
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<tr>
<td>2. Position the student in a comfortably seated position.</td>
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<td>Date</td>
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<td>3. Place nebulizer on table or counter and plug into electrical</td>
<td></td>
<td>Date</td>
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<td>outlet with ON/OFF switch in the OFF position.</td>
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<td>4. Place medication in the medicine chamber, following all</td>
<td></td>
<td>Date</td>
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<tr>
<td>medication administration steps. Securely close the lid to the</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>medicine chamber.</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>5. Attach a mouthpiece or face mask to the medicine chamber with an</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>adapter.</td>
<td></td>
<td>Date</td>
</tr>
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<td>6. Connect one end of the tubing to the medicine chamber and the</td>
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<td></td>
<td>Date</td>
</tr>
<tr>
<td>nose, securing it comfortably with the elastic strap that is</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>attached.</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>9. If a mouthpiece is used, have the student place the lips around</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>the mouthpiece to make a seal.</td>
<td></td>
<td>Date</td>
</tr>
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<td>10. Instruct the student to breathe in and out through the mouth</td>
<td></td>
<td>Date</td>
</tr>
<tr>
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<td></td>
<td>Date</td>
</tr>
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<td></td>
<td>Date</td>
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<tr>
<td>effort. Initiate emergency procedures if indicated.</td>
<td></td>
<td>Date</td>
</tr>
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<td>12. Continue to have the nebulizer dispense the medication until all</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>the medication has disappeared from the chamber.</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>13. Document the procedure accurately.</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>14. If symptoms have improved, the student may go back to class.</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>15. If the equipment is not to be sent home for cleaning before the</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>next treatment, disassemble and clean the medicine chamber,</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>adapter, mouthpiece or mask and lid with warm water; rinse</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>thoroughly. Soak for 30 minutes in a solution of 3 parts water to</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>1 part white vinegar; rinse thoroughly. Lay all pieces on a paper</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>towel, cover with a paper towel and air dry. Store in a clean</td>
<td></td>
<td>Date</td>
</tr>
<tr>
<td>plastic bag.</td>
<td></td>
<td>Date</td>
</tr>
</tbody>
</table>

Trainer's Signature ____________________________  Initials _______  Date _______

Trainee's Signature _______________________________  Initials _______  Date _______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook   Copy: Supervisor, District Health Services

Rev. 6/10
DAYTRAN NA TRANSDERMAL PROCEDURE

PURPOSE: To deliver medication thru the skin, providing a consistent dose during the time the patch is worn. Daytrana is used for treatment of attention disorders. Daytrana patch is applied 2 hours before needed effect and is generally worn 9 hours. Common side effects include insomnia, weight loss, nausea, and vomiting.

ACTION TO BE PERFORMED BY: Student or person trained by licensed healthcare professional.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APPLICATION OF PATCH</strong></td>
<td></td>
</tr>
<tr>
<td>1. Wash hands.</td>
<td>1. Use approved hand washing technique.</td>
</tr>
<tr>
<td>2. Apply to a clean, dry area of skin on hip. Choose an area that is not oily, has minimal hair, and is free of scars, cuts, burns or other skin irritation.</td>
<td>2. Provide for student privacy. Irritated or broken skin will increase absorption of the drug.</td>
</tr>
<tr>
<td>3. Rotate hip site daily.</td>
<td>3. Avoid waistline or other area of hip that clothing may rub patch off.</td>
</tr>
</tbody>
</table>
| 4. Remove plastic backing and without touching adhesive side apply to hip. Press firmly with palm of hand for 30 seconds. | 4. Check edges of patch to ensure good contact.  
  - Wash hands after handling patch.  
  - Do not cut patch to try to alter dose.  
  - Carefully cut open the pouch. Remove from foil package right before application. |

**RE-APPLICATION OF PATCH**

1. If patch falls off, call parent to see if they want patch re-applied. If a new patch will need to be applied, follow above steps. Student must have Physician and Parent Medication Authorization Form completed to apply a new patch.

**REMOVAL OF PATCH**

1. Wash hands.
2. Provide for student privacy.
3. Remove patch from skin and fold in half, adhesive sides together, and place in bio-hazard container.

1. Daytrana patch is usually worn 9 hours a day. If a new patch is applied it will be removed 9 hours after original patch was applied.  
*It is not recommended to attempt to re-apply old patch, this may affect absorption of drug.*

Above information was obtained from medication manufacture insert.
# DAYTRANA TRANSDERMAL SKILLS CHECKLIST

Training to be conducted by approved licensed CCPS personnel.

Name: _______________________________________

School ______________________

<table>
<thead>
<tr>
<th>SKILL</th>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Rotate hip site daily.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Remove plastic backing and without touching adhesive side apply to hip. Press firmly with palm of hand for 30 seconds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Document time of application, location of skin.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## RE-APPLICATION OF PATCH

1. If patch falls off, call parent to see if they want patch re-applied. **A new patch will need to be applied, follow above steps.** Student must have Physician and Parent Medication Authorization Form completed to apply a new patch.

## REMOVAL OF PATCH

1. Wash hands.
2. Provide for student privacy.
3. Remove patch from skin and fold in half, adhesive sides together, and place in biohazard container.

Trainer’s Signature: ____________________________  Initials ______  Date: ____________

Trainee’s Signature: ____________________________  Initials ______  Date: ____________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Distribution: Original: Evacuation/UAP Handbook  Copy: Supervisor, District Health Services

Rev. 6/10
Diastat is a gel preparation of diazepam for rectal administration in the treatment of prolonged seizure activity or cluster seizures. The active ingredient (diazepam) causes central nervous system depression and has anticonvulsant properties. Diastat is rapidly absorbed from the lining of the rectum and quickly achieves therapeutic levels.

Diastat is a non-sterile gel preparation of diazepam in a rectal delivery system of prefilled 2.5, 5, 15, or 20 mg unit doses. One box contains two doses (2 syringes) and lubricating jelly.

Conditions for Diastat Administration in School

The dose must be prescribed by a licensed health care provider and be consistent with the package label. The licensed health care provider’s order must include the following:

- The dose of Diastat prescribed;
- The specific description of the seizure for which it has been ordered;
- The specific time to give the Diastat. The time from onset of seizure activity or a specified number of seizures during a specified time frame;
- The frequency of Diastat administration must be in accordance with FDA guidelines and should not be administered more than one time during a five (5) day period or more than five (5) times per month;
- A list of other medications the student is receiving;
- Parent/guardian permission;
- Ongoing communication with parent/guardian to ensure school nurse is notified of Diastat use at home; and,
- 911 will be called for first time administration of Diastat.

Administration of Diastat must be in accordance with student-specific parameters based on licensed health care provider’s order and student assessment at time of seizure. The guidelines are as follows:

- Secure privacy as much as possible;
- Loosen clothing, position student on side and drape;
- Put gloves on;
- Remove Diastat syringe and lubricant packet from package;
- Confirm prescribed dose shown in window;
- Remove protective tip and lubricate tip with lubricant provided;
- Flex student’s upper leg forward and separate buttocks;
- Gently insert syringe tip into rectum (rim should be snug against rectum);
- Slowly count to 3 while gently pushing plunger in;
- Slowly count to 3 before removing syringe;
- Slowly count to 3 while holding buttocks together to prevent leakage of medication;
- Keep student on side facing you, note time given and continue to observe; and,
- If 911 is called, after Diastat is administered note the time of arrival.
Student with Epinephrine Auto-Injector

To remain active and healthy, the student with life-threatening allergies must assume some of the responsibility for following the medical management plan designed by their licensed health care provider. Medication and supplies must be handled safely to prevent loss, damage, or accidental injection of other students. The student should do the following:

- Carry the auto-injector securely on their person at all times and notify an adult if it is missing;
- Notify the teacher or responsible adult to call 911 if he/she has used the auto-injector;
- Cooperate with school personnel in the emergency plan of care;
- Follow the local policies and safety procedures;
- Wear a medical identification tag or jewelry while in school if provided by parent/guardian;
- Seek adult help immediately if exposed to an allergen or symptoms of an allergic reaction occur;
- Conform to an allergy reduction/avoidance diet according to the medical plan of care and take responsibility for avoiding allergens;
- Complete the initial and ongoing allergen avoidance education provided by the licensed health care provider;
- Demonstrate competence in the use of the auto-injector to licensed health care provider (see Appendix A Student Checklist for Self-Administration of the Auto-Injector for Allergic Reactions); and,
- Provide Student Permission to carry personal Epinephrine Auto-Injector on campus exemption form.
**Epinephrine Auto-Injector**  
**Emergency First Aid for Anaphylactic Reaction**

The Epinephrine Auto-Injector is a disposable drug delivery system with a concealed needle that is spring activated. The active ingredient is epinephrine, the treatment of choice in allergic emergencies (anaphylactic reactions) because it quickly constricts blood vessels, relaxes smooth muscles in the lung to improve breathing, simulates the heartbeat, and works to reverse hives and swelling around the face and lips. Two types of Epinephrine Auto-Injectors that are commonly prescribed are the Epi-Pen® and Auvi-Q™ epinephrine delivery systems.

An Epinephrine Auto-Injector is commonly prescribed for individuals who have had prior severe allergic reactions to certain foods or food additives, to medications, to insect stings or bites, or to exercise. The most common insects that may cause anaphylaxis are the stingers (bees, hornets, yellow jackets, wasps, and ants) and the biters (deer, flies, black flies, and yellow flies).

An emergency situation may occur anytime a hypersensitive student is exposed to a substance or sting or bite to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students identified for the school staff by their parents/guardian and physicians require the availability of emergency medication. The Epinephrine Auto-Injector must be specifically prescribed for the student, just as any other prescription medication.

Initial symptoms of anaphylaxis may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms occur gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possible fatal shock. Usually, symptoms occur immediately following the sting or bite, death may occur within minutes. Symptoms, which often vary according to individual response, include the following:

- sudden sense of uneasiness/anxiety;
- flushed skin;
- widespread hives;
- itching around the eyes;
- dry, hacking cough;
- constricted feeling in throat/chest;
- wheezing;
- facial edema or swelling (i.e. lips, tongue, and eyes);
- dizziness;
- abdominal pain;
- nausea or vomiting;
- difficulty breathing;
- hoarseness or thickened speech;
- confusion; and/or,
- feeling of impending disaster.

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence, and unconsciousness. Epinephrine given after the onset of low blood pressure may not prevent these symptoms.

The 2005 Florida Legislature amended Section 1002.20, Florida Statutes (F.S.), to create the Kelsey Ryan Act, which gives students the right to carry and self-administer epinephrine on school grounds if exposed to their specific life-threatening allergens. The Kelsey Ryan Act allows “public school students with a history of life-threatening allergic reactions to carry an epinephrine auto-injector and self-administer epinephrine while in school, participating in school-sponsored activities or in transit to or from school or school-sponsored activities if the school has been provided with parental and physical authorization.”
**EPIPEN® INJECTION PROCEDURE**

**PURPOSE:** To ensure immediate appropriate response to anaphylaxis when EpiPen® is available

**ACTION TO BE PERFORMED BY:** Person trained by licensed health care professional.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
</table>
| 1. Identify symptoms of anaphylaxis (systemic allergic reaction) and possible exposure. Follow *Physician and Parent Medication Authorization Form* directions. | 1. Anaphylaxis is described in *Chapter 6: Illness and Injury*. Symptoms may include any of the following:  
- Sudden sense of uneasiness/anxiety;  
- Flushed skin;  
- Widespread hives;  
- Itching around the eyes;  
- Dry, hacking cough;  
- Constricted feeling in throat/chest;  
- Wheezing;  
- Facial edema or swelling (i.e. lips, tongue, and eyes);  
- Dizziness;  
- Abdominal pain;  
- Nausea or vomiting;  
- Difficulty breathing or swallowing;  
- Hoarseness or thickened speech;  
- Confusion; or,  
- Feeling of impending doom. |
| 2. Have someone call 911. | 2. The effects of the injection begin to wear off after 10 to 20 minutes, so it is important to seek further medical assistance. |
| 3. Activate the EpiPen® by removing the gray safety cap. | 3. The safety cap prevents accidental firing. |
| 4. Hold the EpiPen® with black tip at a 90-degree angle against the fleshy portion of the outer thigh. | 4. EpiPen® should only be injected into the outer thigh, never into the buttocks or a vein. |
| 5. Press the EpiPen® hard into the thigh until the auto-injector mechanism functions, and hold in place for ten (10) seconds for medication to be diffused. | 5. If there is no time, the EpiPen® may be used directly through clothing. |
| 7. Check Airway, Breathing, and Circulation and initiate steps of CPR as needed until arrival of the EMS. | 7. |
| 8. Observe for shock and treat accordingly. | 8. |
| 10. Call parent/guardian and notify principal. | 10. |

**NOTE:** Check medication monthly. Medication is light sensitive. Store in original container in darkened area. Advise parent/guardian immediately of need to replace medication when observing discoloration of medication or two weeks before the expiration date. In an emergency, use the expired or discolored medication when it is the only available medication.
**EpiPen® and EpiPen® Jr. Directions**

- Pull off gray activation cap.

- Hold black tip near outer thigh (always apply to thigh).

- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

**TwinjecPM 0.3 mg and TwinjecPM 0.15 mg Directions**

- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

**SECOND DOSE ADMINISTRATION:** If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.

Once EpiPen® or TwinjecPM is used, call 911.
EpiPen Auto-Injector

Newly designed for ease of use to help you
Stay prepared and confident

-One-step, flip-top carrying case
  Designed for single-handed opening.

-Ergonomically designed grip
  Allows for a firm grip and improves ease of handling.

-Brightly colored orange tip
  Aids in quick identification of needle end to reduce risk of accidental thumb puncture.

-Blue safety-release cap
  Designed to prevent unintentional activation.

-Easy-to-read, illustrated instructions
  Allows for rapid recognition of product usage instructions.

-Built-in needle protection
  The only epinephrine auto-injector that protects against needle exposure before and after use.

The #1 prescribed epinephrine auto-injector offers the performance you can count on in an anaphylactic emergency.

Please see reverse side for important Safety information.
DIRECTIONS FOR USE

- REMOVE AUTO-INJECTOR FROM CARRIER TUBE BEFORE USE.
- NEVER PUT THUMB, FINGERS OR HAND OVER ORANGE TIP.
- NEVER PRESS OR PUSH ORANGE TIP WITH THUMB, FINGERS OR HAND.
- THE NEEDLE COMES OUT OF ORANGE TIP.
- DO NOT REMOVE BLUE SAFETY RELEASE UNTIL READY TO USE.
- DO NOT USE IF SOLUTION IS DISCOLORED.
- DO NOT PLACE PATIENT INSERT OR ANY OTHER FOREIGN OBJECTS IN CARRIER WITH AUTO-INJECTOR, AS THIS MAY PREVENT YOU FROM REMOVING THE AUTO-INJECTOR FOR USE.

TO USE AUTO-INJECTOR:

1. Grasp unit with the orange tip pointing downward.
2. Form fist around the unit (orange tip down).
3. With your other hand, pull off the blue safety release.
4. Hold orange tip near outer thigh.
5. Swing and firmly push against outer thigh until it clicks so that unit is perpendicular (at 90° angle) to the thigh.

(Auto-injector is designed to work through clothing)

6. Hold firmly against thigh for approximately 10 seconds to deliver drug. (This injection is now complete. The window on auto-injector will be obscured.)

7. Remove unit from thigh (the orange needle cover will extend to cover needle) and massage injection area for 10 seconds.

8. Call 911 and seek immediate medical attention.
9. Take the used auto-injector with you to the hospital emergency room.

Note: Most of the liquid (about 85%) stays in the auto-injector and cannot be reused. However, you have received the correct dose of the medication if the orange needle tip is extended and the window is obscured. Trainer label has blue background color. Blue background labeled trainer contains no needle and no drug.

TO REMOVE AUTO-INJECTOR FROM THE CARRIER TUBE:

1. Flip open the yellow cap of the EpiPen® or the green cap of the EpiPen® Jr Auto-Injector carrier tube.
2. Remove the EpiPen® or EpiPen® Jr Auto-Injector by tipping and sliding it out of the carrier tube.

WARNING!

- NEVER put thumb, fingers or hand over orange tip. NEVER press or push orange tip with thumb, fingers or hand. The needle comes out of orange tip. Accidental injection into hands or feet may result in loss of blood flow to these areas. If this happens, go immediately to the nearest emergency room.
- EpiPen® and EpiPen® Jr Auto-Injector should be injected only into the outer thigh (see "Directions for Use"). DO NOT INJECT INTO BUTTOCK.
- Do NOT remove blue safety release until ready to use.

Join the Free EpiPen® Center for Anaphylactic Support Today!
Because it's important that you always have an up-to-date EpiPen® and EpiPen® Jr Auto-Injector with you at all times, we started an expiration reminder program as part of the EpiPen® Center for Anaphylactic Support. Every time you purchase a new EpiPen® Auto-Injector, be sure to register it with us, and we'll send you reminders so you can have an up-to-date EpiPen® Auto-Injector. This important program is a FREE service!

Join the Center for Anaphylactic Support at www.epipen.com

Or

Please fill in the information at right.

To ensure accuracy, please PRINT neatly in uppercase letters in black or dark-blue ink.

Mail To:
EpiPen® Center for Anaphylactic Support
P.O. Box 2000
Napa, CA 94558-9956

Enrollment Form

Your Name___________________________
Child's Name (if child is allergy sufferer): _______________________________
Address___________________________
City________________________________
State___________________________
Zip_______________________________

Email Address________________________
Opt-In: I would prefer to receive communications via email:
[ ] Yes [ ] No

Our prescription is for:
[ ] EpiPen® [ ] EpiPen® Jr

Lot #: _____________________________ (on unit, example: 06M01)
Exp. Date: _________________________ (on unit, example: 06/07/20)
Is this your first EpiPen® prescription, or a refill?
[ ] First Prescription [ ] Refill

For what type of allergy was this EpiPen® prescribed? Check all that apply.
[ ] Food [ ] Insect Bite or Sting [ ] Latex
[ ] Medication [ ] Pollen [ ] Pets/Animals

Other_____________________________

To dispose of expired units
- Expired auto-injectors must be disposed of properly.
- To dispose of an expired auto-injector and carrier tube, take them to your doctor's office or to a hospital for proper disposal.
- Used auto-injector with extended needle cover will not fit in carrier tube.

IMMEDIATELY AFTER USE
- Go immediately to the nearest hospital emergency room or call 911.

You may need further medical attention. Take your used auto-injector with you.
- Tell this doctor that you have received an injection of epinephrine in your thigh.
- Give your used EpiPen®/EpiPen® Jr Auto-Injector to the doctor for inspection and proper disposal.

Do not attempt to take the auto-injector apart.

Manufactured for Dey, L.P., Napa, CA 94558 USA, by Meridian Medical Technologies, Inc.

Columbia, MD 21046 USA.
A subsidiary of King Pharmaceuticals, Inc.

EpiPen® is a registered trademark of Mylan Inc., a wholly owned affiliate of Mylan N.V., and is manufactured in the United States.
Design and Utility patents applied for Carrier Tube and Auto-Injector design platform.

©2008 by Meridian Medical Technologies, Inc.
04/2008 02-055-00 0001496
SEE OTHER SIDE FOR MORE INFORMATION.
**EPIPEN® INJECTION TRAINER**

**SKILLS CHECKLIST**

*Training conducted by approved licensed CCPS personnel.

Name: ____________________________ School: ____________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Identify symptoms of anaphylaxis and possible exposure. Follow <em>Physician and Parent Medication Authorization Form</em> for directions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Have someone call 911.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Activate EpiPen® trainer by removing the gray safety cap.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Hold the EpiPen® trainer with black tip at a 90-degree angle against the fleshy portion of the outer thigh.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Press the EpiPen® trainer hard into the thigh until the click of the trainer simulates the functioning of the auto-injector mechanism and hold in place for ten (10) seconds to simulate diffusion of medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remove EpiPen® trainer from thigh position and simulate placement in sharps container.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trainer’s Signature ____________________________ Initials _______ Date __________

Trainee's signature ____________________________ Initials _______ Date __________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook    Copy: Supervisor, District Health Services

Rev. 6/14
Hi, I’m Auvi-Q, the world’s only epinephrine auto-injector with voice instructions that guide you step by step through the injection process. Now that your healthcare provider has prescribed me, head to your pharmacy to fill your prescription. In the meantime, get familiar with my features below.

I Have Step-by-Step Voice Instructions
My voice instructions talk you through each step of the injection process.

I Fit in Your Pocket
I feature a compact design that is just 3 3/8” high, 2” wide, and 5/8” thick, so I fit comfortably in pockets and small purses.

Check Out Our Special Savings Offer
Most people can save on their Auvi-Q prescription with our special savings offer. For more information, visit our site at auvi-q.com/save.

Your Auvi-Q Prescription
Every Auvi-Q prescription comes with 2 active devices and a trainer. Practice with the Auvi-Q Trainer to make sure you are able to use Auvi-Q when necessary.

Indication
Auvi-Q™ (epinephrine injection, USP) is used to treat life-threatening allergic reactions (anaphylaxis) in people who are at risk for or have a history of these reactions.

Important Safety Information
Auvi-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after use. Each Auvi-Q contains a single dose of epinephrine. Auvi-Q should only be injected into your outer thigh. DO NOT INJECT INTO BUTTOCK OR INTRAVENOUSLY.

Please see additional important Safety Information on the reverse side and accompanying full Prescribing Information.

Head to your pharmacist for a formal introduction today.
How to use Auvi-Q™ (epinephrine injection, USP)

In case of an anaphylactic reaction:
Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

1. Pull off the RED safety guard.
2. Place black end against outer thigh, then press firmly and hold for 5 seconds.

After using Auvi-Q, seek emergency medical attention immediately.

Practicing with the Auvi-Q Trainer
Practice with the Auvi-Q Trainer to make sure you are able to use Auvi-Q when necessary. After practicing, replace the RED safety guard and slide the trainer back into the gray outer case to reset.

NOTE: Every Auvi-Q prescription contains a trainer for practicing, along with 2 active devices.

Indication
Auvi-Q™ (epinephrine injection, USP) is used to treat life-threatening allergic reactions (anaphylaxis) in people who are at risk for or have a history of these reactions.

Important Safety Information
Auvi-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after use. Each Auvi-Q contains a single dose of epinephrine. Auvi-Q should only be injected into your outer thigh. DO NOT INJECT INTO BUTTOCK OR IV. If you accidentally inject Auvi-Q into any other part of your body, seek immediate medical treatment.

Epinephrine should be used with caution if you have heart disease or are taking certain medications that can cause heart-related (cardiac) symptoms.

If you take certain medicines, you may develop serious life-threatening side effects from epinephrine. Be sure to tell your doctor all the medicines you take, especially medicines for asthma. Side effects may be increased in patients with certain medical conditions, or who take certain medicines. These include asthma, allergies, depression, thyroid disease, Parkinson’s disease, diabetes, high blood pressure, and heart disease.

The most common side effects may include increase in heart rate, stronger or irregular heartbeat, sweating, nausea and vomiting, difficulty breathing, paleness, dizziness, weakness or shakiness, headache, apprehension, nervousness, or anxiety. These side effects go away quickly, especially if you rest.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see accompanying full Prescribing Information.

SANOFI

US ED 13.05.0.07
5/13
Printed in U.S.A.

©2013 sanofi-aventis U.S. LLC. A SANOFI COMPANY
**Auvi-Q™ EPINEPHRINE INJECTION TRAINER**

**SKILLS CHECKLIST**

*Training conducted by approved licensed CCPS personnel.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>School:</th>
</tr>
</thead>
</table>

**SKILL**

<table>
<thead>
<tr>
<th>Perform skill in accordance to written guidelines</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

1. Identify symptoms of anaphylaxis and possible exposure. Follow *Physician and Parent Medication Authorization Form* for directions.

2. Have someone call 911.

3. Remove the outer case of the Auvi-Q™. This will automatically activate the voice instructions.

4. Pull off the RED safety guard.

5. Place the BLACK end against outer thigh, then press firmly and hold for 5 seconds.

6. Remove Auvi-Q™ trainer from thigh position and simulate placement in sharps container.

---

Trainer’s Signature ________________________________ Initials _____ Date ________

Trainee's signature ________________________________ Initials _____ Date ________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*
Student Permission to Carry Personal Epinephrine Auto-Injector on Campus

Exemption

_____________________________  ________________  __________________
Student Name                  DOB             School

_____________________________  __________________
Licensed Health Care Provider Name  Date

Both parent/guardian and licensed health care provider understand that carrying medication is an exemption to Charlotte County Public Schools policy. It is understood that both the parent and licensed health care provider assume responsibility for student's self-medication, and therefore this student and any others who may self-medicate with this medication relieve Charlotte County Public Schools from any liability regarding misuse of this medication. This student has demonstrated in my presence the ability to use the Epinephrine Auto-Injector and he/she may self-medicate.

Licensed Health Care Provider’s Name:________________________________________
Please Print

Licensed Health Care Provider’s Signature:________________________________________  Date:__________

Parent's/Guardian’s Signature:________________________________________  Date:__________

Notification of School Personnel

School Nurse: __________________________  Date: __________________________

Principal: __________________________  Date: __________________________

Student Responsibility:

Student is to advise teacher or staff member of her/his need to use the Epinephrine Auto-Injector. This is for the purpose of recording use of the Epinephrine Auto-Injector medication, and to give the nurse the opportunity to assess his/her condition and initiate a call to 911. It is understood that permission to self-medicate with the Epinephrine Auto-Injector will be revoked if student does not report use of medication to the nurse. Any student self-administering medication inappropriately or outside the bounds of district policy should be counseled and the parent/guardian notified. Medications should be confiscated and self administration privileges be revoked if a student shares medication with others.

Signature of Student:________________________________________
Student Permission to Carry Personal Inhaler
on Campus Exemption

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
<th>School</th>
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<table>
<thead>
<tr>
<th>Licensed Health Care Provider Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Both parent/guardian and licensed health care provider understand that carrying medication is an exemption to Charlotte County Public Schools policy. It is understood that both the parent and licensed health care provider assume responsibility for student's self-medication, and therefore, Charlotte County Public Schools is relieved from any liability regarding misuse of this medication by this student and any others who may self-medicate with this medication. The student has demonstrated in front of me the ability to use inhaler and he/she may self medicate.

Licensed Health Care Provider’s Name: __________________________

Please Print

Licensed Health Care Provider’s Signature: __________________________ Date: ________

Parent/Guardian’s Signature: __________________________ Date: ________

Notification of School Personnel

School Nurse: __________________________ Date: ________

Principal: __________________________ Date: ________

Student Responsibility:

Student is to advise the teacher staff member of her/his need to use inhaler. This is for the purpose of recording the use of the medication, and to give the nurse the opportunity to assess his/her condition. It is understood that permission to self-medicate with the inhaler will be revoked if the student does not report use of medication to the nurse. Any student self-administering medication inappropriately or outside the bounds of district policy should be counseled and the parent/guardian notified. Medications should be confiscated and self-administration privileges be revoked if a student shares medication with others.

Signature of Student: __________________________
**Student Permission to use Prescribed Pancreatic Enzyme Supplements on Campus Exemption**

As of July 1, 2010, House Bill 45 authorizes K-12 students at risk for pancreatic insufficiency or who have been diagnosed as having cystic fibrosis to use a prescribed pancreatic enzyme supplement while in school, participating in school sponsored activities, or in transit to or from school or school-sponsored activities.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>DOB</th>
<th>School</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Licensed Health Care Provider Name</th>
<th>Date</th>
</tr>
</thead>
</table>

Both parent/guardian and licensed health care provider understand that carrying medication is an exemption to Charlotte County Public Schools policy. It is understood that both the parent and licensed health care provider assume responsibility for student's self-medication, and therefore, Charlotte County Public Schools is relieved from any liability regarding misuse of this medication by this student and any others who may self-medicate with this medication. The student has demonstrated in front of me the ability to use the prescribed pancreatic enzyme supplement and he/she may self-medicate.

Licensed Health Care Provider’s Name:__________________________________________

Parent's Signature:__________________________________________ Date:___________

Notification of School Personnel

School Nurse:____________________________________ Date:___________

Principal:____________________________________ Date:___________

**Student Responsibility:**

Student is to advise the teacher staff member of her/his need to use the pancreatic enzyme supplement. This is for the purpose of recording the use of the medication, and to give the nurse the opportunity to assess his/her condition. It is understood that permission to self-medicate with the pancreatic enzyme supplement will be revoked if the student does not report use of medication to the nurse. Any student self-administering medication inappropriately or outside the bounds of district policy should be counseled and the parent notified. Medications should be confiscated and self administration privileges be revoked if a student shares medication with others.

Signature of Student:__________________________________________
GLUCAGON PROCEDURE

PURPOSE: Glucagon is administered when the student has low blood sugar and is unable to take liquid or food by mouth because of severe sleepiness, unconsciousness, or seizure activity.

ACTION TO BE PERFORMED BY: Person trained by a licensed health care professional using manufacturers specific instructions.

Note: A Physician and Parent Medication Authorization Form must be on file. If possible, blood glucose should be obtained before treatment. If testing will delay treatment and hypoglycemia is suspected, verify signs of severe hypoglycemia: unable to swallow, unconscious, seizures, combative and initiate treatment.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify symptoms of severe hypoglycemia.</td>
<td>1. Student unable to swallow and is unconscious or experiencing seizures.</td>
</tr>
<tr>
<td>2. Position student on side to prevent choking.</td>
<td>2.</td>
</tr>
<tr>
<td>3. Advise someone to call 911.</td>
<td>3.</td>
</tr>
<tr>
<td>4. Verify glucagon order and dose.</td>
<td>4.</td>
</tr>
<tr>
<td>5. Remove vial cap from glucagon, clean top with alcohol (if time allows)</td>
<td>5.</td>
</tr>
<tr>
<td>6. Remove needle cover and inject entire content of syringe into glucagon vial.</td>
<td>6. Solution should be clear and colorless.</td>
</tr>
<tr>
<td>7. Without removing the needle, swirl until glucagon dissolves and solution is clear.</td>
<td>7.</td>
</tr>
<tr>
<td>8. Withdraw appropriate dose of solution based on licensed health care provider’s order.</td>
<td>8.</td>
</tr>
<tr>
<td>9. Expose injection site, cleanse with alcohol if time allows thigh, arm or buttock and inject glucagon.</td>
<td>9. Inject at 90° angle.</td>
</tr>
<tr>
<td>10. Insert needle straight into muscle of thigh, arm or buttock and inject glucagon.</td>
<td>10.</td>
</tr>
<tr>
<td>11. Withdraw needle pressing site gently with alcohol swab or cotton and massage for 10 seconds.</td>
<td>11.</td>
</tr>
<tr>
<td>12. Maintain student in side position in case of vomiting.</td>
<td>12.</td>
</tr>
<tr>
<td>14. Blood sugar levels increase within 10 minutes and peak approximately 30 minutes after injection.</td>
<td>14.</td>
</tr>
<tr>
<td>15. Dispose of needle and syringe in sharps container.</td>
<td>15.</td>
</tr>
<tr>
<td>16. Provide fast acting source of carbohydrate once student is alert and able to swallow, if emergency services have not arrived.</td>
<td>16.</td>
</tr>
</tbody>
</table>
HYPOGLYCEMIA AND GLUCAGON ADMINISTRATION
SKILLS CHECKLIST

*Training conducted by approved licensed CCPS personnel.

Name: ____________________________    School: ____________________________

<table>
<thead>
<tr>
<th>KNOWLEDGE SETS</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

7. Describes importance of blood glucose control.
   - Reviews symptoms of hypoglycemia (mild, moderate, severe).
   - Identifies treatment based on symptoms (mild moderate, severe)
   - Identifies treatment supplies (fast-acting glucose, carbohydrate/protein appropriate snacks, glucagon kit).
   - States purpose of glucagon and when it should be used.
   - Understands side effects of glucagon.

<table>
<thead>
<tr>
<th>SKILLS SETS – ADMINISTERING GLUCAGON</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

1. Knows when to call 911.
2. Positions student on side.
3. Demonstrates proper preparation of glucagon solution.
4. Demonstrates proper injection technique (clean site, inject at 90°, apply pressure).
5. Knows to keep student on side and remain with student until EMS assumes control.

Trainer’s Signature ____________________________    Initials _______ Date ___________
Trainee’s signature ____________________________    Initials _______ Date ___________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.
Glucagon Storage

Always follow storage recommendations according to manufacturer’s instruction.

- Glucagon is available as an emergency kit. The kit contains freeze dried glucagon as a powder for injection and 1 ml of sterile water. The sterile water is mixed with the glucagon powder prior to injection and may be given intramuscularly, subcutaneously or intravenously.
- The glucagon emergency kit should be stored at room temperature 68-77°F, and protected from light exposure.
- Once combined the drug should be used immediately.

Insulin

Methods of insulin delivery may require the use of a vial of insulin and a needle and syringe, an insulin pen or an insulin pump. Insulin is classified according to the onset, peak and duration of action. Always inspect the insulin; rapid and short acting insulin should look clear; intermediate and ultralente should look cloudy. Insulin orders for administration at school must include the following:

- Brand and type of insulin;
- Times of administration;
- Device to be used for administration;
- Formula for calculation of dosing; and,
- Treatment for hypo and hyperglycemia.

Insulin Storage Vials

- Unopened vials should be stored in the refrigerator until manufacturer’s expiration date. Insulin clumps at temperatures below 36°F.
- Opened vials may be stored at room temperature and should be dated and used for 28 days.
- Opened vials of insulin may be refrigerated, but warm the insulin before administration as cold insulin can make the shot uncomfortable. To warm the insulin, roll the syringe gently between hands.

Insulin Pen Delivery System Procedure

- Always obtain a blood glucose reading prior to insulin administration.
- Determine insulin dose based on Medical Management Plan or Physician and Parent Medication Authorization Form.
- Assemble insulin pen, pen needle, and alcohol.
- Verify insulin type/brand and expiration date.
- Check level of insulin remaining in cartridge to ensure enough insulin is remaining.
- Attach new needle. Remove plastic needle cap. Place needle cap on flat surface, open side up.
- Dial 2 units of insulin to prime and perform “air shot”. Insulin should be visible at tip of needle. If not, repeat procedure. A change in temperature causes air intake. This procedure ensures accumulated air will be released prior to dispensing insulin.
- Dial prescribed dose.
- Cleanse skin with alcohol and allow to dry.
- Pinch skin in designated area, press the injection button and inject in soft pocket at a 90 degree angle.
- Count to 3 (longer for some brands) and remove needle.
- Place the needle into the plastic cap left upright on a flat surface. Unscrew needle tip and discard in sharps container. Recap pen. The needle must be removed after each injection to avoid open passageway and possibility of contamination.
**Insulin Pen Storage**

Always follow storage recommendations according to manufacturer’s instructions.

- Insulin pens not in use should be stored in the refrigerator until expiration date.
- Insulin pens in use should be stored at room temperature away from bright light.
- **Mixed** insulin pens can remain at room temperature for only 10 days and then should be discarded.
- Rapid and long-acting pens can be used for 28 days.
- Do not store insulin pen with needle attached as this can cause air to enter pen.
Blood Glucose Monitoring

Blood Glucose Monitoring (BGM) allows the student to check the blood glucose (blood sugar) level at various times during the day. The level may need to be checked at lunch time, before major exercise or when there is a possibility of a high or low blood glucose reaction. Blood Glucose Monitoring is a reliable method of measuring blood glucose levels, when a consistent and accurate technique is used. Step-by-step instructions that come with the monitoring device must be followed exactly.

Be supportive and sensitive to the student's attitude toward blood glucose monitoring. The readings should never be referred to as "bad" or "good," but just as readings that give information. Give praise to students for completing the task, not for the level of the reading.

Blood glucose monitoring is the cornerstone of diabetes care. It provides information that can be used immediately to determine appropriate care such as eating, exercise, and insulin adjustments.

- Blood glucose levels change throughout the day in reaction to meals, insulin, activity, and other medications.
- Other factors like stress, injury, and illness can also cause blood glucose fluctuations.
- Each check of blood glucose provides a snapshot view of what’s happening with diabetes control; put them together and the pictures begin to tell the story.

With respect to blood glucose monitoring the school should expect to do the following:

- Facilitate blood glucose monitoring by allowing those students who are capable of doing so to check their own blood glucose and by providing direct assistance and supervision to those who need help;
- Act on the results of blood glucose checks in accordance with directives in the DMMP;
- Monitor patterns for highs and lows; and,
- Provide information from blood glucose checks to parents/guardians so that adjustments can be made.

Blood glucose monitoring in the school is beneficial to students in the following ways:

- It enables maintenance of blood glucose levels within target range for safety by detecting and preventing hypoglycemia and hyperglycemia; promotes long term health and optimal academic performance; and,
- The results, when shared with parents and health care providers help to identify factors that affect blood glucose.
BLOOD GLUCOSE MONITORING PROCEDURE

**Purpose:** To ensure accurate knowledge of blood glucose levels.

**Action to be performed by:** Person trained by a licensed health care professional using manufacturer's specific instructions for the glucometer.

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collect equipment in a clean area in the school health room:</td>
</tr>
<tr>
<td>- Blood glucose monitoring device</td>
</tr>
<tr>
<td>- Glucose testing strips</td>
</tr>
<tr>
<td>- Gloves</td>
</tr>
<tr>
<td>- Lancet</td>
</tr>
<tr>
<td>- Gauze or cotton ball</td>
</tr>
<tr>
<td>- Adhesive bandage</td>
</tr>
<tr>
<td>2. Wash hands and have student wash hands and dry thoroughly.</td>
</tr>
<tr>
<td>3. Wear gloves, if assisting in the procedure.</td>
</tr>
<tr>
<td>4. Calibrate monitoring device if needed. Check that the code number displayed matches code on test strip vial label.</td>
</tr>
<tr>
<td>5. Use the lancet to prick the side of the fingertip to obtain a drop of blood. Middle or ring finger is preferred.</td>
</tr>
<tr>
<td>6. Apply the drop of blood to the glucose test strip following manufacturer’s instructions.</td>
</tr>
<tr>
<td>7. Read the display for the blood glucose level. Give student gauze or cotton ball to apply direct pressure to the finger prick site and apply a band-aid as needed.</td>
</tr>
<tr>
<td>8. Properly dispose of test strip in biohazard waste container and lancet in sharps container.</td>
</tr>
<tr>
<td>10. Refer to physician orders in IHP for any blood glucose management action to be taken. Contact parent/guardian if blood sugar not in target range.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or body fluids.</td>
</tr>
<tr>
<td>2. Use Standard (Universal) Precautions when dealing with blood.</td>
</tr>
<tr>
<td>3. Gloves must be used for protection against someone else's blood.</td>
</tr>
<tr>
<td>4.</td>
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<tr>
<td>5. Always use the site of the fingertip. There will be less pain since there are fewer nerve endings and there are more capillaries so it will be easier to get a large drop of blood. Washing the student's hands in warm water and keeping the hand below the level of the heart often helps to obtain a large enough drop of blood.</td>
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</table>
BLOOD GLUCOSE MONITORING SKILLS CHECKLIST

Blood Glucose Meter Brand Name: ________________________________

*Training to be conducted by approved CCPS personnel.

Name: ________________________________ School: ________________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
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<td>Date</td>
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</table>

1. Collect equipment in a clean area:
   - Blood glucose monitoring device
   - Glucose testing strips
   - Gloves
   - Lancet
   - Gauze or cotton ball
   - Adhesive bandage

2. Wash hands and have student wash hands and dry thoroughly.

3. Wear gloves, if assisting in the procedure.

4. Calibrate monitoring device, if needed. Check that the code number displayed matches code on test strip vial label.

5. Use the lancet to prick the side of the fingertip to obtain a drop of blood. Middle or ring finger preferred.

6. Apply the drop of blood to the glucose test strip, following manufacturer’s instructions.

7. Read the display for a blood glucose level. Give student gauze or cotton ball to apply direct pressure to the finger prick site and apply a band-aid as needed.

8. Properly dispose of test strip in biohazard waste container and lancet in sharps container.


10. Refer to any physician orders in IHP for any blood glucose management action to be taken. Contact parent/guardian if blood sugar not in target range.


Trainer’s Signature ________________________________ Initials _______ Date ___________
Trainee's signature ________________________________ Initials _______ Date ___________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook Copy: Supervisor, District Health Services

Rev.6/14
Blood Glucose Monitoring Log for

Teacher: ____________________________ Grade: ______________ School Year: ____________

|   |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|---|---|
|   |  |  |  |  |  |  |  |

1. Parent/Guardian_________________________ Daytime No._________ Cell: ________________
2. Parent/Guardian_________________________ Daytime No._________ Cell: ________________

Emergency Contact: ____________________________________________________________

Type of Emergency Glucose: ____________________________________________
Testing Times: ________________________________________________

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</table>

Date | Time | Blood Sugar | Signs/Symptoms | Action Taken | Ketones | CHO’s | Bolus | Parent Called | Initials
---|---|---|---|---|---|---|---|---|---

BGL 5/08

10-53
**BLOOD PRESSURE MEASUREMENT PROCEDURE**

**PURPOSE:** To ensure accurate measurement of blood pressure level.

**ACTION TO BE PERFORMED BY:** A person who has been trained by a licensed health care professional and successfully completed a skills check.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash hands.</td>
<td>1.</td>
</tr>
<tr>
<td>2. Identify the student.</td>
<td>2.</td>
</tr>
<tr>
<td>3. Assemble the equipment.</td>
<td>3.</td>
</tr>
<tr>
<td>▶ Sphygmomanometer with appropriate sized cuff (bladder should be at least 80% of the circumference of the arm).</td>
<td></td>
</tr>
<tr>
<td>▶ Stethoscope</td>
<td></td>
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<tr>
<td>▶ Alcohol wipe</td>
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<tr>
<td>4. Explain the procedure to the student.</td>
<td>4.</td>
</tr>
<tr>
<td>5. Position the student’s forearm at heart level with palm of hand turned up.</td>
<td>5. Holding the arm above the heart level produces false-low readings.</td>
</tr>
<tr>
<td>6. Palpate (feel) brachial artery and position cuff properly above the brachial artery.</td>
<td>6.</td>
</tr>
<tr>
<td>7. Wrap deflated cuff evenly and snugly around the upper arm, 1-11/2 inches above the elbow and position manometer or gauge correctly for reading.</td>
<td>7.</td>
</tr>
<tr>
<td>8. Place stethoscope earpieces in your ears.</td>
<td>8.</td>
</tr>
<tr>
<td>9. Place stethoscope diaphragm or bell over brachial artery.</td>
<td>9.</td>
</tr>
<tr>
<td>10. Tighten thumbscrew on valve of cuff to close it and inflate to 30 mm above expected systolic pressure.</td>
<td>10. Do not inflate the cuff unnecessarily high.</td>
</tr>
<tr>
<td>11. Open valve counterclockwise and let the air out slowly and evenly (2 to 3 mm per second).</td>
<td>11.</td>
</tr>
<tr>
<td>12. Listen and note the point on the gauge when the first clear sound (systolic pressure) is heard.</td>
<td>12.</td>
</tr>
<tr>
<td>13. Continue to deflate the cuff gradually and note point on the gauge when you hear the last sound (diastolic pressure).</td>
<td>13.</td>
</tr>
<tr>
<td>14. Rapidly deflate the cuff completely and remove from student’s arm.</td>
<td>14.</td>
</tr>
<tr>
<td>15. Record the time and blood pressure reading on the Blood Pressure Log (BPL 5/08) and scan into electronic Student Health Record upon completion of prescribed time.</td>
<td>15.</td>
</tr>
<tr>
<td>16. Report any variation from the expected reading indicated by the health care provider to the parent for follow-up.</td>
<td>16.</td>
</tr>
<tr>
<td>17. Clean stethoscope earpieces and bell with alcohol.</td>
<td>17.</td>
</tr>
<tr>
<td>18. Wash hands.</td>
<td>18.</td>
</tr>
</tbody>
</table>
# BLOOD PRESSURE MEASUREMENT SKILLS CHECKLIST

*Training to be conducted by approved licensed CCPS personnel.

Name: ____________________________  School: _________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Performs skill in accordance to written guidelines</td>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>

1. Wash hands.
2. Identify the student.
3. Assemble the equipment needed:
   - Sphygmomanometer and stethoscope
   - Alcohol wipe.
4. Explain procedure to student.
5. Position student’s forearm at heart level with palm of hand turned up.
6. Palpate (feel) brachial artery and position cuff properly above the brachial artery.
7. Wrap deflated cuff evenly and snugly around upper arm, 1-1½ inch above the elbow and position manometer or gauge correctly for reading.
8. Place stethoscope earpieces in your ears.
9. Place stethoscope diaphragm or bell over brachial artery.
10. Tighten thumbscrew on valve of cuff to close it and inflate cuff to 30 mm above expected systolic pressure.
11. Open valve counterclockwise and let the air out slowly and evenly (2 to 3mm per sec.).
12. Note the point on the gauge when the first clear sound (systolic pressure) is heard.
13. Continue to deflate cuff gradually, noting point on gauge when you hear the last beat or the sound (diastolic pressure) disappears.
14. Rapidly deflate the cuff completely and remove from student’s arm.
15. Record the time and blood pressure reading on the Blood Pressure Log.
16. Report any variation from the expected reading indicated by the health care provider to the parent for follow-up.
17. Clean stethoscope earpieces and bell with alcohol.
18. Wash hands.

Trainer’s Signature: ______________________________________  Initials _______  Date: _______
Trainee’s Signature: ______________________________________  Initials _______  Date: _______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook  Copy: Supervisor, District Health Services
CHARLOTTE COUNTY PUBLIC SCHOOLS

Blood Pressure Log

Student's Name: ___________________________ DOB: _______ School: ______________
Parent/Guardian's Name: _____________________ Phone: ____________________
Licensed Health Care Provider’s Name: _________________ Phone: ____________________
Licensed Health Care Provider’s Order: ___________________________________ Date: ______________

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
<th>READING</th>
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Signature: ___________________________ Initials: _______ Date: ______________
Signature: ___________________________ Initials: _______ Date: ______________
Signature: ___________________________ Initials: _______ Date: ______________

BPL 5/08
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<tr>
<th>DATE</th>
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Signature: ___________________________  Initials: ___________  Date: ___________  
Signature: ___________________________  Initials: ___________  Date: ___________  
Signature: ___________________________  Initials: ___________  Date: ___________  

BPL 5/08
CLEAN INTERMITTENT CATHETERIZATION (CIC) PROCEDURE
FEMALE AND MALE

PURPOSE: To ensure periodic emptying of urine from a student's bladder,
ACTION TO BE PERFORMED BY: A person who has been trained by a licensed health care professional and successfully completed a skills check.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
</table>
| 1. Gather the following equipment in a clean, private area  
  - Gloves;  
  - Catheter;  
  - Soap, water, and cotton balls or disposable wipes;  
  - Water-soluble lubricant (e.g. K-Y Jelly, never Vaseline);  
  - Container to collect urine, if student is unable to use the toilet for positioning in the case of a female or to be positioned near the toilet in the case of a male; and,  
  - Towel to place under student if student is unable to use the toilet for positioning in the case of a female or to be positioned near the toilet in the case of a male. | 1. A bathroom with running water and a toilet is the optimum for purposes of teaching and normalizing the procedure. |
| 2. Provide a private area for the student. | 2. Respect privacy. |
| 3. Maintain Standard (Universal) Precautions throughout procedure. Wash hands and have student wash hands. | 3. Use standard procedures while dealing with body fluids. Use approved hand-washing technique. |
| 4. Explain the procedure and its importance as it is being carried out. | 4. Use terms that the student can understand. |
| 5. Position the student, assisting with removal or adjustment of clothing or diaper. Have the **female student** maintain a sitting position on the toilet whenever possible, otherwise position the student on her back with feet flat on cot, knees flexed and apart. Have the **male student** positioned near the toilet whenever possible, otherwise, try to maintain a comfortable sitting position. | 5. If the student will be learning self-catheterization, try to use the position that will be used later on. |
| 6. Put on gloves. | 6. Gloves must be used for protection against body fluids. |
| 7. Squeeze lubricant onto tip of catheter; leave in protective wrapper if available, otherwise place on clean paper towel, putting the large end of catheter in a collection container if student is not on toilet. | 7. Lubrication prevents trauma. |
| 8. **Female student**: With the thumb and middle finger of the non-dominant hand, gently separate the labia, exposing the urethral meatus. Maintain separation with slight backward and upward tension. **Male student**: With the non-dominant hand, hold the penis by the shaft and at an angle straight out from the student’s body. | 8. Identification of anatomical landmarks should begin now. |
| 9. **Female student**: With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water, or disposable wipes. Make three single downward strokes, using a clean cotton ball or wipe for each stroke. | 9. Front to back cleansing prevents contamination. |
### Clean Intermittent Catheterization (CIC) Procedure, Female and Male, Continued

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
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<tbody>
<tr>
<td><strong>Male student</strong>: With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water or disposable wipes. If the student is not circumcised, first retract the foreskin. Starting at the urethral meatus, wipe in widening circles around the meatus. Clean three times. Use a clean cotton ball or wipe each time and begin at the meatus each time.</td>
<td>10. Slight resistance as the catheter passes through the urinary sphincters may be met as you advance the catheter into the bladder. If strong resistance is met, do not force the catheter. Remove the catheter and notify the student’s parents.</td>
</tr>
<tr>
<td><strong>Female student</strong>: While continuing to separate the labia with one hand, use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.</td>
<td>11. Urine may start and stop with changes in the position of the catheter.</td>
</tr>
<tr>
<td><strong>Male student</strong>: Use the other hand to pick up the catheter Approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.</td>
<td>12.</td>
</tr>
<tr>
<td>10.</td>
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<tr>
<td>11. Remove the catheter, pausing if urine begins to flow again.</td>
<td>11.</td>
</tr>
<tr>
<td>12. Assist the student to redress or to adjust clothing or diaper.</td>
<td>12.</td>
</tr>
<tr>
<td>13. If collection container was used, observe urine for signs of abnormality, measure the amount and document, then discard.</td>
<td>13. Observe and document the color, clarity, and odor.</td>
</tr>
<tr>
<td>14. If reusing the catheter, wash with warm soapy water, rinse, and dry. Place in plastic bag or other container. Send home if requested by parent/guardian.</td>
<td>14. Using friction to clean catheter and creating a dry environment for storage will retard growth of germs on catheter.</td>
</tr>
<tr>
<td>15. Wash collection container with soap and water, rinse, and dry. Dispose of wipes or cotton balls.</td>
<td>15.</td>
</tr>
<tr>
<td>16. Remove gloves and discard.</td>
<td>16.</td>
</tr>
<tr>
<td>17. Wash hands and have student wash hands.</td>
<td>17.</td>
</tr>
</tbody>
</table>
CLEAN INTERMITTENT CATHETERIZATION (CIC) SKILLS CHECKLIST
FEMALE AND MALE

* Training to be conducted by approved licensed CCPS personnel.

<table>
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<tr>
<th>Name: ____________________________</th>
<th>School: ______________________</th>
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<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
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<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
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</tbody>
</table>

1. Gather equipment in a clean, private area:
   - Gloves.
   - Catheter.
   - Soap, water, and cotton balls or disposable wipes.
   - Water-soluble lubricant (e.g. K-Y Jelly, never Vaseline).
   - Container to collect urine, if student is unable to use the toilet for positioning.
   - Towel to place under student, if student is unable to use the toilet for positioning.

2. Provide a private area for the student.

3. Maintain Standard (Universal) Precautions during procedure. Wash hands and have student wash hands.

4. Explain the procedure and its importance as it is being carried out.

5. Position the student, assisting with removal of pertinent clothing. Maintain a sitting position on the toilet whenever possible, otherwise position the student on his/her back with feet flat on cot, knees flexed and apart.

6. Put on gloves.

7. Squeeze lubricant onto tip of catheter; leave in protective wrapper if available, otherwise place catheter on clean paper towel, putting large end of catheter in a collection container if student is not on toilet.

8. With the thumb and middle finger of the non-dominant hand, gently separate the labia, exposing the urethral meatus. Maintain separation with slight backward and upward tension.
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<tr>
<td><strong>9. Female Student:</strong> With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water, or disposable wipes. Make three single downward strokes, using a clean cotton ball or wipe for each stroke. Male Student:** With the opposite hand, cleanse around the meatus using cotton balls saturated with soap and water or disposable wipes. If the student is not circumcised, first retract the foreskin. Starting at the urethral meatus, wipe in widening circles around the meatus. Clean three times. Use a clean cotton ball or wipe each time and begin at the meatus each time.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td><strong>10. Female Student:</strong> While continuing to separate the labia with one hand, use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow, then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing. Male Student:** Use the other hand to pick up the catheter approximately 3 inches from the tip; insert the catheter into the meatus, until urine begins to flow; then advance the catheter another one or two inches. Never force the catheter. Hold in place until urine stops flowing.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>11. Remove the catheter, pausing if urine begins to flow again.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td><strong>12.</strong> Assist the student to redress. <strong>13.</strong> If collection container was used, discard urine after observing for signs of abnormality and measuring the amount of urine.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td><strong>14.</strong> If reusing catheter, wash the catheter with warm soapy water, rinse, and dry. Place in plastic bag or other container. Send home for parent/guardian to sterilize when indicated.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td><strong>15.</strong> Wash collection container with soap and water, rinse, and dry. Dispose of wipes or cotton balls.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td><strong>16.</strong> Remove gloves and discard. <strong>17.</strong> Wash hands and have student wash hands. <strong>18.</strong> Document procedure and results. Promptly report any abnormality to the parent.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Trainer’s Signature ________________________________ Initials ________ Date ________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee’s Signature ________________________________ Initials ________ Date ________</td>
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</tbody>
</table>

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Distribution: Original: Evacuation/UAP Handbook Copy: Supervisor, District Health Services

Rev. 6/10
# CREDÉ MANEUVER PROCEDURE

**PURPOSE:** Application of manual pressure over lower abdomen to promote emptying of bladder.

**ACTION TO BE PERFORMED BY:** A person who has been trained by a licensed health care professional and successfully completed a skills check.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
</table>
| 1. Gather equipment in a clean private area.  
- Gloves  
- Diapers  
- Urinal | 1. A bathroom with running water and toilet is the optimum place for purposes of teaching and normalizing the procedure. |
| 2. Explain the procedure to the student. | 2. Use terms that the student can understand. |
| 3. Provide a private area for the student. | 3. Respect privacy. |
| 5. Position student on: toilet, or lying on absorbent material on a changing table. | 5. |
| 6. Put on gloves. | 6. Gloves must be used for protection against body fluids. |
| 7. Place your hands flat on the student's abdomen just below the umbilicus. Then firmly stroke downward toward the bladder about six times to stimulate the voiding reflex. | 7. Identification of anatomical landmarks should begin now. Application of manual pressure over the lower abdomen promotes complete emptying of the bladder. |
| 8. Place one hand on top of the other above the pubic arch. Press firmly inward and downward to compress and expel residual (retained) urine. | 8. Continue the procedure as long as urine can be manually expressed. |
| 9. If collection container is used, discard urine after observing for signs of abnormality and measuring the amount of urine. | 9. Observe and document the color, clarity, and odor. |
| 10. Remove gloves and discard. | 10. |
| 11. Wash hands. | 11. |
| 12. Document procedure and the amount of urine expelled. (If the urine was not measured in a bedpan or urinal, record using the words, small, moderate, large.) | 12. Document on CIC 5/08 Log. |

**HAND POSITIONING FOR CREDÉ MANEUVER**

![Hand Positioning Diagram](image)

10/29/01
CHARLOTTE COUNTY PUBLIC SCHOOLS
Clean Intermittent Catheterization/Credé Maneuver Log

Student's Name ___________________________    DOB _______    Grade _______
Parent/Guardian ___________________________    Phone ___________________
Physician's Name ___________________________    Phone ___________________
School ___________________________

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<th>Date</th>
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<th>Comments</th>
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Signature ___________________________    Initials    Signature ___________________________    Initials

CIC 5/08
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Signature | Initials | Signature | Initials
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10-64
G-TUBE FEEDING TREATMENT AUTHORIZATION FORM

Instructions: This form is to provide medical and parental authorization for Tube feeding treatment to be provided during school hours. Both the Licensed Health Care Provider and Parent/Legal Guardian portions of this authorization form must be completed entirely, signed, and returned to the school before the treatment may be administered.

<table>
<thead>
<tr>
<th>Student’s Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School</th>
<th>Phone Number</th>
<th>FAX Number</th>
</tr>
</thead>
</table>

The following section is to be completed by the prescribing Licensed Health Care Provider:
The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following treatment, which is necessary to be given in school. I am aware that this physician prescribed service may be administered by non-medically trained staff.

<table>
<thead>
<tr>
<th>Diagnosis for which tube feeding will be required in school:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies:</td>
</tr>
<tr>
<td>Type of Gastrostomy appliance placed:</td>
</tr>
<tr>
<td>☐ PEG ☐ Button ☐ G-Tube ☐ Other (describe)</td>
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<tr>
<td>Tube feeding formula:</td>
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<tr>
<td>Tube flush:</td>
</tr>
<tr>
<td>Time and frequency of feedings:</td>
</tr>
<tr>
<td>Is it necessary to measure residual stomach contents?</td>
</tr>
<tr>
<td>☐ No ☐ Yes →</td>
</tr>
<tr>
<td>Tube feeding method:</td>
</tr>
<tr>
<td>☐ Bolus by gravity</td>
</tr>
<tr>
<td>☐ Bag</td>
</tr>
<tr>
<td>☐ Syringe</td>
</tr>
</tbody>
</table>

Licensed Health Care Provider’s Name: ___________________________ Phone number: ___________________________

Licensed Health Care Provider’s Address: ___________________________

Licensed Health Care Provider’s Signature: ___________________________ Date: ___________________________

The following section is to be completed by a Parent/Legal Guardian:
I hereby grant permission to the principal or his/her designee of School to assist in the administration of the above prescribed treatment to my child while in school and away from school while participating in official school activities (F.S.232.46). It is my responsibility to notify the school if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such treatment where the person administering such treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

| Name: ___________________________ Relationship: ___________________________ |
| Emergency phone number: ___________________________ Home phone: ___________________________ Business phone: ___________________________ |

Address: ___________________________

Signature: ___________________________ Date: ___________________________

List child’s allergies: ___________________________
GASTROSTOMY TUBE FEEDING PROCEDURE

PURPOSE: To provide feedings for the student who is unable to receive adequate nourishment by mouth.

ACTION TO BE PERFORMED BY: A person who has been trained by a licensed health care professional and completed a skills check.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review the physician’s treatment order</td>
<td>1. Allow feeding solution to sit at room temperature for one hour. Excessive heat coagulates feedings. Excessive cold can reduce the flow of digestive enzymes and cause abdominal cramping.</td>
</tr>
<tr>
<td>2. Assemble equipment: • Feeding solution at room temperature. • 20-60 cc syringe with catheter tip. • Tubing clamp or plug. • Container of water.</td>
<td>2. Use developmentally appropriate language.</td>
</tr>
<tr>
<td>3. Encourage student to participate as much as possible.</td>
<td>3. Use approved hand-washing technique.</td>
</tr>
<tr>
<td>4. Position student sitting upright or semi-reclining with head of bed or chair at a 45-degree angle.</td>
<td>4. These positions enhance the gravitational flow of the feeding and help prevent aspiration into the lungs.</td>
</tr>
<tr>
<td>5. Use Standard (Universal) Precautions throughout the entire procedure. Wash hands and apply gloves.</td>
<td>5. Report any signs of infection, irritation, or leakage. If ordered, clean with prescribed cleaning solution.</td>
</tr>
<tr>
<td>6. Observe stoma and skin around gastrostomy for bleeding sores or leakage. (Further observation of tube placement is dependent on type of tube as listed on child specific skills checklist.) Suspected soft tissue infections/irritations need to be reported to licensed health care provider.</td>
<td>6. If the child is small, start with 5cc’s of air. Cautiously instill air to verify placement. If you do not hear the gurgling or growling sound try again. If you still do not hear it or meet resistance, do not proceed. Contact the parent.</td>
</tr>
<tr>
<td>7. Check for proper tube placement. • Draw 5 to 10cc’s of air into a syringe. Place stethoscope on the left side of the abdomen just above the waist. Attach syringe and/or adapter to the tube or button. • Unclamp the tube. • Gently inject air into the feeding port and listen to the stomach for an “air rush” (gurgling or growling sound).</td>
<td>7. If checking residual was ordered, hold syringe no more than 18” above stomach then aspirate all of stomach contents and note amount; then re-instill all of the aspirate. If quantity of residual is greater than physician ordered, DO NOT FEED. Delay 30 minutes; then repeat aspiration. If residual continues to be greater than ordered contact parent.</td>
</tr>
<tr>
<td>8. If checking residual was ordered, hold syringe no more than 18” above stomach then aspirate all of stomach contents and note amount; then re-instill all of the aspirate. If quantity of residual is greater than physician ordered, DO NOT FEED. Delay 30 minutes; then repeat aspiration. If residual continues to be greater than ordered contact parent.</td>
<td>8. This is done to evaluate absorption of last feeding, i.e., whether or not there is undigested feeding solution remaining from previous feeding (residual). If a residual is present, adjust the feeding according to orders.</td>
</tr>
<tr>
<td>9. Clamp the tube, remove the syringe, and reattach the syringe (without the plunger) or the feeding bag to the clamped tube or into button.</td>
<td>9. Clamping the tube keeps excess air from entering the stomach, preventing distention.</td>
</tr>
<tr>
<td>ACTION</td>
<td>POINTS OF EMPHASIS</td>
</tr>
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<tr>
<td>10. Unclamp the tube; allow air bubbles to escape; fill the syringe with feeding solution or attach prepared feeding bag containing solution (room temperature).</td>
<td>10. Elevate the tube and syringe to about 4-6 inches above the student’s abdomen to start the feeding.</td>
</tr>
<tr>
<td>11. Allow the feeding to flow by gravity, adding solution slowly as contents empty, keeping solution in the syringe* at all times until feeding is complete. NEVER FORCE solution through the tube. If tube is obstructed, do not feed. Contact parent. *If using feeding bag/gravity, position bag at height slightly above student’s head no more than 18”. For continuous feeding with pump, place tubing into pump mechanism and set for flow ordered.</td>
<td>11. Raise or lower the syringe to regulate the rate of the flow. Feeding should take 20-30 minutes. Keeping the syringe partially filled prevents air from entering the stomach. Stay with the student throughout the feeding. Make the feeding as enjoyable as possible.</td>
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<tr>
<td>12. When nearly all the feeding is gone, add prescribed amount of amount of water into syringe or feeding bag (flush).</td>
<td>12. This will clear the solution from the tubing and prevent occlusion.</td>
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<tr>
<td>13. Clamp the tube just above the stoma before the water has completely cleared the tubing.</td>
<td>13. Avoid introducing extra air into the stomach.</td>
</tr>
<tr>
<td>14. Remove the syringe, adapter, or bag and tubing.</td>
<td>14.</td>
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<tr>
<td>15. Wash syringe with soap and water; rinse thoroughly, and allow to air dry.</td>
<td>15. This prevents growth of bacteria.</td>
</tr>
<tr>
<td>18. Allow student to remain upright or elevated for 30 minutes after feeding.</td>
<td>18. This helps prevent vomiting and/or aspiration, if student should regurgitate. Observe student for any changes.</td>
</tr>
</tbody>
</table>
**GASTROSTOMY TUBE FEEDING
SKILLS CHECKLIST**

*Training to be conducted by approved licensed CCPS personnel.*

**NOTE:** *This is a student specific procedure and not all steps may apply.*

Name: _______________________________ School: _______________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
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<tr>
<td>1. Assemble equipment:</td>
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<tr>
<td>• Feeding solution at room temperature.</td>
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<tr>
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<td>• Container of water.</td>
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<td>2. Encourage student to participate as much as possible.</td>
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<tr>
<td>3. Position student sitting upright or semi-reclining with head of bed or chair at a 45-degree angle.</td>
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<td>5. Observe stoma and skin around gastrostomy for bleeding sores or leakage. Further observation of tube placement is dependent on type of tube placed.</td>
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<td>6. Check for proper tube placement.</td>
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<tr>
<td>• Draw 5 to 10cc’s of air into the syringe.</td>
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<td>• Place stethoscope on the left side of the abdomen just above the waist.</td>
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<tr>
<td>• Attach syringe and/or adapter to the tube or button.</td>
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<tr>
<td>• Unclamp the tube.</td>
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<td>• Gently inject air into the feeding port and listen to the stomach for an “air rush” (gurgling or growling sound).</td>
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<td>7. If checking residual was ordered, aspirate all of stomach contents and note amount; then re-instill all of the aspirate. If quantity of residual is greater than physician ordered, DO NOT FEED. Delay for 30 minutes, then repeat aspiration. If residual continues to be greater than ordered, contact parent.</td>
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<tr>
<td>8. Clamp the tube, remove the syringe, and re-attach the syringe (without the plunger) to the clamped tube or feeding tube.</td>
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<tr>
<td>9. Unclamp the tube and allow air bubbles to escape. Fill the syringe with feeding solution or attach prepared feeding bag containing solution (room temperature).</td>
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10-68
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<thead>
<tr>
<th><strong>Gastrostomy Tube Feeding Skills Checklist, continued</strong></th>
<th><strong>Date</strong></th>
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<tbody>
<tr>
<td>10. Allow the feeding to flow by gravity, adding solution slowly as contents empty, keeping solution in the syringe* at all times until feeding is complete. NEVER FORCE solution through the tube. If tube is obstructed, DO NOT FEED. Contact parent. *If using feeding bag/gravity, position bag at height slightly above student’s head. For continuous feeding with pump, place tubing in pump mechanism and set flow as ordered.</td>
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<td>13. Remove the syringe, adapter, or bag and Tubing.</td>
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<tr>
<td>13. Wash syringe with soap and water; rinse thoroughly and allow to air dry.</td>
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<tr>
<td>16. Allow student to remain upright or elevated for 30 minutes after feeding.</td>
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**Trainer’s Signature** __________________________  **Initials** _____  **Date** ____________

**Trainee’s Signature** __________________________  **Initials** _____  **Date** ____________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*
CHARLOTTE COUNTY PUBLIC SCHOOLS
G-TUBE FEEDING LOG

Student's Name ___________________________ DOB __________
Parent/Guardian ____________________________________________ Phone __________
Licensed Health Care Provider’s Name ___________________________ Phone __________
Licensed Health Care Provider’s Orders __________________________ Date __________
Type of Feeding ____________________________________________

*Residual amount must be documented, when ordered by physician.

STUDENT IS TO REMAIN ELEVATED FOR 30 MINUTES AFTER FEEDING, ACCORDING TO SCHOOL PROTOCOL

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>G-TUBE PLACEMENT CHECKED - PLEASE USE ✓ MARK</th>
<th>Feeding Amount</th>
<th>Flush Amount</th>
<th>*Residual</th>
<th>Comments</th>
<th>Initials</th>
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Signature ______________________________________  Int._______   Signature ____________________________________  Int._______
Signature ______________________________________  Int._______   Signature ____________________________________  Int._______

GTF 5/08
# G-Tube Feeding Log, side 2

Student’s Name_____________________________________  DOB ________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>G-TUBE PLACEMENT CHECKED - PLEASE USE ✓ MARK</th>
<th>Feeding Amount</th>
<th>Flush Amount</th>
<th>*Residual</th>
<th>Comments</th>
<th>Initials</th>
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</table>
# KETONE TESTING PROCEDURE

**PURPOSE:** To ensure accurate knowledge of ketone testing using ketone strips.

**ACTION TO BE PERFORMED BY:** Person trained by licensed health care professional using manufacturer information for ketone testing.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
</table>
| 1. Check IHP for order when ketone testing is indicated. | 1. Symptoms of ketoacidosis include:  
- extreme thirst  
- abdominal pain  
- labored breathing  
- fruity, sweet, or wine like odor on breath  
- vomiting  
- weakness or dizziness  
- fatigue/drowsiness  
- blood glucose reading  
If left untreated, student can lapse into a coma. Medical treatment must be obtained.  
2. |
| 2. Identify and assemble supplies:  
- Urine ketone test strip (in a vial or foil wrapper)  
- Urine collection cup  
- Disposable exam gloves  
- Ketone color chart | 3. Procedure will be done in a private manner, minimizing splashing or generating body fluid droplets. |
| 3. Collect urine sample in a cup or allow student to collect sample. | 4. A sample needs to cover the reaction pad and strip. Different manufacturers have different reaction times. |
| 4. Wear gloves, dip test pad on the end of the strip into the urine, discard excess, and allow strip to react for the recommended time. | 5. It is important not to contaminate the side of the bottle or chart. |
| 5. Compare test pad to the ketone color chart on the side of the bottle or chart. Identify the level of ketones. | 6. Discard urine in the toilet. Test strip, empty cup, and gloves can be disposed off in the garbage container. |
| 7. Record ketone measurement as indicated on the package. | 8. A positive ketone result may indicate that the body is unable to use available glucose. Without corrective action the student can progress to ketosis or ketoacidosis and eventually coma. |
| 8. Refer to the Individual Health Plan for corrective action if ketones test positive. | |
# KETONE TESTING SKILLS CHECKLIST

* Training to be conducted by approved licensed CCPS personnel.

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Date</td>
</tr>
<tr>
<td>1. Check IHP for order when ketone testing is indicated.</td>
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<tr>
<td>2. Identify and assemble supplies:</td>
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</tr>
<tr>
<td>• Urine ketone test strips (in vial or foil wrapper)</td>
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<tr>
<td>• Urine collection cup</td>
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<td></td>
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<tr>
<td>• Disposable exam gloves</td>
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<tr>
<td>• Ketone color chart</td>
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<tr>
<td>3. Collect urine sample in a cup or allow student to collect sample.</td>
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<tr>
<td>4. Wear gloves, dip test pad on the end of the strip into the urine,</td>
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<tr>
<td>discard excess, and allow strip to react for the recommended time.</td>
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<tr>
<td>5. Compare test pad to the ketone color chart on the side of the</td>
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<tr>
<td>bottle or card. Identify the level of ketones.</td>
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<tr>
<td>6. Properly discard the test strip, gloves and remainder of urine</td>
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<tr>
<td>sample. Wash hands.</td>
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<tr>
<td>7. Record ketone measurement as indicated on the package.</td>
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<tr>
<td>8. Refer to the Individual Health Plan for corrective action if</td>
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<tr>
<td>ketones test positive.</td>
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Trainer’s Signature ___________________________  Initials ______  Date ______

Trainee’s Signature ___________________________  Initials ______  Date ______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook   Copy: Supervisor, District Health Services

Rev. 6/10
# OSTOMY FLOW SHEET

Student’s Name: ______________________________________________________________________  DOB: __________________  Grade: __________

School: __________________  Licensed Health Care Provider’s Order: __________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Colostomy</th>
<th>Ileostomy</th>
<th>Stool</th>
<th>Flatus</th>
<th>Hand Washing</th>
<th>Initials</th>
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Signature: __________________________ Initial:____  Signature: __________________________ Initial:____
Signature: __________________________ Initial:____  Signature: __________________________ Initial:____
Signature: __________________________ Initial:____  Signature: __________________________ Initial:____
**OXYGEN ADMINISTRATION PROCEDURE BY MASK/TRACH COLLAR**

**PURPOSE:** To deliver a low to high concentration of oxygen when oxygen use is indicated.

**ACTION TO BE PERFORMED BY:** Personnel as designated in their job description.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check to insure that &quot;oxygen in use&quot; signs are posted on the school campus.</td>
<td>1.</td>
</tr>
<tr>
<td>2. Check that the tank has enough oxygen and document on the log.</td>
<td>2. Most oxygen tanks have oxygen content gauges.</td>
</tr>
<tr>
<td>3. Assemble equipment:</td>
<td>3.</td>
</tr>
<tr>
<td>• Oxygen cylinder, tank or canister.</td>
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<tr>
<td>• Mask and tubing.</td>
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<tr>
<td>4. Wash hands.</td>
<td>4. Use approved hand washing technique.</td>
</tr>
<tr>
<td>5. Attach mask/trach collar and tubing securely to oxygen source.</td>
<td>5.</td>
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<tr>
<td>6. Set liter flow on the flow meter as prescribed. <strong>Never change this setting without an order.</strong></td>
<td>6. Attach humidifier if ordered.</td>
</tr>
<tr>
<td>7. Check that oxygen flow is coming out of the mask/trach collar.</td>
<td>7. Hold mask/trach collar up to your cheek to feel for airflow. If no flow is felt, check connections and tubing for obstruction.</td>
</tr>
<tr>
<td>8. Place mask over student’s nose and mouth. Tighten the elastic band over the student’s head and pinch the mask over the bridge of the nose for a good fit. (<em>Place trach collar over tracheostomy and loosely tighten elastic around neck.</em>)</td>
<td>8.</td>
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<tr>
<td>9. Wash hands.</td>
<td>9. Ensures good infection control technique.</td>
</tr>
<tr>
<td>10. Monitor student continuously for respiratory distress. <strong>Initiate emergency procedures as indicated.</strong></td>
<td>10. Emergency procedures include - call 911 and continue to resuscitate.</td>
</tr>
<tr>
<td>11. Document oxygen administration and any observations.</td>
<td>11. Use Oxygen Administration Log (OAL 5/08).</td>
</tr>
</tbody>
</table>
**OXYGEN ADMINISTRATION BY MASK/TRACH SKILLS CHECKLIST**

To be performed by personnel as designated in their job description.

Name: _____________________________  School: _____________________________

<table>
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<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
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<tbody>
<tr>
<td></td>
<td>Date</td>
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<tr>
<td>1.</td>
<td>Assemble equipment:</td>
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<td></td>
<td>• Oxygen cylinder, tank or canister.</td>
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<td>• Mask and tubing.</td>
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<td></td>
<td>• Check that the tank has enough oxygen.</td>
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<tr>
<td>2.</td>
<td>Wash hands.</td>
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<tr>
<td>3.</td>
<td>Attach mask and tubing securely to oxygen source.</td>
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<td>4.</td>
<td>Set liter flow on the flow meter as prescribed.</td>
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<td></td>
<td><em>Never change this setting without an order.</em></td>
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<td>Wash hands.</td>
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<td>8.</td>
<td>Monitor student continuously for respiratory</td>
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<td>distress. Initiate emergency procedures as</td>
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<td>indicated.</td>
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<td>9.</td>
<td>Document oxygen administration and any</td>
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<td></td>
<td>observations.</td>
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</tbody>
</table>

Trainer’s Signature _____________________________  Initials ______  Date _______

Trainee’s Signature _____________________________  Initials ______  Date _______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook  Copy: Supervisor, District Health Services

Rev. 6/10
**OXYGEN ADMINISTRATION PROCEDURE**  
**BY NASAL CANNULA**

**PURPOSE:** To deliver a low to moderate concentration of oxygen when oxygen use is indicated.

**ACTION TO BE PERFORMED BY:** Personnel as designated in their job description.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Check that the &quot;oxygen in use&quot; signs are posted on campus.</td>
<td>1.</td>
</tr>
<tr>
<td>2. Check that the tank has enough oxygen and document on log.</td>
<td>2. Most oxygen tanks have oxygen content gauges.</td>
</tr>
</tbody>
</table>
| 3. Assemble equipment:  
  • Oxygen cylinder, tank or canister.  
  • Cannula. | 3. |
| 4. Wash hands. | 4. Use approved hand washing technique. |
| 5. Attach cannula tubing securely to oxygen source. | 5. |
| 6. Set liter flow on the flow meter as prescribed. **Never change this setting without an order.** | 6. Attach humidifier, if ordered. |
| 7. Check the cannula prongs to make sure that air is coming out. | 7. Hold them to your hand or cheek to feel for air coming out. If no flow is felt, check connections and tubing for obstructions. |
| 8. Insert prongs gently into the student’s nose. **Make sure both prongs are in the nostrils.** | 8. |
| 9. Loop tubing over each ear and then under the chin; secure by sliding the clasp up under the chin. | 9. If the student is not comfortable, the cannula tubing may be secured behind the head instead of under the chin. |
| 10. Wash hands. | 10. Ensures good infection control practice. |
| 11. Monitor student continuously for respiratory distress. **Initiate emergency procedures as indicated.** | 11. Emergency procedure includes - call 911 and continue to resuscitate. |
OXYGEN ADMINISTRATION BY NASAL CANNULA
SKILLS CHECKLIST

To be performed by personnel as designated in their job description

Name: ___________________________ School: ______________________

<table>
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<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
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</thead>
<tbody>
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<td>1. Assemble equipment:</td>
<td>Date</td>
<td>Date</td>
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<td>1. Oxygen cylinder, tank or canister.</td>
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<tr>
<td>2. Cannula and tubing.</td>
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<tr>
<td>3. Check that the tank has enough oxygen.</td>
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<td>2. Wash hands.</td>
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</tr>
<tr>
<td>3. Attach cannula tubing securely to oxygen source.</td>
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<tr>
<td>4. Set liter flow on the flow meter as prescribed. Never change this setting without and order.</td>
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<tr>
<td>5. Check the cannula prongs to make sure that air is coming out.</td>
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<tr>
<td>6. Insert prongs gently into the student’s nose. Make sure both prongs are in the nostrils.</td>
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<tr>
<td>7. Loop tubing over each ear and then under the chin; secure by sliding the clasp up under the chin.</td>
<td></td>
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</tr>
<tr>
<td>8. Wash hands.</td>
<td></td>
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</tr>
<tr>
<td>9. Monitor student continuously for respiratory distress. Initiate emergency procedures as indicated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Document oxygen administration and any observations.</td>
<td></td>
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</tr>
</tbody>
</table>

Trainer’s Signature ___________________________ Initials _______ Date ________
Trainee’s Signature ___________________________ Initials _______ Date ________

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.

Distribution: Original: Evacuation/UAP Handbook Copy: Supervisor, District Health Services

Rev. 6/10
### Oxygen Administration Log

For use personnel as designated in their job description.

**Student's Name**

**DOB**

**Parent/Guardian's Name**

**Phone**

**Licensed Health Care Provider’s Name:**

**Phone**

**Licensed Health Care Provider’s Order:**

**Date**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Gauge level of O₂ tank</th>
<th>Oxygen Saturation (if available)</th>
<th>Oxygen L/M</th>
<th>Comments</th>
<th>Initials</th>
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## Oxygen Administration Log

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<th>Oxygen L/M</th>
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<th>Initials</th>
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</table>

Signature __________________________________________ Date ___________ Initials ___________

Signature __________________________________________ Date ___________ Initials ___________

Signature __________________________________________ Date ___________ Initials ___________

(O/A 5/08)
Radial Pulse and Respiration Count

A glass thermometer should never be used to take temperatures. Rectal temperatures should never be taken.

Measurement of Pulse Rate

- The pulse rate should be measured when checking for an illness.
- Pulse rates vary in children depending upon their age. The average pulse rate in children at rest is as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Normal Range</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 years</td>
<td>80-130 beats/min</td>
<td>110 beats/min</td>
</tr>
<tr>
<td>4 years</td>
<td>80-120 beats/min</td>
<td>92 beats/min</td>
</tr>
<tr>
<td>6 years</td>
<td>75-115 beats/min</td>
<td>85 beats/min</td>
</tr>
<tr>
<td>8 years</td>
<td>70-110 beats/min</td>
<td>78 beats/min</td>
</tr>
<tr>
<td>10 years</td>
<td>70-110 beats/min</td>
<td>74 beats/min</td>
</tr>
</tbody>
</table>

- Medication, activity level, fever, fear, anxiety, pain, eating, drinking and or bleeding may cause changes in pulse rates.

Procedure for Measuring Radial Pulse Rate

- Wash hands;
- Assemble equipment (clock watch with second hand);
- Explain procedure to student;
- Determine if the student has any fever or has recently taken any medication;
- Place index and middle fingers lightly over the radial pulse point and compress gently until you feel the pulse beat;
- Count the number of beats for one full minute;
- Record the pulse rate, date and time on the student’s health record; and,
- Pulse rates outside the normal range for the student’s age should be reported to the parent.

Measurements of Respiratory/Breathing Rate

- Respiratory/Breathing Rate should be checked when checking for an illness.
- The average respiratory rate in children is as follows:

<table>
<thead>
<tr>
<th>Age</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 years</td>
<td>20-25 breaths/min</td>
</tr>
<tr>
<td>10 years</td>
<td>17-22 breaths/min</td>
</tr>
<tr>
<td>15 years</td>
<td>15-20 breaths/min</td>
</tr>
<tr>
<td>20 years</td>
<td>15-20 breaths/min</td>
</tr>
</tbody>
</table>

- Respiration’s breathing rate is influenced by age, medication, the position of the child, fever, increased activity, anxiety, fear, and certain disease conditions.
Procedure for Measuring Respiration/s/Breathing Rate

- Wash hands;
- Assemble equipment (clock watch with second hand);
- Explain to the student that you will be measuring his/her temperature and pulse, but do not mention the respiration;
- Do not let the student know that you are counting the number of breaths per minute; self-consciousness may alter their respiratory rate;
- Count respiration’s immediately after you have taken the pulse;
- An inhalation and exhalation, breathing in and out, counts as one full respiration;
- Count the breaths taken for one full minute;
- Observe the breathing is evenly spaced. Normal breathing is silent and effortless;
- Record the rate, date and time on the student’s health record; and,
- Any respiratory rate that is outside the normal rate should be reported to the parent/guardian.
**RADIAL PULSE AND RESPIRATION COUNT**  
**SKILLS CHECKLIST**

*Training to be conducted by approved licensed CCPS personnel.

Name: ___________________________ School: ________________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. Wash your hands.</td>
<td></td>
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<tr>
<td>2. Place fingertips of first three fingers over student’s radial pulse site. DO NOT use your thumb because it contains a pulse which may be confused with the student’s pulse.</td>
<td></td>
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<tr>
<td>3. Palpate (feel) the pulse.</td>
<td></td>
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<tr>
<td>4. Count pulse for 15 or 30 seconds and convert rate to minute rate. (If 15 second count, multiply by 4 for number per minute. If 30 second count, multiply by 2 for the number per minute). Remember the number. If pulse is not regular, count for 1 full minute.</td>
<td></td>
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<tr>
<td>5. With fingertips still on student’s pulse, begin counting respiratory rate.</td>
<td></td>
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</tr>
<tr>
<td>6. Count respiration cycles for 30 seconds; convert rate to minute rate. If rate is not regular, count for 1 full minute.</td>
<td></td>
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<tr>
<td>7. Record rate correctly, noting any irregularity.</td>
<td></td>
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</tr>
</tbody>
</table>

Trainer’s Signature ___________________________ Initials ______ Date _________  
Trainee’s Signature ___________________________ Initials ______ Date _________  

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

Distribution: Original: Evacuation/UAP Handbook Copy: Supervisor, District Health Services

Rev. 6/10
### SUPRAPUBIC OR FOLEY CATHETER IRRIGATION

**PURPOSE:** To ensure that bladder is empty.

**ACTION TO BE PERFORMED BY:** A licensed nurse whose training and scope of practice include irrigation of Foley and suprapubic catheters.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
</table>
| 1. Gather equipment in a clean, private area.  
  - gloves  
  - irrigation set  
  - sterile normal saline solution for irrigation  
  - alcohol wipes | 1. |
| 3. Open irrigation tray and fill sterile container with normal saline solution. Tray will also contain a 60 cc catheter tip syringe. | 3. Maintain sterility of irrigation solution to prevent infection. |
| 4. Put on gloves and fill syringe with normal saline solution and set down in sterile tray. | 4. |
| 5. Clean connection between catheter and drainage tubing with alcohol wipe. | 5. Cleaning connection before opening system will help decrease incidence of infection. |
| 6. Disengage catheter tube from drainage tube and insert 60 cc syringe into catheter tube. Gently instill irrigation solution amount per doctor’s orders. | 6. If there is no blockage there will be no resistance to instilling fluid. If there is some resistance apply light pressure to instill fluid. If unable to irrigate catheter it will need to be removed and a new one inserted. |
| 7. If you were able to irrigate catheter then wipe end of drainage tube with alcohol wipe, pinch catheter tubing before removing syringe, remove syringe and insert drainage tubing into catheter opening and release, fluid should begin to drain into drainage bag. | 7. |
| 8. Observe amount of return drainage. | 8. |
PROCEDURE FOR MEASUREMENT OF BODY TEMPERATURE

A rise in body temperature is one of the first signs of a possible infection. Take a student’s temperature when he/she complains of the following:

- Headache
- Nausea/Stomach Ache
- Vomiting
- Chills
- Runny Eyes
- Runny Nose
- Sore Throat
- Rash
- Cough
- Ear Ache

Procedure for Taking Body Temperature

✓ Wash hands and explain procedure to student.
✓ Assemble equipment (digital thermometer/ear thermometer and plastic covers)
✓ Insert thermometer into plastic cover.

If taking oral temperature: If student has recently had something to drink wait 10 to 15 minutes before measuring oral temperature. Place the thermometer into the student’s mouth under the tongue. Instruct the student to breathe through the nose and not to talk or bite the thermometer.

If taking axillary temperature: Place the thermometer under the student’s arm, against the skin. Hold the student’s arm against his/her body. Make sure to hold the thermometer steady.

If taking an ear temperature (tympanic thermometer): Push start button; gently insert probe into ear canal applying gentle but firm pressure.

If taking forehead temperature: Press start button and slide temporal scanner across forehead.

✓ Remove thermometer after it beeps and read temperature. Follow manufacturer’s instructions.
✓ Remove plastic cover and discard, or wipe scanner with alcohol.
✓ Wash hands and record temperature, date, and time on the student’s health record.

Always take an axillary, tympanic or temporal temperature under the following conditions:

- Student is under four to six years of age or is developmentally delayed;
- Student has been vomiting recently;
- Student has had a recent seizure;
- Student is crying or is upset emotionally; and/or,
- Student has eaten or drank hot or cold foods recently (within the last 10 minutes).
## TEMPERATURE MEASUREMENT (TYPE: _____________)
### SKILLS CHECKLIST

*Training to be conducted by approved licensed CCPS Personnel.

Name: ____________________________________ School: _____________________

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>1. If student has recently had something to drink, wait for 10 to 15 minutes before measuring oral temperature.</td>
<td></td>
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<tr>
<td>2. Wash hands.</td>
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<tr>
<td>3. Explain the procedure to the student.</td>
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<tr>
<td>4. Cover digital thermometer with protective sheath (use probe cover for tympanic thermometer).</td>
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<tr>
<td>5. Insert covered probe of electronic thermometer into student's mouth for oral temperature (for tympanic thermometer gently insert probe into ear canal; apply gentle but firm pressure). Move scanner across forehead, if using temporal scanner.</td>
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<tr>
<td>6. Keep thermometer in contact with student until temperature registers. Follow manufacturer’s instructions.</td>
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<tr>
<td>7. Remove protective sheath or probe cover and place in proper receptacle. Clean scanner with alcohol wipe.</td>
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<tr>
<td>8. Return thermometer to storage unit.</td>
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<tr>
<td>9. Wash hands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Record temperature on Daily Clinic Log (For use by UAP.)</td>
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</tr>
</tbody>
</table>

Trainer’s Signature ___________________________ Initials _______ Date ____________
Trainee’s Signature ___________________________ Initials _______ Date ____________

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Distribution: Original: Evacuation/UAP Handbook Copy: Supervisor, District Health Services

Rev. 6/10
TRACHEOSTOMY SUCTIONING PROCEDURE

**PURPOSE:** To aspirate retained or excessive secretions for maintaining an open airway and aid the respiratory effort of the student.

**ACTION TO BE PERFORMED:** By a licensed nurse whose training and scope of practice includes suctioning of a tracheostomy.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wash hands (if time allows).</td>
<td>1. Use approved hand washing technique; use gloves for protection against body fluids.</td>
</tr>
<tr>
<td>2. Position student in an upright position.</td>
<td>2. Facilitates deep breathing and cough and allows for increased lung expansion. Provides emotional support to student to decrease anxiety associated with procedure.</td>
</tr>
<tr>
<td>3. Assemble equipment and open packages maintaining sterility of catheter.</td>
<td>3. Potential for infection related to invasive procedure.</td>
</tr>
<tr>
<td>5. Open individual saline dosette for installation into trach tube.</td>
<td>5. For ease of insertion into each tube.</td>
</tr>
<tr>
<td>6. Fill container with sterile water for rinsing of catheter.</td>
<td>6. To maintain infection control.</td>
</tr>
<tr>
<td>7. Turn suction machine on.</td>
<td>7. Using non-dominant hand only.</td>
</tr>
<tr>
<td>8. Leaving vent hole on suction catheter open (do not create suction while inserting) insert catheter gently into trach tube to pre-measured length.</td>
<td>8. NEVER cover the vent while introducing the catheter. If catheter is inserted too deeply it can cause irritation/injury to the trachea, as well as bronchospasm.</td>
</tr>
<tr>
<td>9. Cover vent hole on suction catheter with thumb and withdraw catheter from trachea with a steady rotating motion. (Hint: count one and two and two and three. Catheter should be out by three).</td>
<td>9. This rotating motion prevents the catheter from pulling tissue against it and causing injury. Prolonged suctioning blocks the student's airway and can cause a dangerous drop in the oxygen level.</td>
</tr>
<tr>
<td>10. Observe secretions for color, amount, consistency, and odor of secretions.</td>
<td>10. Normal mucous color is clear to cloudy white. A yellow or green color may indicate infection and should be reported to the parent. Encourage parent/guardian to inform health care provider.</td>
</tr>
<tr>
<td>11. Allow student to rest and return to normal breathing.</td>
<td>11. Prevents hypoxia and helps to alleviate student's anxiety.</td>
</tr>
<tr>
<td>12. Repeat suctioning procedure as above if necessary.</td>
<td>12. Breathing pattern is effective; thus breathing occurs easily and seems adequate for student. Student appears more calm and relaxed.</td>
</tr>
<tr>
<td>13. When finished, suction enough sterile water through the catheter to clear the tubing of secretions.</td>
<td>13. Facilitates clear tubing for future suctioning and ensures good infection control practice.</td>
</tr>
<tr>
<td>15. Discard disposable equipment appropriately.</td>
<td>15. Ensures good infection control practice.</td>
</tr>
<tr>
<td>16. Remove gloves and protective equipment and wash hands.</td>
<td>16. Dispose of properly and quickly.</td>
</tr>
<tr>
<td>17. Document procedure and results.</td>
<td>17. Chart date, time, rationale for procedure, amount and description of secretions, and student's response.</td>
</tr>
</tbody>
</table>
# Tracheostomy Suctioning Skills Checklist

*Training to be conducted by approved licensed CCPS personnel.*

<table>
<thead>
<tr>
<th>Name:</th>
<th>School:</th>
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</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>1. Wash hands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Place student in an upright position.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Assemble equipment and open packages maintaining sterility of catheter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Put on protective equipment (gown, mask, and gloves.)</td>
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</tr>
<tr>
<td>5. Open individual saline dosette for installation into trach tube.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Fill container with sterile water for rinsing of catheter.</td>
<td></td>
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<td>7. Turn suction machine on.</td>
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<tr>
<td>9. Cover vent hole on suction catheter with thumb and withdraw catheter from trachea with a steady rotating motion. (Hint: count one-and-two-and-three. Catheter should be out by three.)</td>
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<tr>
<td>10. Observe secretions for color, amount, consistency, and odor.</td>
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</tr>
<tr>
<td>11. Allow student to rest and catch breath.</td>
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</tr>
<tr>
<td>12. Repeat suctioning procedure as above, if necessary.</td>
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<td></td>
</tr>
<tr>
<td>13. When finished suction enough sterile water through the catheter to clear the tubing of secretions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Turn off suction machine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Discard disposable equipment appropriately.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Remove gloves and protective equipment and wash hands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Document procedure and results.</td>
<td></td>
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</tr>
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</table>

Trainer’s Signature ________________________________________________  Initials ______ Date ______

Trainee’s Signature ________________________________________________  Initials ______ Date ______

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Distribution: Original: Evacuation/UAP Handbook   Copy: Supervisor, District Health Services

Rev. 6/10
UROSTOMY CATHETERIZATION PROCEDURE

**PURPOSE:** To drain collected urine from individuals who have had urinary diversion surgery. Intermittent catheterization may be clean or sterile as ordered by the licensed health care provider.

**ACTION TO BE PERFORMED BY:** A licensed health care professional.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>POINTS OF EMPHASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a clean, private area for the procedure.</td>
<td>Respect student’s privacy.</td>
</tr>
<tr>
<td>Gather the equipment: gloves, catheter, soap, water, cotton balls (or physician ordered cleaning solution), water-soluble lubricant and container to collect urine.</td>
<td>If instructing student in catheterization procedure, explain each step.</td>
</tr>
<tr>
<td>Maintain universal precautions throughout procedure. Wash hands and have student wash hands, if assisting.</td>
<td>Use universal precautions when handling body fluids. Use approved hand washing technique.</td>
</tr>
<tr>
<td>Explain procedure and its importance as it is being carried out.</td>
<td>Use terms that the student can understand.</td>
</tr>
<tr>
<td>Position the student so he/she is comfortable and you are able to easily visualize the stoma. Assist with clothing removal or adjustment.</td>
<td>If the student will be learning self-catheterization, try to use the position that he/she will use later on.</td>
</tr>
<tr>
<td>Prepare catheter supplies. Put on gloves.</td>
<td></td>
</tr>
<tr>
<td>Clean stoma area starting at stoma and working out several inches in a circular motion using cotton balls saturated with soap and water (or physician ordered cleaning solution). Discard the cotton ball. Repeat 3 times.</td>
<td>Cleaning from stoma out prevents contamination of the area.</td>
</tr>
<tr>
<td>Pick up catheter and apply small amount of lubricant to tip; insert into stoma 2 to 3 inches (never force catheter). Hold in place until urine stops flowing.</td>
<td>Re-positioning the catheter may alleviate resistance.</td>
</tr>
<tr>
<td>Remove catheter.</td>
<td></td>
</tr>
<tr>
<td>Assist student in dressing.</td>
<td></td>
</tr>
<tr>
<td>Measure amount of urine. Assess color, clarity, and odor.</td>
<td>Know what is “normal” for the particular student. Many urinary diversions will have cloudy urine or excessive mucous.</td>
</tr>
<tr>
<td>Instruct student in signs/symptoms of urinary infection and importance of reporting to physician if they occur.</td>
<td></td>
</tr>
<tr>
<td>If re-using the catheter, wash in warm soapy water, rinse, dry, and place in storage container. Discard all disposable equipment.</td>
<td></td>
</tr>
<tr>
<td>Remove gloves and wash hands.</td>
<td></td>
</tr>
<tr>
<td>Document procedure and results. Promptly report any abnormality to parents.</td>
<td></td>
</tr>
</tbody>
</table>
# Urostomy Catheterization Checklist

*Training to be conducted by approved licensed CCPS personnel.*

**Name:** ___________________________  **School:** _______________________

<table>
<thead>
<tr>
<th>SKILL</th>
<th>Performs skill in accordance to written guidelines</th>
<th>Requires further instruction &amp; supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gather equipment in a clean and private area.</td>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>2. Maintain universal precautions during procedure. Wash hands and if appropriate have student wash hands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Explain the procedure and its importance to the student.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Prepare catheter supplies.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Put on gloves.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Clean stoma areas from center outward in circular motion with cotton balls saturated with soap and water. With new cotton ball, repeat cleaning 3 times.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Apply lubricant to tip of catheter; insert 2-3 inches into stoma (never use force) and leave in place until urine flow stops. When urine flow stops, remove catheter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Assist student to dress.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Measure amount of urine; assess for color, clarity, and odor. Discard in toilet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. If reusing catheter, wash in warm soapy water, rinse, dry and place in storage container. Discard disposable equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Remove gloves and wash hands.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Trainer’s Signature:** ___________________________  **Initials:** _______  **Date:** _______

**Trainee’s Signature:** ___________________________  **Initials:** _______  **Date:** _______

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

**Distribution:** Original: Evacuation/UAP Handbook  Copy: Supervisor, District Health Services

Rev. 6/10
Authorization to Administer Physician Prescribed Treatment
Parent’s Authorization

Guidelines for Physician Prescribed Treatment

Specific supplies needed while the student attends school will be provided by the parent/guardian.

Any prescribed procedure not covered in this reference, but necessitated by the licensed health care provider’s order during school time, will be written by the Supervisor of District Health Services. These procedures will be in accordance with the current standard and scope of practice, and as regulated by the *Florida Nurse Practice Act*. 
AUTHORIZATION TO ADMINISTER PHYSICIAN PRESCRIBED TREATMENT

Parent/Guardian:

Student's Name: ___________________________ Date of Birth: _______________

Parent/Guardian: ___________________________

#1 Phone No.: __________ #2 Phone No.: __________ __________ #3 Phone: __________

I hereby give my permission for my child_______________________________ to receive prescribed treatment during school hours by trained personnel. I understand it is my responsibility to notify the school of any change in the prescribed treatment. I also grant permission for the school nurse or the Supervisor of District Health Services to discuss with the licensed health care provider listed or named below, any specific information related to this treatment.

Signature of Parent/Guardian: ___________________________ Date: _______________

******************************************************************************

Licensed Health Care Provider’s Authorization

The above named student is under my medical care for this medical condition:

____________________________________________________

and requires the following treatment during the school day:

____________________________________________________

____________________________________________________

Time of day: _________ A.M. _________ P.M.

Possible adverse reactions or complications of the prescribed treatment:

____________________________________________________

I have reviewed and approve of the attached procedure for administering this treatment. I am also aware that this treatment may be administered by a non-medically trained person.

Please Print:

Licensed Health Care Provider’s Name: ___________________________

Address: _______________ City: __________ State: _____ Zip Code: ___

Telephone No.: ___________ Fax No.: ___________

Licensed Health Care Provider’s Signature ___________________________

TA 5/08
Chapter 11

Health Screenings
HEALTH SCREENING GUIDELINES

Screening programs are designed to provide health appraisals for the identification and management of actual or potential health problems, which include but are not limited to: nursing assessments, vision, hearing, scoliosis, and growth and development. The purpose of the screenings are not to diagnose, but to identify children who may be in need of further evaluation to determine if treatment is necessary. Charlotte County Public Schools and the Charlotte County Health Department review this plan on a bi-annual basis per Florida Law. Charlotte County Public Schools is required by Florida Law F.A.C. 64-F-6.003 to administer the following screenings based on the child’s age and with parent/guardian permission.

School nurses are responsible for meeting with principals at the beginning of the school year to establish dates for their school screening programs. Screening will take place in accordance with the following guide:

<table>
<thead>
<tr>
<th>School Health Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Growth and Development (BMI)</td>
</tr>
<tr>
<td>Kindergarten</td>
</tr>
<tr>
<td>1st Grade</td>
</tr>
<tr>
<td>3rd Grade</td>
</tr>
<tr>
<td>6th Grade</td>
</tr>
</tbody>
</table>

Vision and hearing screening must be done for students entering Florida schools for the first time in grades Kindergarten through 5.

Screenings will be conducted within the first eight weeks of the school year, if possible. The screening results for each student will be mailed to their address with recommendations if further evaluation is needed. If a parent is in need of financial assistance and notifies the school, the school nurse will assist in identifying appropriate community agencies which can assist in meeting the needs of the student. Confidentiality will be maintained at all times. It is the parents’ responsibility to follow through on the referral process.

If the school nurse does not receive a reply within four (4) weeks for any student for whom follow-up is indicated, the school nurse must contact the parent to determine the status of the follow-up evaluation. Once a referral is made, parents are expected to notify the school nurse.

If the well-being of the child is at stake, and repeated contacts with the parent fail, the case may be referred to a Charlotte County Public School social worker for review.

Screening results are noted on the individual student screening form and are filed electronically.
1. Prior to screening, the Individual Screening Results Forms will be requested by the school nurse and printed by CCPS Information and Communication Systems (ICS) Department for each individual student. The data will be filtered by school, teacher, and student. The forms will be printed on three-hole paper so they can easily be placed in a binder.

2. Individual screening forms will be sent to the school nurse.

3. The school nurse will distribute the screening forms to his/her respective homeroom teachers.

4. On screening day, teachers will distribute the individual screening forms to the student whose name is printed at the top.

5. When a classroom is called for screening, students will proceed to the screening area with their forms.

6. Stations will be set up for each screening area (vision, hearing, growth and development, and scoliosis). Student will visit one screening area and give his/her form to the screener. The screener will complete the form and return it to the student who will then go on to the next station and repeat the process until all stations have been visited.

7. At the last station, the screening form will be collected and kept for data entry. The forms will be checked against the class list. Any student who does not have a form will have one completed for them and the parent permission verified.

8. Once screening is complete results will be stored electronically

   - If there is a person available to enter data during the screening, the data can be entered immediately from any computer in the school.

   - If there is no one available to perform data entry operations, the forms will be placed alphabetically in a binder for entry at a later time by the school nurse. Once data is entered into FOCUS, screening forms should be destroyed

9. Once all data entry is completed, reports should be printed to verify the data entered is correct. Reports are available at anytime through FOCUS. There are two primary reports for each screening area: a summary of all student data and a list of referrals.

10. Once the data has been reviewed, and all students screened and re-screened as indicated, the nurse will submit a request electronically for the Student Health Report Cards (10.39.253.84/healthscreening) to be printed and mailed to parents. These will be printed at the district office and mailed to the student’s home address.

11. In the event that mail is returned due to an incorrect address, the school number and the word “Health” will appear in the address window. If mail is returned to the district office, it will be returned to the nurse of the school the student attends. The school nurse will contact the parent to make arrangements for delivering the information.
GROWTH AND DEVELOPMENT SCREENING

Introduction

The purpose of the state mandated screening for growth and development in first, third and sixth grade is to identify students who may be at risk for developing health problems because of their weight. According to the CDC, overweight children and adolescents are more likely to have risk factors associated with cardiovascular disease such as high blood pressure and Type 2 diabetes than other children and adolescents.

Body Mass Index (BMI)

In addition to assessing each child’s height and weight for age, the BMI is calculated. The Center for Disease Control (CDC) and the American Association of Pediatrics (AAP) recommend the use of BMI to screen for overweight children beginning at two years of age. The BMI is a ratio of height to weight and is considered an alternative for direct measures of body fat. While BMI is an accepted screening tool for the initial assessment of body fatness in children and adolescents, it is not a diagnostic measure because BMI is not a direct measure of body fatness. This tool can be used to identify children for obesity, overweight and/or underweight. The BMI percentile, used to interpret the BMI number, is both age and sex specific. The percentile accounts for the fact that the amount of body fat changes with age and differs from boys and girls.

Identification of Students for Screening

All first, third and sixth grade students should receive growth and development screening including the measurement of height and weight and the calculation of BMI and BMI percentile.

Screening Procedures

Before calculating the BMI an accurate height and weight measurement should be taken. Children should remove their shoes and any excessive clothing. When measuring weight, a digital scale with a hand held display is recommended to provide confidentiality. When measuring height, a stadiometer is recommended. The child should stand with their back to the post, legs straight and hands at their side. While looking straight ahead, the head piece is lowered until it firmly touches the crown of the head. The measurement should be noted at eye level. Measurements should be recorded on the individual screening form to the nearest ½ inch. Once the data is entered into the computer, a BMI and the corresponding percentile will be calculated. The BMI and percentile must also be noted on the screening form and a determination for referral made and noted at that time.

Referral Criteria

Any child identified as obese > 95th percentile or underweight, < 5th percentile based on the 2000 CDC Growth Charts for the United States should be referred to their licensed health care provider for evaluation and follow-up.

<table>
<thead>
<tr>
<th>BMI Percentile Range</th>
<th>Weight Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5th percentile</td>
<td>Underweight</td>
</tr>
<tr>
<td>5th to 85th percentile</td>
<td>Healthy weight</td>
</tr>
<tr>
<td>85th to 95th percentile</td>
<td>Overweight</td>
</tr>
<tr>
<td>95th or greater percentile</td>
<td>Obese</td>
</tr>
</tbody>
</table>

1 www.cdc.gov/nccdphp/dnpa/obesity/childhood
**Follow-up Procedures**

The parent/guardian will receive the screening results by mail. A description of BMI and guidelines for the interpretation of the results are included with the letter.

Reference:

[www.cdc.gov/healthyliving](http://www.cdc.gov/healthyliving) and click on Nutrition or Overweight and Obesity

[www.mypyramid.gov](http://www.mypyramid.gov)
Food Allergies, Food Intolerances and Special Diet Needs
at Champ’s Café
School Food & Nutrition Services of Charlotte County Public Schools

All meals served by Champ’s Café meet nutritional standards set by the USDA, the United States Department of Agriculture. If a child has a disability as defined by the Americans with Disabilities Act and that disability prevents the child from eating the regular school meal, Champ’s Café will make substitutions prescribed by a medical doctor.

Although Champ’s Café is not required to make a substitution for a food allergy (hypersensitivity) or food intolerance (adverse reaction to food not involving the body’s immune system), through the wide variety of well-planned nutritious foods offered each day, the child can make appropriate safe food choices. We work with our customers to create healthy meals that meet their nutritional needs and food preferences.

If a child has a special dietary need Champ’s Café must have a medical statement from a licensed physician* that must include and address these three items:

- an identification of the medical or other special dietary condition that restricts the child’s diet;
- the food or foods to be omitted from the child’s diet and
- the food or choice of foods to be substituted

This medical statement must be placed on file with the School Nurse. The School Nurse will notify the Champ’s Café Manager.

Feel free to contact your School Champ’s Café Manager, School Nurse or the Food Service Central Office (941-575-5400) with questions you may have regarding this documentation.

Terri Whitacre
Director of Food & Nutrition Services, Champ’s Café
*MILK* is one of the USDA’s 4 food items offered at Breakfast and 5 food items offered at Lunch. If a child has a medical or special dietary need involving MILK, such as lactose intolerance, that is, the child cannot drink milk, or can drink milk only on an infrequent basis, a PARENT NOTE to the School Nurse will allow the Food & Nutrition Services staff to substitute Lactaid Milk as a beverage with the meal. USDA does not permit Champ’s Cafe to provide juice instead of milk; Juice does not provide the same nutrients as milk or Lactaid Milk. For the Lactose Intolerant Student who has a PARENT NOTE on file, the choices are:

--select a Lactaid Milk (just ask the cashier if you do not see any available)

--decline milk—it is not requirement for a child to take milk with a meal

OR --purchase an 8 oz. juice

If a child does not have a medical need, but does not like the taste of milk, the child may purchase a non-dairy beverage, such as juice. If a child does have a medical need, please comply with the Medical Statement Requirements (above).

For more information about Champ’s Café, including applying for free/reduced price meal benefits, please visit the district’s website:

www.yourcharlotteschools.net

updated 7/2013
from Champ's Cafe

**Snack Options for Students with Diabetes**

Champ's Cafe is happy to facilitate implementation of the following Snack Options for Students with Diabetes. This plan would serve ALL Students with Diabetes who participate in the USDA-sponsored National School Lunch and Breakfast meals program at Champ's Café no matter the student’s eligibility for school meals: free, reduced- price or full-price.

Champ’s Café recognizes that a full school breakfast or school lunch may feature too many carbohydrate grams for a Student with Diabetes. A Student with Diabetes may decline a food item as they make their food selections to create a healthy meal, the Student may eat a portion of a food item, the Student may "save" a food item or obtain the food item ahead of serving time from a school meal to eat at a different time.*

**example:** Student with Diabetes comes to breakfast and does not drink the juice at that time. Student saves the juice and drinks it between breakfast and lunch. Student can coordinate keeping juice at the proper temperature with the classroom teacher, school nurse and/or Champ’s Café.

**example:** Student with Diabetes does not eat breakfast at school but does eat lunch at school. Student obtains the fruit or juice that would be served at lunch time ahead of that time (stock the School Nurse’s clinic or teacher’s area to avoid loss of instructional time obtaining it from Champ's Cafe) to have between breakfast and lunch.

**example:** Student with Diabetes eats school lunch but saves the fruit or juice from their lunch for later in the afternoon.

*The Champ's Cafe staff would then encourage the Student to choose the food item that either include the necessary snack, or not include it--if they obtained it earlier in the day.
Students with Diabetes would be encouraged to carry their own personal snacks (examples: small 1/2 oz. box of raisins-11 gm.; Rice Krispie Treat--17 gm. or Glucotabs--4 gm ea.) to cover a hypoglycemic episode (low blood sugar) at any place or time: playground, fire drill, music class, etc. The Student with Diabetes' true daily snack might come from a meal component from Champ's Cafe breakfast or lunch, and their personal snacks would be "emergency" or rescue snacks.

An emergency or rescue snack of orange juice (8 oz. = 30 gm CHO) or crackers (4 = 9 gm CHO) from the School Nurse might then be the student's true meal components (no charge), OR a rescue snack the School Nurse provides through Champ's Cafe at a charge to the student or Health Services Program.

last updated 7/2013
Vegetarian Customers:

A vegetarian diet plan is a way for people to limit or alter their protein intake.

Are you a strict vegetarian?  
No foods from animal origin  
(this diet plan may be deficient in vitamin B12, calcium, iron and calories)

Are you a lacto vegetarian?  
Lacto vegetarians drink milk and eat milk products  
(this diet plan may be deficient in iron)

Are you an ovo-lacto vegetarian?  
Ovo-lacto vegetarians drink milk, eat milk products and eggs  
(this diet plan, when carefully followed, has no nutritional deficiencies)

Protein is comprised of amino acids, eight of which must be supplied to the human body through food for body processes to continue.

A Protein that is “complete” has all 8 essential amino acids in the correct proportion that the human body uses:

- Lysine
- Threonine
- Tryptophan
- Leucine
- Isoleucine
- Valine
- Methionine
- Phenylalanine
A **Protein** that is “incomplete” has one or more amino acids *missing* or in *short supply*.

All **animal protein**, except gelatin, is “complete” or high quality protein. **Vegetable protein** is “incomplete” or lower quality protein.

**Lower quality protein** can be enhanced in two ways:
- By combining two **lower quality proteins** that complement each other in amino acid components or by mixing **higher quality protein** with lower quality protein.

**Proteins** that may be mixed to obtain **higher quality protein** are called “complementary”. **Protein Complementations**:

- **Seeds and Grains**, *such as* [sesame seed muffins](#)
- **Legumes and Seeds**, *such as* [pea soup and sesame crackers](#)
- **Legumes and Grains**, *such as* [peanut butter on bread](#)

**Animal Protein** and **Vegetable Protein**, *such as* [macaroni and cheese or cereal and milk](#)

The Champ’s Café staff is happy to prepare vegetarian entrees for their customers such as:

- Cheese Pizza
- Pasta with Marina Sauce
- Garden Deluxe Salad
- Veggie Sub Sandwich
- Grilled Cheese Sandwich
- Yogurt & Cheese
- Gardenburger on Bun
- Veggie Wrap
- Nachos with Cheese
- Veggie “Chicken” Nuggets
- Veggie “Chicken” Patty
- Veggie “Beef” Crumbles
- Max Stix (Cheesey Breadsticks)

The customer who desires vegetarian entrees is asked to meet with the Champ’s Café Manager so plans can be made to honor the customer’s preferences to help the Champ’s Café staff manage ordering and production for these special requests.
Pack a **Smarter** Lunch!

<table>
<thead>
<tr>
<th>Grains</th>
<th>Vegetable</th>
<th>Fruits</th>
<th>Meat</th>
<th>Dairy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Grain Couscous</td>
<td>Carrot Sticks or chips</td>
<td>Blueberries or raspberries, or strawberries</td>
<td>Left over rotisserie chicken breast</td>
<td>Mozzarella cheese sticks or individually wrapped cheddar slices</td>
</tr>
<tr>
<td>Whole wheat English Muffin or bagel</td>
<td>Cucumber strips or slices</td>
<td>Grapes</td>
<td>Hummus</td>
<td>Low-fat yogurt</td>
</tr>
<tr>
<td>Whole Grain or Corn tortillas</td>
<td>Broccoli florets</td>
<td>Apple slices or applesauce</td>
<td>Chicken or tuna salad made with low fat mayonnaise</td>
<td>Reduced fat shredded cheese or crumbles</td>
</tr>
<tr>
<td>Brown Rice</td>
<td>Leftover grilled/steamed vegetables (eggplant, mushrooms, peppers, zucchini)</td>
<td>Small oranges (fresh or canned)</td>
<td>Peanut butter</td>
<td>Low-fat or fat-free pudding</td>
</tr>
<tr>
<td>Whole Grain bread</td>
<td>Cherry tomatoes (cut-up) &amp; romaine lettuce for sandwich filling</td>
<td>Honey dew, cantaloupe or watermelon</td>
<td>Sliced Leftover Turkey breast (or from deli)</td>
<td>Laughing Cow (of other low-fat, proportioned) cheese</td>
</tr>
<tr>
<td>Whole grain crackers</td>
<td>Zucchini or squash strips</td>
<td>Raisins or dried cranberries</td>
<td>Hard-boiled egg</td>
<td>Low-fat (1% or skim) milk</td>
</tr>
<tr>
<td>Lavash flat bread</td>
<td>Cooked asparagus tips</td>
<td>Banana</td>
<td>Sliced roast beef</td>
<td>Low-fat cottage-cheese</td>
</tr>
<tr>
<td>Whole wheat pita bread</td>
<td>Celery sticks</td>
<td>Pineapple cubes (fresh or canned in its own juice)</td>
<td>Fat-free refried beans</td>
<td>Low or reduced-fat Feta cheese</td>
</tr>
</tbody>
</table>

FOR A “NO BRAINER” LUNCH, MIX & MATCH FROM EACH OF THE FIVE FOOD GROUPS ABOVE!

Here’s Some Ideas to Get You Started:

(Whole grain tortilla + ¼ cup fat-free refried beans + ¼ cup cheddar cheese crumbles + 2 tablespoon Salsa) + celery sticks + ½ cup pineapple chunks

(Whole wheat bagel + 2 ounces turkey breast + 1 slice reduced-fat cheddar + lettuce/tomato + mustard) + 2 slices cantaloupe

(½ cup couscous + 2 ounces leftover chicken + 1 cup leftover grilled/steamed veggies = ¼ c. Feta cheese) + ¾ cup sliced strawberries

WIC is an equal opportunity provider
What Makes a Good Snack?

Healthy Snack Features

- Low in added salt
- Low in added sugars
- Low in added fat
- Small in portion or size
- Tastes good
- Made from fewer processed ingredients and more fresh (whole food) ingredients
- Made of foods from the Five Food Groups

The Basics for Healthy Snacking

☑️ The key to healthy eating/snacking is to balance nutrients, calories and exercise. Eating too many calories combined with too little exercise will result in weight gain.

☑️ Foods with added sugars, salts and/or fats should not be eaten frequently- these "extras" provide calories but little nutrition. Examples of these foods would be potato chips, candy bars, dessert cakes or soft drinks.

☑️ Avoid classifying foods as “good” or “bad”. There are only bad diets - especially when foods high in sugar, salt, and fat are chosen in excess.

☑️ Try serving snacks in interesting shapes and sizes, or maybe even a colorful bag. If possible, let your child help you prepare the snacks - i.e. cutting out sandwiches with cookie cutters, sprinkling cheese on a tortilla.
Some Ideas to Start!

<table>
<thead>
<tr>
<th>Grains</th>
<th>Vegetables</th>
<th>Fruits</th>
<th>Meat</th>
<th>Dairy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn or whole wheat tortillas</td>
<td>Carrot sticks*, chips or coins</td>
<td>Blueberries or raspberries, sliced</td>
<td>Chopped hard-boiled eggs</td>
<td>Mozzarella cheese sticks</td>
</tr>
<tr>
<td>Regular or multigrain Cheerios</td>
<td>Cucumber strips or slices</td>
<td>Sliced grapes</td>
<td>Canned beans or chickpeas*</td>
<td>Low-fat yogurt</td>
</tr>
<tr>
<td>Whole grain couscous</td>
<td>Broccoli florets</td>
<td>Apple slices</td>
<td>Nuts, sunflower or pumpkin seeds*</td>
<td>Shredded cheese or crumbles</td>
</tr>
<tr>
<td>Whole grain pancakes/waffles</td>
<td>Sweet potato cubes</td>
<td>Small oranges (fresh or canned)</td>
<td>Peanut butter*</td>
<td>Low-fat pudding</td>
</tr>
<tr>
<td>Graham crackers</td>
<td>Cherry tomatoes (cut in 1/2)</td>
<td>Honeydew, cantaloupe or watermelon</td>
<td>Tiny chunks of turkey meatballs</td>
<td>Low-fat frozen yogurt</td>
</tr>
<tr>
<td>Whole grain toast</td>
<td>Zucchini or squash strips</td>
<td>Peaches or pears – cubed or slices</td>
<td>Thinly sliced turkey or ham</td>
<td>Low-fat milk</td>
</tr>
<tr>
<td>Matzo crackers</td>
<td>Cooked asparagus tips</td>
<td>Sliced banana</td>
<td>Shredded (or canned) chicken breast</td>
<td>Low-fat cottage cheese</td>
</tr>
<tr>
<td>Mini rice cakes</td>
<td>Salsa</td>
<td>100% fruit juice</td>
<td>Canned tuna fish</td>
<td>Low-fat smoothie</td>
</tr>
</tbody>
</table>

*These foods may cause choking and should not be given to children under age 4.

Mix and match the food groups from above

Choose from at least 2-3 food groups for your child’s healthy snack!

Remember...Be Creative!!

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.
For Health and Nutritional Information go to the website below.
Dear Parent/Guardian,

Your child’s health screening information is strictly confidential and will not be discussed with anyone other than you or your child. Please share your child’s health screening information with your health care provider. Your doctor or nurse is in the best position to evaluate your child’s overall health.

Understanding the results of Body Mass Index (BMI) and Body Mass Index for Age Percentile (BMI%):

All children in Florida school grades 1, 3, and 6 have their height and weight measured according to state mandate. Your child’s growth and development can be influenced by many factors. Some of these factors include genetic makeup, overall state of health, dietary intake, exercise, and sports activities.

Categorizing BMI

Please refer to your child’s BMI% results to determine where they lie on the scale below, per the Centers for Disease Control (CDC).

<table>
<thead>
<tr>
<th>BMI%</th>
<th>Category</th>
<th>Description</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5%</td>
<td>Underweight</td>
<td>Considered underweight.</td>
<td>Medical Assessment is recommended.</td>
</tr>
<tr>
<td>Between 6% and 84%</td>
<td>Healthy</td>
<td>Falls within normal ranges.</td>
<td>No action necessary</td>
</tr>
<tr>
<td>Between 85% and 95%</td>
<td>Overweight</td>
<td>Considered overweight. Additional risk factors such as family history, blood pressure, cholesterol, etc. may increase risk for future chronic diseases.</td>
<td>Consider a medical assessment if child has additional risk factors.</td>
</tr>
<tr>
<td>Greater than 95%</td>
<td>Obese</td>
<td>Considered Obese. Increased risk for chronic diseases such as diabetes.</td>
<td>Medical Assessment is recommended.</td>
</tr>
</tbody>
</table>

We recommend that you share this information with your doctor. Please feel free to contact your school nurse with any questions or concerns:

________________________________________  ________________________________________
School Nurse                                                                 School name/Telephone number

Rev 6/14
Vision Screening

Introduction:

The purpose of the school mandated vision screening program is early detection and treatment of visual problems. Vision disorders are the fourth most common disability among children in the United States and the leading cause of impaired conditions in childhood. Recent studies estimate that only 21% of all preschool children are screened for vision problems and only 14% receive a comprehensive vision exam.1 Children with vision problems are often not aware of their impairment, and therefore do not complain or seek help. It is estimated that 1 in 20 children require visual correction with glasses.

Anatomy of the Eye

Young children generally have spherical globes. The eye elongates as the child grows to take on an oblong shape until it reaches full size by about age 7. The cones which are packed tightly in the retina in the posterior part of the eye detect color, and the rods which are located on the inner side walls detect black and white, facilitate clear imaging and color sensitivity. The cones and rods develop at their own pace. Visual acuity rapidly improves by the end of the first year of life. The acuity referral standards often reflect the expectation that some 3, 4 and even 5 year olds may not have attained 20/20 acuity.

The eyes have seven muscles each, three pairs responsible for moving the eye, and a seventh single muscle which elevates the eyelid. These extraocular muscles also develop systematically. The muscles work in pairs and the muscle pairs of both eyes must work together and simultaneously. By 6 months of age the eyes should be able to fixate and any deviation would be abnormal.

Refractive errors occur when the shape of the eye does not allow the light rays to focus correctly on the retina. Refractive errors may occur in one or both eyes or in differing degrees in both eyes. The incidence of this type of visual problem increases with age and is usually treated with corrective lenses. The following are common refractive errors:

- **Myopia – Nearsightedness** - this is the most common vision problem of students. The eyes are too long and the image of distant objects are focused in front of the retina and appear blurred. This is referred to as nearsightedness because near things are seen more clearly than distant objects.

- **Hyperopia – Farsightedness** - the eye is shorter than normal and the image of near objects focus behind the retina. This is referred to as farsightedness because distant images are seen more clearly.

- **Astigmatism** - this is caused by an uneven surface of the eye which prevents light rays from falling on a single point on the retina.

- **Strabismus** - this is caused by an abnormal alignment of the eyes.

- **Amblyopia** – This is a decreased visual acuity in one eye. The most frequent cause is strabismus. In most cases, treatment which includes the patching of the stronger eye must be initiated early to ensure successful treatment.

1 [www.aap.org/healthtopics/visionhearing.cfm](http://www.aap.org/healthtopics/visionhearing.cfm)
Identification of Students for Screening

Vision screening is routinely performed on children in grades kindergarten, 1, 3, and 6 and students entering a Florida school for the first time in grades kindergarten through 5. In addition, children should be screened upon entrance to a special education program. School staff may also refer students for screening based on classroom behavior or complaints.

Referral Criteria

Distance visual acuity as tested by a wall or cabinet mounted acuity chart at a distance of 20 feet or 10 feet depending on the device.

- **AGE 6 and OLDER**: Visual acuity of 20/40 or greater in either eye. The child must at least correctly identify the majority of optotypes on the 20/30 line with each eye to pass. A referral is also made when there is a 2 line or greater difference between the acuities of both eyes, except when the poorer eye is 20/30 or better.

- **AGE 5 and YOUNGER**: Visual acuity of 20/50 or greater in either eye. The child must at least identify the majority of optotypes on the 20/40 line with each eye to pass. 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.

Additional reasons for referral may include: headaches, dizziness or nausea when performing close work, or complaints of difficulty seeing the board in the classroom.

Screening Procedures

The screening device should be at the child’s eye level and placed against a bare wall with good lighting. Measure 10 or 20 feet from the chart based on the screening device, and mark the distance on the floor with a piece of tape. The child should stand with their heels on the tape. If the child wears glasses, the screening should be conducted with the glasses on unless the student only wears glasses for reading or states that sight is better without the glasses. The child should be asked when they last received an eye examination by the doctor, and this should be noted on the screening form. Students evaluated for Special Education should be screened both with and without glasses.

The child’s vision should be tested first by occluding the left eye and testing the right eye. Then reverse and occlude the right eye and test the left eye. Complete the screening by testing both eyes. Begin screening at the 20/50 line and progress down. If the child has difficulty identifying the symbols at the 20/50 line, move up. Point to each of the letters from left to right and continue down to the line where they can read the majority of optotypes correctly (3 of 5 letters on a line or 4 of 6 letters correctly.) When testing each eye individually, provide the child with an occluder to cover the other eye and instruct the child to keep the covered eye open and not to press on the eye. Observe to ensure that the occluder remains in proper position during testing, and that the child does not tilt or hold their head at an angle. The child should not be allowed to squint during the screening.

The results should be recorded for the last line read correctly for the right, left and both eyes. If the child fails the screening, a second screening may be indicated before referral. Re-screening is also warranted for those students who are difficult to test, or may not understand or follow directions. It may be more appropriate to screen these children on an individual basis.

Referral and Follow-Up Procedures

Vision screening is of little value without successful referral and follow-up evaluation. A letter will be mailed home to the parent or guardian of each child screened with the screening results. If the school nurse does not receive a reply for those students for whom a referral is indicated within four weeks from the time the parent is notified, the school nurse must contact the parent to determine the status of the referral. There must be documented follow-up
with the parent of any child who has failed the vision screening, or for whom there are reported visual difficulties or complaints (see attached referral letter). The results of the referral must be noted in the child’s record and appropriate school staff must be advised if corrective lenses or treatment is warranted. For those students for whom there are financial restrictions limiting access to treatment, the school nurse should assist the parent in locating alternate sources of care in the community.

**Vision Referral Resources**

Resources available for students who fail vision screening, can not afford the services and are not covered by Medicaid or private health insurance are limited. Referral assistance should be considered for any student who does not have coverage and falls within the guidelines of the Federal Free and Reduced Lunch Program such as Florida’s Vision Quest ([www.flvq.org](http://www.flvq.org)), the Lion’s Club or other service organizations.

---

Resource:

*To See or Not to See*, 2005, Susan E. Proctor, NASN.
SAMPLE REFERRAL FOLLOW UP LETTER

Second Notice of Vision Screening Results

Dear Parent or Guardian:

Recently you received a letter mailed to you notifying you ____________ had failed the vision screening preformed at school, and a referral for follow up care was recommended.

We ask your cooperation in obtaining an eye examination for your child since many vision problems can be corrected with prompt treatment.

If your child has received the recommended follow-up care, I would appreciate it if you would return this letter with the results indicated below or contact me at ____________.

If you need assistance obtaining services for your child, please contact me so I may assist you in obtaining the needed care.

Please complete the lower portion of this letter and return it to the school within five (5) days. If you do not, we will continue to make follow-up attempts to contact you as required by the School Health Services Act 381.0056 Florida Statutes.

___________________________
School Nurse

____________________________________
Student’s Name

Student examined by ______________________ on _____________ or ______________________
(Doctor’s name) date pending date

Treatment recommended for ________________________________

Glasses obtained □ yes □ no

No treatment necessary □ yes □ no

Parent/Guardian Signature ____________________________________
Hearing Screening

Introduction

The purpose of the school mandated hearing screening program is to identify those children who have a greater probability of having a condition which may warrant a referral for further evaluation. Hearing loss is the most common congenital condition in the United States. Early identification of these children is vital to minimize the impact of diminished hearing and enhance their educational opportunities. Children with even a minimal hearing loss may be at risk for academic and communicative difficulties.

Anatomy of the Ear

The ear consists of three sections: outer, middle, and inner ear. The outer ear (auricle) directs sound waves into the external auditory canal to the tympanic membrane. The tympanic membrane (eardrum) is a thin diaphragm, which closes the end of the canal and separates it from the middle and inner ear. The middle ear is an air-filled cavity which contains three small bones (smallest in the body). The eustachian tube is a passage from the middle ear to the nasopharynx and is normally closed but does allow for equalization of pressure and ventilation of the middle ear. The cochlea, center for balance and cranial nerves VII and VIII are contained in the inner ear. Sound vibrations are transmitted from the eardrum through the middle ear to the fluid in the cochlea. Within the cochlea, sensory cells transform fluid movement into electrical impulses, which are transmitted to the brain.

The most common types of hearing loss in school age children are sensorineural (permanent) and conductive (temporary and permanent). Conductive hearing loss is the most common type. Conductive hearing loss is usually caused by an interference with the efficient transmission of sound by air in the external and middle ear. This interference may be caused by such things as impacted cerumen, otitis media or tympanic membrane perforations which usually heal spontaneously within weeks.

Sensorineural losses (permanent) may be due to inner ear, cochlear or nerve damage and can also be caused by exposure to excessively loud noise over an extended period. This type of loss may also be due to an infection.

Identification of Students for Screening

Charlotte County Public School nurses who have received appropriate training will perform a sweep screening on all students enrolled in kindergarten, first, and sixth grade. In addition, children should be screened upon entrance to special education programs, or if they are newly enrolled to the school system and do not have evidence of prior screening. School staff may also refer students for screening based on classroom behavior or speech patterns, which may indicate possible hearing impairment. Children who receive regular audiologic care should not be screened.

Screening Procedures

The school nurse will perform a sweep screening at a level of 25 decibel (dB) for each of the following frequencies: 1000, 2000 and 4000 Hertz (Hz). For those students requiring evaluation for the special education program Exceptional Student Education (ESE), screening must be performed at a level of 25 decibel (dB) for the following frequencies: 500, 1000, 2000 and 4000 Hertz (Hz). A referral for rescreening within two weeks is recommended for any student who fails to identify one or more frequencies or who is uncooperative with the testing procedure. (Do not assume that a child can hear, and is just being uncooperative.) All students referred for rescreening must also be assessed for the need for medical care based on history of recurrent upper respiratory infection or evidence of possible ear, nose or throat pathology.

The instrument used for screening is a pure tone audiometer with headphones. The audiometer should be checked by the screener prior to initiating the procedure by testing himself or herself and to ensure the ambient noise in the testing area is within an acceptable level. The selection of the testing site and the ambient noise level are important for reliable screening results.

1 www.aap.org/healthtopics/visionhearing.cfm
The students must be introduced to the screening procedure. It is usually helpful to address the class or group to be tested by explaining the procedure and presenting an exaggerated sound from the audiometer. It is also helpful for the students to observe the procedure as other students are tested.

You may want to advise the students that they will hear loud and very soft sounds and they must concentrate and raise their hand or make an indication each time they hear a sound and lower their hand when the sound stops.

Place the headphones on while facing the student making sure that the center of the headphone is over the external canal. To ensure consistency in recording results, always place the red headphone on the right ear. The headphones should be cleansed with approved wipes between students. All students should be instructed to remove their glasses prior to screening and place their hair behind their ears to ensure any obstruction is eliminated, and the earphones are snug to keep air from leaking into the space between the ear and the headphone. Adjust the headband so the earphone cushions are centered over the ears. The child should be placed in a seated position facing away from the audiometer to avoid visual cues that may prompt an incorrect response. The child’s right ear and left ear should be tested at 25 dB for each frequency at 1000, 2000 and 4000 Hz. If a child does not respond to any frequency in either ear, re-instruct, reposition headphones and re-screen. If the child still does not respond at one or more frequencies for either ear, refer the child for re-screening at a later date. Record the test results for each child on the Individual Screening Results Form and indicate pass or fail. Children who pass the initial screening or the re-screening should not be referred unless other indications warrant such a referral.

**Follow-Up for Screening Failures**

Data must be entered and stored electronically to ensure follow up for all children who have failed the initial screening. Re-screening should be conducted approximately two weeks after the initial screening or once all evidence of any medical condition which may interfere with screening has been resolved.

All parents are to be notified of the screening and re-screening results and advised regarding the need for follow up evaluation. Any child who does not pass the re-screening or fails to cooperate for testing should be referred to their pediatrician or medical care provider for follow up. A copy of the Physician Referral Form and parent cover letter (HR 5/08), (PHR 5/08) should be given to the parent for completion by the physician and returned to the school nurse with the recommended follow up and plan for treatment when indicated.

Any child identified as having a chronic condition which may have a negative effect on their ability to hear, should be brought to the attention of their teacher so that the appropriate classroom modifications can be made.

**Audiometer Maintenance**

In order to ensure reliable test results, the audiometer must be calibrated annually. A Certificate of Calibration will be provided each time the audiometer is recalibrated. All audiometers should be brought to the ESE Department at the Charlotte County Public Schools District Office at the end of each school year for annual calibration.

Educational Reference:

Physician Referral for Hearing Screening Failure

CHILD’S NAME: ____________________________________________________________

REFERRING SCHOOL: ______________________________________________________

Information below to be completed by licensed health care provider.

Date of visit: __________________________________________________________________

Please check as appropriate:

☐ Ear canals clear
☐ Cerumen present – cleaning recommended
☐ Tympanic membrane – within functional limits
☐ Abnormal tympanic membrane – Follow-up
  Treatment recommended

☐ Student to return to licensed health care provider in ________ weeks.

☐ Refer to specialist _______________________________________________________

Comments: __________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

__________________________________________________________ Date

Signature of Licensed Health Care Provider

(PHR 5/08)
Dear Parent/Guardian:

Your child _______________________ was recently screened for hearing by the school nurse in accordance with Florida Law F.A.C. 64F-6.003. All children who have failed an initial hearing screening are re-screened approximately two weeks later to minimize those children who may fail due to temporary conditions such as a cold or allergies. Any child who fails a second time is advised to follow-up with their licensed health care provider. Often these hearing difficulties may be due to something which can be easily treated. We are requesting that you have your licensed health care provider complete the attached form at the time of their evaluation.

It is important that any child with diminished hearing is evaluated and treated when warranted. Your cooperation in ensuring that your child has the best opportunity to learn is vital to their school success. Please return the completed form as soon as possible. If you have any questions, you may call me at ___________________

Thank you for your cooperation.

______________________________
School Nurse
Hearing Aids

A hearing aid is an electronic device worn on the body, in the ear or behind the ear to amplify sound. A hearing aid has three basic components: a microphone, amplifier and speaker. The sound is received through the microphone, sent to an amplifier which increases the power of the signal and sends it to the ear through a speaker. A volume control on the hearing aid increases the decibel level. Some students with hearing aids use a frequency-modulated transmission device also known as an FM system. When a student has an FM system, the teacher usually wears a microphone and radio waves deliver speech directly to the student’s ears. This allows the student to separate the teacher’s voice from the background noise.

It is recommended that all students who wearing hearing aids have them checked daily. It is required that all ESE students who wear hearing aids or ear level FM systems have them checked daily by the school nurse and the assessment recorded on the Daily Hearing Aid Check Chart. At the end of the school year Daily Hearing Aid Check Chart should be scanned into FOCUS and the original sent to Doris Peters in the ESE Department.

When a student has a hearing aid, request a copy of the product information manual to familiarize yourself with the device and to assist with troubleshooting problems. Doris Peters can also be contacted for additional information at 255-0808, Ext. 3101.

If the hearing aid is not working check the following:

✓ Ear mold may be blocked. Wipe with a damp cloth or paper towel and dry completely. Never use alcohol or cleaners containing alcohol, as they may cause the ear mold to dry out and crack;
✓ Check battery and placement; and,
✓ Check tubing and connections.

If a whistling sound is heard, check to see if the hearing aid is fitting correctly or if it is clogged with ear wax or fluid.
## Daily Hearing Aid Check Chart

<table>
<thead>
<tr>
<th>MONTH</th>
<th>AUGUST</th>
<th>SEPTEMBER</th>
<th>OCTOBER</th>
<th>NOVEMBER</th>
<th>DECEMBER</th>
<th>JANUARY</th>
<th>FEBRUARY</th>
<th>MARCH</th>
<th>APRIL</th>
<th>MAY</th>
<th>JUNE</th>
</tr>
</thead>
</table>

**STUDENT** | **SCHOOL YEAR** | **TEACHER** |

| MONTH | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**NOTE:** IF EQUIPMENT IS NOT FUNCTIONING AND/OR STUDENT/PARENT IS NON-COMPLIANT, WRITE THE DATE AND ACTION TAKEN TO REMEDY THE SOLUTION.

<table>
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<tr>
<th>DATE</th>
<th>ACTION TAKEN</th>
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</thead>
</table>

**Code Key:**
- **ABS** = ABSENT
- **NC** = STUDENT NON-COMPLIANT
- **PNC** = PARENT NON-COMPLIANT
- **NW** = SYSTEM NOT WORKING (DOCUMENT ACTION TAKEN)
- **FT** = FIELD TRIP
- **X** = NO SCHOOL
- **√** = SYSTEM IS FUNCTIONING

---

**Staff Signature:**

**Date:**

---

**White:** Nurse’s Copy

**Yellow:** ESE Copy

**11/21/06**
# DAILY FM EQUIPMENT CHECK CHART

**Student** | **Issued Equipment** | **School Year** | **Teacher**
--- | --- | --- | ---

| MONTH | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| AUGUST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEPTEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCTOBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOVEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DECEMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JANUARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEBRUARY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MARCH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APRIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MAY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JUNE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTE:** If equipment is not functioning and/or student is non-compliant, write the date and action taken to remedy the situation.

<table>
<thead>
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<th>DATE</th>
<th>ACTION TAKEN</th>
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**ABSENCES**
- **ABS** = ABSENT
- **NC** = STUDENT NON-COMPLIANT
- **PNC** = PARENT NON-COMPLIANT
- **NW** = SYSTEM NOT WORKING (DOCUMENT ACTION TAKEN)
- **FT** = FIELD TRIP
- **X** = NO SCHOOL
- **√** = SYSTEM IS FUNCTIONING

**Teacher Signature** | **Date**
Postural Screening

Introduction

The purpose of the State mandated school postural screening in sixth grade is to identify students with suspected postural deviation for further evaluation by a physician and possible treatment. The National Association of School Nurses (NASN) reported that up to 10% of children (10 to 16 years of age) may have some degree of postural deviation. Scoliosis affects 2 to 3% of the population, an estimated 6 million people in the United States. The primary age of onset for scoliosis is 10 to 15 years of age, occurring equally among both genders. Females are eight times more likely to progress to a curve magnitude that requires treatment (National Scoliosis Foundation). The most common treatment of Adolescent Idiopathic Scoliosis (AIS) is conservative as four out of five people diagnosed with scoliosis have curves of less than 20 degrees. Treatment to prevent further progression is based on the child's maturity, stage of bone growth, degree and location of curve and potential for progression. Treatment may include monitoring by periodic evaluation, exercise, bracing or surgery depending on the degree of curvature.

Anatomy of the Spinal Column

The spine is divided into four segments: cervical, thoracic, lumbar and sacral. While in normal standing posture, the spine should be straight, shoulders even, hips level, and distance between arms and body should be equal bilaterally. Scoliosis is a broad term used to describe spinal curvatures, and is defined as a lateral curvature of the spine of greater than 10 degrees and usually involves a rotation of the spine that creates a sideways curve when viewed from behind. Kyphosis is a posterior convex angulation of the spine associated with increased swayback, and lordosis is an anterior angulation of the spine.

Classification of Curvatures (NASN)

<table>
<thead>
<tr>
<th>Type</th>
<th>Degrees</th>
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<tbody>
<tr>
<td>Normal</td>
<td>Less than 10 degrees</td>
</tr>
<tr>
<td>Mild</td>
<td>Less than 25 degrees</td>
</tr>
<tr>
<td>Moderate</td>
<td>25 to 40 degrees</td>
</tr>
<tr>
<td>Severe</td>
<td>40 degrees or greater</td>
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</table>

Identification of Students for Screening

Postural screening is routinely performed on all sixth grade students with parent permission. The screening permission form should be sent home approximately two weeks prior to screening. All students should be advised the day before screening to ensure they are dressed appropriately. Girls must wear a bra, sports bra or bathing suit top.

Screening Procedures

Screenings are to be performed separately for boys and girls. To ensure student privacy, a private area should be provided for individual screening. Staff should conduct the screening in pairs. The student will be asked to position themselves with his/her back to the screener and place their toes on a pre-arranged piece of tape on the floor indicating where they are to stand. The student’s back should be examined while they stand in an erect but relaxed position, facing forward with their feet slightly apart and weight evenly distributed.

Note the following:

- Is the head centered over the torso and shoulders?
- Does the spine appear straight?
- Are the shoulders and scapulas level?
- Are the waist creases equal?
- Spaces between the arms and body should be equal
- Are the hips level?
- If possible, are the knees level?
The Adams Forward Bend Test (AFBT) is conducted next. Advise the student to place their palms together, extended above their head and bend forward slowly from the waist until their back is horizontal to the floor.

Note the following:

- Are the head and neck centered?
- Are both shoulders and scapulas level?
- Is there a prominence on one side?
- Does the spine remain straight in the bended position?
- Are the hips level?
- Are the waist creases equal?

Any abnormal finding or uneven contours in the back should be confirmed by the second screener and noted on the screening form as a failure.

**Referral Criteria**

In addition to any abnormal finding on the screening exam, any history of back pain should warrant a referral for further follow up.

**Referral and Follow-Up Procedures**

The effectiveness of the screening is dependent on the referral and follow-up procedures. The parent or guardian of each sixth grade student will be notified by mail of the screening results. The letter advises the parent if further evaluation is indicated for postural screening. The letter also provides a place for the parent and physician to indicate the follow-up provided for return to the school nurse. If the school nurse does not receive a reply from the parent within four weeks for any student identified in need of further evaluation, a second follow up attempt should be made to identify any reasons for lack of follow-up. The school nurse should assist the student and family to ensure that the necessary evaluation is performed.
Chapter 12

Treatment of Employee Injury
Potential Bloodborne Pathogen Exposure

Bloodborne Pathogen Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other infectious materials that results from the performance of an employee’s duties.

What to do when there is a Bloodborne Pathogen Exposure Incident

☐ Immediately report any suspected exposure to blood or contact with human body fluid (via broken skin, human bites, needle sticks, etc) to the school nurse.

☐ Report suspected exposure to principal or principal’s designee for report of first injury.

☐ Notify Risk Management at 255-0808.

Other potentially infectious materials include:

☐ Any fluid or solid that is visibly contaminated with blood.

☐ All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
APPENDIX E
DEFINITIONS

Blood—human blood, human blood components and products made from human blood
Bloodborne pathogens—pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
Clinical Laboratory—a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated—the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry—laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
Contaminated Sharps—any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
Decontamination—the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
Engineering Controls—means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Incident—a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Handwashing Facilities—facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
HBV—hepatitis B virus.
HIV—human immunodeficiency virus.
Licensed Healthcare Professional—a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
Needleless Systems—means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
Occupational Exposure—reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
Other Potentially Infectious Materials (OPIM)—(1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.
Parenteral—piercing mucous membranes or the skin barrier through such events as needle-sticks, human bites, cuts, and abrasions.
Personal Protective Equipment (PPE)—specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
Production Facility—a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HB.
Regulated Waste—liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials.
during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory**—a laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV, but not in the volume found in production facilities.

**Sharps with engineered sharps injury protections**—means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual**—any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize**—the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions (UP)**—an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls**—controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping needles by a two-handed technique).
IF AN EMPLOYEE IS INJURED...

Employee Reports an Injury

IS INJURY LIFE THREATENING?

NO

REFER TO SCHOOL NURSE IF AVAILABLE

YES

CALL 911

CALL RISK MANAGER FOR TREATMENT COORDINATION, ISSUES AND/OR QUESTIONS
(941) 255-0808 EXT. 3046

COMPLETE FIRST REPORT OF INJURY FORM ONLINE AND EMAIL TO RISK MANAGER

DID EMPLOYEE REFUSE CARE?

YES

EMPLOYEE MUST SIGN TREATMENT REFUSAL FORM

PONY ALL FORMS TO RISK MANAGER

PROVIDE A COPY OF ALL FORMS TO THE EMPLOYEE

AFTER TREATMENT

Employee is responsible to notify work location and Risk Manager of duty status. Employee must provide WRITTEN MEDICAL ORDERS before returning to duty.

Charlotte County Public Schools Risk Management
Senetra Fitchett, Risk Manager
1445 Education Way · Port Charlotte, FL 33948
Senetra_Fitchett@ccps.k12.fl.us
Phone: 941-255-0808 ext 3046
Fax: 941-255-7565

Revised 03/2006
REPORTING AN INJURY
The employee is to notify his/her supervisor at once and have a First Report of Injury/Illness Form completed.

When an employee reports an injury, RISK MANAGEMENT/"DESIGNEE" must be notified immediately.

FORMS
Whether or not treatment is requested, a First Report of Injury/Illness Form must be filed on line immediately with Risk Management.
FOUR forms will print: 1) First Report 2) Injured worker instructions 3) Medical Care Acknowledgement Statement 4) Return to work form
COPY ALL FORMS TO EMPLOYEE

TREATMENT
The employee has 30 days to request treatment. They must contact Risk Management & all treatment must be authorized and in the Network.

FACILITIES
Employees are required to go to:
1) Peace River Regional Medical Center
2) American Injury Center

Exception: in the case of a life-threatening emergency the employee should be taken to the nearest Emergency Room Facility.

REGISTRATION
Please Sign “IN” & “OUT” at American Injury Center for all appointments on CCPS/EMI Register

WORK RESTRICTIONS
Diagnosis, treatment and any work restrictions need to be reported to Risk Management/"Designee. Risk Management will work with the employee and his supervisor team to accommodate restrictions.

INJURY in the LINE of DUTY
The School Board allows Workers’ Compensation Claimants ten (10) days of Injury in the Line of Duty. They are paid their regular rate of pay. Physician ordered No Duty Status or Medical appointments. The form is to be verified by Risk Management.

WORKERS’ COMPENSATION
Extended time off due to physician’s restrictions, and after the 10 days of ILD, Employers Mutual Inc. will pay the employee directly for their physician authorized time off. Each employee with a filed claim will receive a pamphlet entitled “What Employees Need to Know About Workers’ Compensation in Florida.”

Please Note: REFER to Risk Management for defined Process and Forms.

Carrier: EMI
700 Central Parkway
Stuart, FL 34994
1-800-431-2221

*Designee for Risk Management: EMI (Employers Mutual Inc.) 1-800-431-2221

Revised October/2009
Biting Procedures

Procedures for Biting Incidents: Student Biting A Staff Member

Wear gloves when exposed to blood or other body fluids.

Wash the bite area with soap and water.

Is the bite victim bleeding?

YES

Cleanse the wound and cover it using approved First Aid procedures.

Biter: Student

Call the parents/guardian of the student involved. Discuss the incident with the parents/guardians

Refer student to licensed health care provider.

Complete Student Accident Report

NO

Hold wound under running water for 2-3 minutes.

Bite Victim: Staff Member

Contact risk management for information about the appropriate action to be taken.

Call the parents/guardians of student (biter) involved.

Complete Student Accident Report
OSHA is promulgating a standard to eliminate or minimize occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens. The standard will become effective on 3/6/92. Based on a review of the information in the rulemaking record, OSHA has determined that employees face a significant health risk as the result of occupational exposure to blood and other potentially infectious materials because they may contain bloodborne pathogens, including hepatitis B virus which causes Hepatitis B, and human immunodeficiency virus, which causes Acquired Immunodeficiency Syndrome (AIDS). The Agency further concludes that this exposure can be minimized or eliminated using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels, and other provisions. FOR FULL TEXT OF THE STANDARD, SEE OSHA STANDARDS (OS) FILE; FOR FULL TEXT OF THE PREAMBLE, SEE OCIS FILE "1910.1030 (PREAMBLE) FILE" (BP). Any petitions for review must be filed not later than the 59th day following the promulgation of the standard. For information contact: James F. Foster, Telephone (202) 523-8151.
Federal Registers

Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule. - 66:5317-5325

<table>
<thead>
<tr>
<th>Federal Registers - Table of Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Publication Date: 01/18/2001</td>
</tr>
<tr>
<td>• Publication Type: Final Rules</td>
</tr>
<tr>
<td>• Fed Register #: 66:5317-5325</td>
</tr>
<tr>
<td>• Standard Number:</td>
</tr>
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<tr>
<td>• Title:</td>
</tr>
<tr>
<td>Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule.</td>
</tr>
</tbody>
</table>

DEPARTMENT OF LABOR

Occupational Safety and Health Administration

29 CFR Part 1910

[Docket No. H370A]

RIN 1218-AB85

Occupational Exposure to Bloodborne Pathogens; Needlestick and Other Sharps Injuries; Final Rule

AGENCY: Occupational Safety and Health Administration (OSHA), Department of Labor

ACTION: Final Rule; Request for Comment on the Information Collection (Paperwork) Requirements

SUMMARY: The Occupational Safety and Health Administration is revising the Bloodborne Pathogens standard in conformance with the requirements of the Needlestick Safety and Prevention Act. This Act directs OSHA to revise the Bloodborne Pathogens standard to include new examples in the definition of engineering controls along with two new definitions; to require that Exposure Control Plans reflect how employers implement new developments in control technology; to require employers to solicit input from employees responsible for direct patient care in the identification, evaluation, and selection of engineering and work practice controls; and to require certain employers to establish and maintain a log of percutaneous injuries from contaminated sharps.
DATES: Effective Date: The effective date is April 18, 2001. Written comments: Written comments on the Information Collection Requirements must be submitted on or before March 19, 2001.

ADDRESSES: Copies of materials in the docket may be obtained from the OSHA Docket Office, Room N-2625, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210, Telephone (202) 693-2350. Referenced documents are included in Docket H370A and are identified by the exhibit number indicated.


In compliance with 28 U.S.C. 2112(a), the Agency designates the Associate Solicitor for Occupational Safety and Health, Office of the Solicitor, Room S-4004, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210, as the recipient of petitions for review of the standard.


SUPPLEMENTARY INFORMATION:

I. Events Leading to the Amended Final Rule

Blood and other potentially infectious materials have long been recognized as a potential threat to the health of employees who are exposed to these materials by percutaneous contact (penetration of the skin). Injuries from contaminated needles and other sharps have been associated with an increased risk of disease from more than 20 infectious agents (Exs. 3-172GG, 3-274C). The primary agents of concern in current occupational settings are the human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).

To reduce the health risk to workers whose duties involve exposure to blood or other potentially infectious materials, OSHA promulgated the Bloodborne Pathogens (BBP) standard (29 CFR 1910.1030) on December 6, 1991 (56 FR 64004). The provisions of the standard were based on the Agency's determination that a combination of engineering and work practice controls, personal protective equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other requirements would minimize the risk of disease transmission.

Needlesticks and other percutaneous injuries resulting in exposure to blood or other potentially infectious materials continue to be of concern due to the high frequency of their occurrence and the severity of the health effects associated with exposure. The Centers for Disease Control and Prevention has estimated that healthcare workers in hospital settings sustain 384,325 percutaneous injuries involving contaminated sharps annually (Ex. 5-4). When non-hospital healthcare workers are included, the best estimate of the number of
percutaneous injuries involving contaminated sharps is 590,164 per year (Ex. 3-172V). When these injuries involve exposure to infectious agents, the affected workers are at risk of contracting disease. Workers may also suffer from adverse side effects of drugs used for post-exposure prophylaxis and from psychological stress due to the threat of infection following an exposure incident.

Since publication of the BBP standard, a wide variety of medical devices have been developed to reduce the risk of needlesticks and other sharps injuries. These "safer medical devices" replace sharps with non-needle devices or incorporate safety features designed to reduce the likelihood of injury. In a September 9, 1998, Request for Information (RFI), OSHA solicited information on occupational exposure to bloodborne pathogens due to percutaneous injury (63 FR 48250). Based in part on the responses to the RFI, the Agency has pursued an approach to minimize the risk of occupational exposure to bloodborne pathogens that involves three components. First, the Agency proposed that the revised Recordkeeping standard (29 CFR 1904) include a requirement that all percutaneous injuries from contaminated needles and other sharps be recorded on OSHA logs (61 FR 4030). Second, OSHA issued a revised compliance directive for the BBP standard on November 5, 1999, to reflect advances made in medical technology and treatment. The directive guides OSHA's compliance officers in enforcing the standard and ensures that consistent inspection procedures are followed. Third, the Agency placed amendment of the bloodborne pathogens standard on its regulatory agenda to more effectively address sharps injuries.

Congress was prompted to take action in response to growing concern over bloodborne pathogen exposures from sharps injuries and in response to recent technological developments that increase employee protection. On November 6, 2000, the Needlestick Safety and Prevention Act was signed into law. The Act directs OSHA to revise the BBP standard in accordance with specific language included in the Act.

II. Statutory Authority

On November 6, 2000, President Clinton signed the Needlestick Safety and Prevention Act, Pub. L. 106-430. The Act requires OSHA to revise the BBP standard within six months of the Act's enactment. To facilitate expeditious completion of this directive, Congress explicitly exempted OSHA from procedural requirements generally attending rulemaking under OSH Act 6(b) and from the procedural requirements of the Administrative Procedure Act (5 U.S.C. 500 et seq.).

III. Summary and Explanation

The revisions to OSHA's BBP standard required under the Needlestick Safety and Prevention Act can be broadly categorized into four areas: modification of definitions relating to engineering controls; revision and updating of the Exposure Control Plan; solicitation of employee input; and recordkeeping.

The revised standard adds two additional terms to the definition section found in paragraph (b) and alters the definition of one other term. It adds "Sharps with Engineered Sharps Injury Protections" and defines this term as "a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident." This term encompasses a broad array of devices that make injury
involving a contaminated sharp less likely, and includes, but is not limited to, syringes with a sliding sheath that shields the attached needle after use; needles that retract into a syringe after use; shielded or retracting catheters used to access the bloodstream for intravenous administration of medication or fluids; and intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a needle that is housed in a protective covering.

The revised standard also adds the term "Needleless Systems," which is defined as "a device that does not use needles for: (A) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (B) the administration of medication or fluids; or (C) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps." "Needleless Systems" provide an alternative to needles for the specified procedures, thereby reducing the risk of percutaneous injury involving contaminated sharps. Examples of needleless systems include, but are not limited to, intravenous medication delivery systems that administer medication or fluids through a catheter port or connector site using a blunt cannula or other non-needle connection, and jet injection systems that deliver subcutaneous or intramuscular injections of liquid medication through the skin without use of a needle.

The definition of "Engineering Controls" has been modified to include as examples "safer medical devices, such as sharps with engineered sharps injury protections and needleless systems." This change clarifies that safer medical devices are considered to be engineering controls under the standard. The term "Engineering Controls" includes all control measures that isolate or remove a hazard from the workplace, encompassing not only sharps with engineered sharps injury protections and needleless systems but also other medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Examples include blunt suture needles and plastic or mylar-wrapped glass capillary tubes, as well as controls that are not medical devices, such as sharps disposal containers and biosafety cabinets.

The expanded definitions reflect the intent of Congress to have OSHA amend the BBP standard to clarify

*** the direction already provided by OSHA in its Compliance Directive; namely, that employers who have employees with occupational exposure to bloodborne pathogens must consider and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments *** (Ex. 5-3).

Thus, the revised definitions do not reflect any new requirements being placed on employers with regard to protecting workers from sharps injuries, but are meant only to clarify the original standard, and to reflect the development of new safer medical devices since that time.

Paragraph (c)(1)(iv) of the standard is revised to add new requirements to the annual review and update of the Exposure Control Plan. The review and update of the plan is now required to "(A) reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and (B) document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure." Thus, the additional provisions require that employers, in their written Exposure Control Plans, account for innovations in procedure and technological
developments that reduce the risk of exposure incidents. This would include, but would not be limited to, newly available medical devices designed to reduce the risk of percutaneous exposure to bloodborne pathogens. Consideration and implementation of safer medical devices could be documented in the Exposure Control Plan by describing the safer devices identified as candidates for adoption; the method or methods used to evaluate devices and the results of evaluations; and justification for selection decisions. This information must be updated at least annually.

The revised Exposure Control Plan requirements make clear that employers must implement the safer medical devices that are appropriate, commercially available, and effective. No one medical device is appropriate in all circumstances of use. For purposes of this standard, an "appropriate" safer medical device includes only devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated. Although new devices are being continually introduced, OSHA recognizes that a safer device may not be available for every situation. If a safer device is not available in the marketplace, the employer is not required to develop any such device. Furthermore, the revised requirements are limited to the safer medical devices that are considered to be "effective." For purposes of this standard, an "effective" safer medical device is a device that, based on reasonable judgment, will make an exposure incident involving a contaminated sharp less likely to occur in the application in which it is used.

Paragraph (c)(1)(v) of the revised standard now requires that "An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan." This change represents a new requirement, which is performance-oriented. No specific procedures for obtaining employee input are prescribed. This provides the employer with flexibility to solicit employee input in any manner appropriate to the circumstances of the workplace. A dental office employing two hygienists, for example, may choose to conduct periodic conversations to discuss identification, evaluation, and selection of controls. A large hospital, on the other hand, would likely find that an effective process for soliciting employee input requires the implementation of more formal procedures. The solicitation of input required by the standard requires employers to take reasonable steps to obtain employee input in the identification, evaluation, and selection of controls. Methods for soliciting employee input may include involvement in informal problem-solving groups; participation in safety audits, worksite inspections, or exposure incident investigations; participation in analysis of exposure incident data or in job or process hazard analysis; participation in the evaluation of devices through pilot testing; and involvement in a safety and health committee properly constituted and operated in conformance with the National Labor Relations Act.

Employee input can serve to assist the employer in overcoming obstacles to the successful implementation of control measures. A number of respondents to the RFI indicated that they encountered some resistance when new devices required staff members to adopt new techniques, or when staff members perceived that use of the device might have an adverse effect on the patient (e.g., Exs. 3-50, 3-79, 3-99, 3-133). As a way of addressing this resistance, staff involvement in the selection process can play an important role in the acceptance and proper use of safer medical devices (e.g., Exs. 3-18, 3-42, 3-56, 3-88, 3-324, 3-355). According to their experience, the participation of frontline workers can help to overcome the following barriers:
Safer medical devices often require adjustments in technique, and a number of respondents noted that staff members are often reluctant to revise practices to which they have become accustomed.

Equipment compatibility problems. With the broad array of devices being used in healthcare settings, it is critical to ensure that devices will work together when necessary.

The need for continued evaluation of devices and the allotment of sufficient time for adequate device evaluation. After initial use by employees, some facilities found it necessary to replace the device originally selected with a more suitable device.

The Community Health Network (CHN) of San Francisco provides an example of a safety and health committee with responsibility for sharps injury prevention (Ex. 5-5). Representatives of both labor and management serve on the committee, and are provided with access to non-confidential information regarding bloodborne pathogen exposure incidents at CHN facilities. The committee is responsible for establishing criteria for safer devices; overseeing device evaluation by representative groups of device users; and selecting preferred devices for purchase. The committee is also responsible for developing safer alternatives to work practices that are associated with exposure incidents.

The concept of involving a team in sharps injury prevention programs is supported by the American Hospital Association (AHA) in guidelines to assist hospitals and health systems in developing such programs (Ex. 5-1). According to AHA, a successful program revolves around communication, education, training, and collaboration. Among the specific steps recommended are assembling a multidisciplinary team that includes representation of frontline workers and departments using devices; selecting targeted devices for evaluation; pilot-testing of devices; and collecting data after a device is adopted to evaluate its impact.

The standard requires that employers seek input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps. Employees involved in administering treatment or performing any procedure in the presence of an individual receiving care are considered to be involved in direct patient care. For example, an employee who uses a needle syringe to collect blood from patients in a nursing home, or an employee who administers flu vaccinations in a factory employee health unit, would both be considered to be involved in direct patient care and engaged in activities that put them at risk of direct exposure due to needlestick injuries. Employers may also choose to include other employees in the request for input, such as lab technicians, housekeeping staff, maintenance workers, and management-level personnel who may be at risk of injury involving contaminated sharps. An employer who is otherwise required to establish an Exposure Control Plan under the standard, but does not have any non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps, is not required to solicit employee input with respect to this provision.

The revised standard does not require employers to request input from all potentially exposed employees involved in direct patient care; however, the employees involved by the employer should represent the range of exposure situations encountered in the workplace. Input from employees covered by a collective-bargaining agreement may also be requested through their authorized bargaining agent.

The revised standard requires that solicitation of input from employees be documented in the
Exposure Control Plan. Employers can meet this obligation by identifying the employees who were involved and describing the process by which input was requested. Employers should also describe the input obtained with regard to identification, evaluation, and selection of controls. Evidence that employee input has been sought can include, for example, meeting minutes, copies of documents used to request employee participation, or records of responses received from employees such as reports evaluating the effectiveness of a safer medical device in trial applications.

The requirement for solicitation of input from employees has been designated as paragraph (c)(1)(v) in the revised standard. The requirement that the Exposure Control Plan be made available to the Assistant Secretary of Labor for Occupational Safety and Health and the Director of the National Institute for Occupational Safety and Health upon request, previously designated as paragraph (c)(1)(v), has been moved and is now paragraph (c)(1)(vi) in the revised standard.

The recordkeeping requirements of the standard at paragraph (h) have been amended by adding paragraph (h)(5) to require that employers maintain a sharps injury log to serve as a tool for identifying high risk areas and evaluating devices. Paragraph (h)(5)(i) now states, "The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum: (A) The type and brand of device involved in the incident, (B) the department or work area where the exposure incident occurred, and (C) an explanation of how the incident occurred." The sharps injury log must be maintained for the period required by 29 CFR 1904. The requirement to establish and maintain the log only applies to employers who are otherwise required to maintain a log of occupational injuries and illnesses under 29 CFR 1904 (OSHA's Recordkeeping rule).

The sharps injury log must include the specified minimum information regarding the device involved (if known), the location of the incident, and the description of the events that resulted in the injury. The level of detail presented should be sufficient to allow ready identification of the device, location, and circumstances surrounding an exposure incident (e.g., the procedure being performed, the body part affected, objects or substances involved and how they were involved) so that the intended evaluation of risk and device effectiveness can be accomplished.

Information in the sharps injury log must be recorded and maintained in a manner that protects the privacy of the injured employee. If data from the log are made available to other parties, any information that directly identifies an employee (e.g., name, address, social security number, payroll number) or information that could reasonably be used to identify indirectly a specific employee (e.g., exact age, date of initial employment) must be withheld.

The format of the sharps injury log is not specified. The employer is permitted to determine the format in which the log is maintained (e.g., paper or electronic), and may include information in addition to that required by the standard, so long as the privacy of injured workers is protected. The Agency recognizes that many employers already compile reports of percutaneous exposure incidents in a variety of ways. Existing mechanisms for collecting these reports will be considered sufficient to meet the requirements of the standard for maintaining a sharps injury log, provided that the information gathered meets the minimum requirements specified in the standard, and the confidentiality of the injured employee is protected.
Under newly published revisions to OSHA's Recordkeeping rule (29 CFR 1904), employers are required to record sharps injuries involving contaminated objects on the OSHA 300 Log of Work-Related Injuries and Illnesses and the OSHA 301 Injury and Illness Incident Report (the new forms replace the current 200 and 101 forms). When the revisions become effective, employers may elect to use the OSHA 300 and 301 forms to meet the sharps injury log requirements, provided two conditions are met. First, the employer must enter the type and brand of the device on either the 300 or 301 form. Second, the employer must maintain the records in a way that segregates sharps injuries from other types of work-related injuries and illnesses, or allows sharps injuries to be easily separated. For example, if OSHA 300 and 301 records are maintained on a computer, the employer must ensure that the computer is able to produce a record of sharps injuries that does not include other types of work-related injuries and illnesses (i.e., through using a program that allows for sorting of entries by injury type). If records are kept on paper forms, the employer would need to use a separate page of the 300 Log for sharps injuries.

The revisions to the Recordkeeping rule will not become effective until January 1, 2002, at the earliest, and until then many sharps injuries involving contaminated objects will not be recordable on the OSHA log. Therefore, employers must keep a separate sharps log from the effective date of this rule until the revised Recordkeeping rule becomes effective.

These revisions to the BBP standard become effective April 18, 2001. Exposure Control Plans that are reviewed and updated on or after this effective date must reflect the requirements of the revised standard. Percutaneous exposure incidents that occur on or after this effective date must be recorded on the sharps injury log.

OSHA's BBP standard, including the amendments herein promulgated, is applicable to general industry and shipyard employment (as referenced in 29 CFR 1915.1030).

IV. Economic Analysis

Incremental Costs of the Mandated Revisions to the Standard

OSHA has determined that the total cost of this action is $33,814,991 per year, and thus, that it is not an economically significant regulatory action within the meaning of Executive Order 12866. However, the rule is defined as a significant rule under the Executive Order, and has been reviewed by the Office of Management and Budget. This amendment to the final standard does not involve any new engineering requirements to protect workers from sharps injuries, but it does include two new recordkeeping requirements: First, the amended standard requires employers to "establish and maintain a sharps injury log for the recording of percutaneous injuries * * *" However, for recordable needlestick incidents, OSHA already requires employers to collect much of the information needed for developing such a log under other rules, the Recording and Reporting Occupational Injuries and Illnesses regulation (29 CFR 1904) in particular. Moreover, OSHA has recently published revisions to 29 CFR 1904 that would cover the remaining, previously nonrecordable needlestick injuries. Second, the current action requires any employer "who is required to establish an Exposure Control Plan" to "solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan." The methodology OSHA has used for computing costs for each requirement of the amended standard is presented in the next two sections.
Cost of Establishing and Maintaining a Sharps Injury Log

The rule requires employers to maintain a log for all needlestick and sharps injuries. At a minimum, the sharps injury log must contain: "(A) The type and brand of device involved in the incident, (B) the department or work area where the exposure incident occurred, and (C) an explanation of how the incident occurred." The costs attributable to the log correspond directly to the number of needlestick and sharps injuries. The International Health Care Worker Safety Center (IHCWSC) provides the best available estimate of the number of needlestick injuries (Ex. 3-172V). IHCWSC has computed that 590,164 needlestick and sharps injuries occur annually.

Needlestick and sharps injury cases will require an effort pertaining to collection of data on the type and brand of device, the department or work area where the incident occurred, and an explanation of how the incident occurred. Because the amount of information required to be collected is limited, OSHA estimates that it will require an average of five minutes per case (0.08 hours) to collect the data and enter it onto the separate log. Assuming that the task of collecting information related to the incident and entry onto the log will be conducted by an individual with the skill level of a Personnel Training and Labor Relations Specialist, an hourly wage of $26.32 is used to compute cost. (The hourly wage for Personnel Training and Labor Relations Specialist as reported in the Bureau of Labor Statistics Occupational Employment Statistics Survey is $19.03; benefits are computed at 38.3 percent of the hourly wage.) Thus, the incremental annual cost of the separate sharps injury log is:

\[
(590,164 \text{ cases}) \times (0.08 \text{ hours/case}) \times ($26.32/\text{hour}) = $1,294,352.
\]

In summary, OSHA estimates that the total annual cost of maintaining a sharps injury log will be $1,294,352. This estimate is likely to overstate true costs for at least three reasons. First, for already recordable incidents, the data needed to maintain a separate sharps injury log are already collected and entered into a log format for other purposes, namely for the requirements set forth by 29 CFR Part 1904. It is unlikely that the data will need to be "re-entered." Instead, businesses are likely to develop procedures for automating the process or for organizing log information, thereby significantly reducing the incremental costs associated with this incremental action. For nonrecordable cases, the data collection required by the Needlestick Safety and Prevention Act and this revision to the BBP standard will be required under 29 CFR Part 1904 (once revisions to Part 1904 become effective), so that the incremental costs associated with the separate sharps injury log are short-term in nature. Finally, and perhaps most importantly, the above cost estimate significantly overstates costs because it includes costs for all establishments in SIC 80. Under revisions to 29 CFR Part 1904, SICs 801, 802, 803, 804, 807, and 809 are exempted from recordkeeping requirements under Part 1904 and will thus not be required by this amendment to the BBP standard to keep a needlestick and sharps injury log. This is potentially significant because SICs 801, 802, 803, 804, 807, and 809 constitute 31 percent of employment for SIC 80, though not necessarily 31 percent of sharps injuries.

Cost of Solicitation of Employee Input

The cost associated with solicitation of employee input is comprised of three components: (1) the initial solicitation, conducted by a manager; (2) the employee response; and (3) documentation of the solicitation in the Exposure Control Plan.
The cost of the initial solicitation is likely to vary with establishment size, number of incidents, and employee interest. The establishments that will be affected are those that are:
(1) Required to develop an Exposure Control Plan, and (2) have employees who are involved in direct patient care and who are potentially exposed to needlestick injuries. The overwhelming majority of such establishments are in SIC 80, Health Services. County Business Patterns reports that in 1997 (1997 data are used as the most recent year for which data are available using the SIC reporting system), there were 502,724 establishments in SIC 80. OSHA estimates that the initial solicitation or call for employee input will require an average of 15 minutes (0.25 hours) of managerial time. The wage rate of a Medicine and Health Care Manager is $33.22 per hour, including fringe benefits. (The hourly wage for a Medicine and Health Care Manager reported in the Bureau of Labor Statistics Occupational Employment Statistics Survey is $24.02; benefits are computed at 38.3 percent of the hourly wage.) The estimated cost of the initial solicitation is:

\[(502,724 \text{ establishments}) \times (0.25 \text{ hours/establishment}) \times ($33.22/\text{hour}) = $4,175,080.\]

The cost associated with the employee response varies with the number of employees and the response rate to the initial solicitation. According to County Business Patterns, there were 11,348,141 individuals employed in SIC 80 in 1997. OSHA estimates that it will require 15 minutes (0.25 hours) of employee time to respond to the solicitation and that approximately 33 percent of employees will respond. Using a wage rate of $25.90 (which is the total hourly compensation in 1998 for professional specialty and technical employees in Health Services reported in the Bureau of Labor Statistics publication Employer Costs for Employee Compensation, 1986-1988), the estimated costs associated with employee response are:

\[(11,348,141 \text{ employees}) \times (33\% \text{ response rate}) \times (0.25 \text{ hours/employee}) \times ($25.90/\text{hour}) = $24,248,140.\]

Note that it is implicitly assumed that input is solicited from all employees. This assumption will result in an overstatement of costs because the standard requires that input be solicited only from the fraction of employees who are involved in direct patient care and who are potentially exposed to needlestick injuries.

Finally, the revised standard requires that the employer document the solicitation in the Exposure Control Plan. Because the affected employers are already required to establish a Plan, the incremental effort associated with this documentation will be small. OSHA estimates that it will require only 15 minutes (0.25 hours) of managerial time. Thus, the total annual cost of documenting the solicitation in the Exposure Control Plan is estimated to be:

\[(502,724 \text{ establishments}) \times (0.25 \text{ hours/establishment}) \times ($33.22/\text{hour}) = $4,175,080.\]

In summary, OSHA has estimated the total cost of the solicitation to be $32,598,300 ($4,175,080 + $24,248,140 + $4,175,080). This estimate is likely to overstate the cost because employers have several avenues for achieving this requirement of the standard, many of which will reduce costs. For example, employers are not required to solicit input from all employees and could meet the requirement by, for example, consulting a properly constituted safety committee consisting of a subset of employees. In fact, recent state legislation has mandated sharps safety committees in a number of states. In these situations, the only incremental cost associated with the solicitation mandated by this amendment to the BBP standard will be documentation of the solicitation in the Exposure Control Plan.
Total Cost and Cost Per Establishment

According to the above analysis, the maximum total annual cost of this action is $33,892,653, consisting of $1,294,352 associated with maintaining a sharps injury log and $32,598,300 associated with soliciting and documenting employee input into the Exposure Control Plan. This amounts to $67 per establishment, per year, which will not cause significant economic impact on either large or small affected establishments.

V. Unfunded Mandates

OSHA has determined that, for the purposes of section 202 of the Unfunded Mandates Reform Act of 1995 (2 U.S.C. 1532), this rule does not include any federal mandate that may result in increased expenditures by state, local, or tribal governments in the aggregate of more than $100 million, or increased expenditures by the private sector of more than $100 million. Moreover, the Agency has determined that for purposes of section 203 of the Act, this rule does not significantly or uniquely affect these entities.

Background

The Unfunded Mandates Reform Act was enacted in 1995. While much of the Act is designed to assist the Congress in determining whether its actions will impose costly new mandates on state, local, and tribal governments, the Act also includes requirements to assist federal agencies to make this same determination with respect to regulatory actions.

Analysis

As discussed in Section IV, Economic Analysis, this rule will have incremental costs of $34 million per year, all of which are associated with maintaining the sharps injury log and soliciting and documenting employee information. These total costs represent an average cost of $67 per year per affected establishment. OSHA does not anticipate any disproportionate budgetary effects upon any particular region of the nation, or particular state, local or tribal governments, or urban or rural communities.

VI. Environmental Impacts

The National Environmental Policy Act requires that "major Federal actions significantly affecting the quality of the human environment" be accompanied by a statement addressing the environmental impact of the proposed action. (42 U.S.C. 4332(C)) Department of Labor regulations establish a criteria for determining when an environmental impact statement is required in a rulemaking proceeding:

Preparation of an environmental impact statement will always be required for proposals for promulgation, modification or revocation of health standards which will significantly affect air, water or soil quality, plant or animal life, the use of land or other aspects of the human environment.

29 CFR 11.10 (a)(3)

OSHA has concluded that no significant environmental impacts would result from this rulemaking. This final standard expands the universe of engineering controls permissible for
reducing occupational exposure to bloodborne pathogens; it also widens the scope of
Exposure Control Plan review, requires maintenance of a sharps injury log, and mandates the
solicitation of input from employees on the identification, evaluation, and selection of
effective engineering and work practice controls. The Agency has not identified any impacts
of these requirements on the environment.

VII. Federalism

This standard has been reviewed in accordance with the Executive Order on Federalism
(Executive Order 13132, 64 FR 43255, Aug. 10, 1999). The order requires that agencies, to
the extent possible, refrain from limiting state policy options; consult with states prior to
taking actions that would restrict state policy options; and take such action only when there is
clear constitutional authority and the presence of a problem of national scope. Executive
Order 13132 also provides that agencies shall not promulgate regulations that have
significant Federalism implications and impose substantial direct compliance costs on state
or local governments, unless the agency consults with state and local officials early in the
process of developing the proposed regulation and provides a summary Federalism impact
statement in the preamble of the final rule. Finally, the Order provides for preemption of state
law only if there is a clear Congressional intent for the agency to do so, and provides that any
such preemption is to be limited to the extent possible.

Under Section 6(b) of the Executive Order, an agency is exempt from state consultation
requirements if it is promulgating a regulation that is required by statute. The amendments to
OSHA’s BBP standard codified in this rule were explicitly written by Congress and enacted
as Public Law 106-430. Moreover, Congress clearly intended the revised BBP standard to
have the same legal effect as other standards issued under 6(b) of the Occupational Safety
and Health Act of 1970. Nonetheless, OSHA has consulted extensively with those 25 States
and territories that operate OSHA-approved State plans with regard to OSHA policy on safe
needle devices and the requirements of the subject legislation.

Section 18 of the OSH Act expresses Congress’ intent to preempt state laws relating to issues
on which Federal OSHA has promulgated occupational safety and health standards. Under
the OSH Act, a state can avoid preemption only if it submits, and receives Federal approval
for, a State plan for the development and enforcement of standards. OSHA-approved State
plans operate under authority of State law and must adopt occupational safety and health
standards which, among other things, must be at least as effective in providing safe and
healthful employment and places of employment as Federal standards.

In Gade v. National Solid Wastes Management Assoc., the U.S. Supreme Court reaffirmed
the view that Section 18 of the OSH Act effectively preempts states without approved plans
from adopting or enforcing any laws that directly, substantially, and specifically regulate
occupational safety and health. 505 U.S. 88, 107 (1992). However, needlestick laws in states
without an OSHA-approved State plan would not be affected to the extent to which they
regulate the occupational safety and health conditions of state or local government employees
(see Section 3(5) of the OSH Act).

VIII. State Plan States

The 23 states and 2 territories that operate their own federally approved occupational safety
and health plans must adopt a comparable amended standard within six months of the
publication date of a final Federal OSHA standard. The States and territories with this obligation include: Alaska, Arizona, California, Connecticut (for State and local government employees only), Hawaii, Indiana, Iowa, Kentucky, Maryland, Michigan, Minnesota, Nevada, New Mexico, New York (for State and local government employees only), North Carolina, Oregon, Puerto Rico, South Carolina, Tennessee, Utah, Vermont, Virginia, Virgin Islands, Washington, and Wyoming. Until such time as state and territorial standards are amended, Federal OSHA will provide interim enforcement assistance, as appropriate.

IX. Paperwork Reduction Act

This final rule contains new collection of information (paperwork) requirements in revisions to the Bloodborne Pathogen Standard (1910.1030 and 1915.1030) made as a result of the Needlestick Safety and Prevention Act (Pub. L. 106-430). These new paperwork requirements are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA 95), 44 U.S.C. 3501 et seq., and its regulation at 5 CFR Part 1320. OSHA solicits public comments concerning its estimate of the burden hours and costs for the revised paperwork requirements. The Agency will summarize the comments received and include a summary of them in its request to OMB to approve the information collection requirements; they will also become a matter of public record. OSHA seeks this information as part of its continuing effort to reduce paperwork and respondent burden. The information helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed.

The Needlestick Safety and Prevention Act requires employers, who have exposure control plans in accordance with § 1910.1030 (c)(1)(iv), "to review and update such plans to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens." The exposure control plan must also "document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure." Employers required to have exposure control plans must also "solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan."

The Needlestick Safety and Prevention Act also requires employers, who currently maintain a log of occupational injuries and illnesses under 29 CFR 1904, to "establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps." The information in the sharps injury log must be recorded and maintained so that the confidentiality of the injured worker is protected. The log must contain at least the following information: "(A) the type and brand of device involved in the incident; (B) the department or work area where the exposure incident occurred; and (C) an explanation of how the incident occurred."

Respondents are not required to comply with collection of information (paperwork) requirements unless a currently valid OMB control number is displayed (Sec. 1320.5 (b)(2)(i)). OSHA will publish the OMB control number as soon as it receives approval on its ICR for the revised collections. A copy of the Agency's revised ICR for the BBP standard is available for inspection and copying as part of Docket ICR1218-0180(2000) in the OSHA Docket Office, U.S. Department of Labor, Room N-2625, 200 Constitution Avenue, NW,
Washington, DC 20210, or you may request a mailed copy by telephoning Todd Owen at (202) 693-2444.

Comments on the ICR should be submitted to the Docket Office, Docket Number ICR-0180 (2001), OSHA, U.S. Department of Labor, Room N- 2625, 200 Constitution Avenue, NW., Washington, DC 20210, telephone: (202) 693-2350. Commenters may transmit written comments of 10 pages or less in length by facsimile to (202) 693-1648.

The Department and OMB are particularly interested in comments that

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the Agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Title: Bloodborne Pathogens standard (29 CFR 1910.1030).

OMB Number: 1218-0180 (Revision).

Frequency: Employers must: annually review their exposure control plans; initially establish and maintain a sharps injury log; as necessary, make injury recordings in the log; and solicit input from non-managerial employees.

Affected Public: The respondents are those employers that must maintain an exposure control plan, and employers who are required to maintain a log of occupational injuries and illnesses under 29 CFR part 1904.

Total Respondents: 502,724 establishments.

Average time per response: Three to five minutes for employers to record needlestick incidents; fifteen minutes for employers to solicit non-managerial employees on effective engineering and work practice controls; fifteen minutes for employers to modify their existing exposure control plans.

Estimated Burden Hours: 49,180 hours for employers to log needlestick incidents; 125,681 hours for employers to solicit non-managerial employees; and 125,681 hours for employers to update existing exposure control plans.

Estimated Cost (Operation and Maintenance): 0.

X. Authority and Signature

12-21
This document was prepared under the direction of Charles N. Jeffress, Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, 200 Constitution Avenue, NW., Washington, DC 20210.

Accordingly, pursuant to sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657) and the Needlestick Safety and Prevention Act (Pub. L. 106-430, 114 Stat. 1901, November 6, 2000); and Secretary of Labor's Order No. 3-2000 (65 FR 50017), 29 CFR part 1910 is amended as set forth below.

List of Subjects in 29 CFR Part 1910


Signed at Washington, DC, this 10th day of January 2001.

Charles N. Jeffress,
Assistant Secretary of Labor for Occupational Safety and Health.

XI. Amended Final Rule and Appendix

The Occupational Safety and Health Administration is amending part 1910 of title 29 of the Code of Federal Regulations as follows:

PART 1910 -- OCCUPATIONAL SAFETY AND HEALTH STANDARDS

1. The authority citation for 29 CFR part 1910, subpart Z, is revised to read as follows:

Authority: Sections 4, 6, and 8 of the Occupational Safety and Health Act of 1970 (29 U.S.C. 653, 655, 657); Secretary of Labor's Order No. 12-71 (36 FR 8754), 8-76 (41 FR 25059), 9-83 (48 FR 35736), 1-90 (55 FR 9033), 6-96 (62 FR 111), or 3-2000 (65 FR 50017), as applicable; and 29 CFR part 1911.

All of subpart Z issued under Sec. 6(b) of the Occupational Safety and Health Act, except those substances that have exposure limits listed in Tables Z-1, Z-2, and Z-3 of 29 CFR 1910.1000. The latter were issued under Sec. 6(a) (29 U.S.C. 655(a)).

Section 1910.1000, Tables Z-1, Z-2 and Z-3 also issued under 5 U.S.C. 553, Section 1910.1000 Tables Z-1, Z-2, and Z-3 not issued under 29 CFR part 1911 except for the arsenic (organic compounds), benzene, and cotton dust listings.


Section 1910.1002 not issued under 29 U.S.C. 655 or 29 CFR part 1911; also issued under 5 U.S.C. 553.


Section 1910.1030 is also issued under Pub. L. 106-430, 114 Stat. 1901.
2. Section 1910.1030 is amended as follows:

A. In Sec. 1910.1030, paragraph (b), the definition for "Engineering Controls" is revised and definitions are added in alphabetical order to read as set forth below:

B. Paragraph (c)(1)(iv) is revised to read as set forth below:

C. Paragraph (c)(1)(v) is redesignated paragraph (c)(1)(vi), and a new paragraph (c)(1)(v) is added to read as set forth below:

D. A new paragraph (h)(5) is added to read as set forth below:

§ 1910.1030 Bloodborne pathogens.

(b) * * *

Engineering controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Needleless systems means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; or

(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

(c) * * *

(iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect
occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

(A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

(B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

(v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.

* * * * *

(h) * *

(5) Sharps injury log. (i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

(A) The type and brand of device involved in the incident,

(B) The department or work area where the exposure incident occurred, and

(C) An explanation of how the incident occurred.

(ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

(iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

* * * * *

[FR Doc. 01-1207 Filed 1-17-01; 8:45 am]

BILLING CODE 4510-26-P

Federal Register - Table of Contents

Back to Top www.osha.gov

Contact Us | Freedom of Information Act | Customer Survey
Privacy and Security Statement | Disclaimers
12-24
Chapter 13

Emergency Preparedness
Emergency Preparedness Action Plan

The Supervisor of District Health Services will undertake risk assessment and hazard mitigation activities to lessen the severity and impact of a potential emergency. Mitigation begins by identifying the potential emergencies (hazards) that may affect the clinic operations or the demand for its services. This will be followed by development of a strategy to strengthen the perceived areas of vulnerability.

**Initial Communication and Notifications**

**STAFF CALL LIST**

The Supervisor of District Health Services will compile and maintain an internal contact list that will include the following information for all nursing staff: name, school site, home phone number, cell phone numbers, and secondary contact numbers. The staff call list contains sensitive contact information and will be treated confidentially. The list of staff phone numbers will be kept at Children and Families First by key employees as well as by the Supervisor of District Health Services.

Staff Calling List will be activated when the Supervisor of District Health Services receives notification to do so from the Superintendent/Assistant Superintendent.

**RESPONSE**

During this phase school nurses will mobilize the resources and take actions required to manage the security of the clinic site.

**RESPONSE PRIORITIES**

- Notification to families that have medications and or medical equipment at school clinic sites. Medications and or medical equipment should be retrieved by a parent or guardian upon notification from the school nurse.
- Protect critical infrastructure, facilities, vital records and other data. Computers and towers to be moved to higher areas and covered. Notification to Supervisor of District Health Services in regard to the location of vital records (immunizations and physicals) including access to the security system (keys) for the vital records.
- Remove all personal equipment and belongings
- Document district owned equipment and serial numbers. Provide the list to the Supervisor of District Health Services.
- Support overall community response.
- Participate in the National Organization of Victims Assistance (NOVA) response if trained and called upon by the Superintendent/Assistant Superintendent.
- Remain alert after the disaster to communication by radio/news media.

The effectiveness of the administration of this plan will be evaluated following plan activation during an actual emergency or exercises. Staff knowledge and responsibilities will be critiqued by the Supervisor of District Health Services. Based on the after-action evaluation the Supervisor of District Health Services will develop a Corrective Action Plan.
The Plan includes recommendations for:

- Additional training
- Changes in disaster procedures
- Plan updates and revisions
- Additional resources
- Enhanced coordination

The clinic environment undergoes constant change including rebuilding, new equipment and changes in personnel. When these events occur the Supervisor of District Health Services will review and update the Emergency Preparedness Action Plan.
Chapter 14

Action Care Plans
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN – ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Student: ___________________________ DOB: ____________ Grade: ____________
Preferred Hospital in Case of Emergency: ____________________________
Physician’s Name & Phone #: ____________________________
LEA: ____________________________ Date Initiated: ____________
CHD: ____________________________ Date Reviewed: ____________
LEA: ____________________________ Date Reviewed: ____________
Date Discontinued: ____________________________

MEDICAL CONDITION

Attention Deficit/Hyperactivity Disorder

Description: Implicated in learning disorders and one criteria is demonstrating several inattention, and/or hyperactivity/impulsivity symptoms.

Signs & Symptoms:
Inattention: careless mistakes or poor attention to detail, poor organization, poor sustained attention, does not follow through or fails to finish tasks, does not seem to listen when spoken to, loses objects, easily distracted, forgetful in daily activities, avoids tasks requiring effort

Hyperactivity/Impulsivity: fidgets, leaves seat, runs or climbs excessively, difficulty playing quietly, always “on the go”, talks excessively, blurts out answers, can’t wait turn, interrupts others.

ACTION

• Reinforce any behavioral management goals.

• Medication as ordered by physician.

• Observe for possible medication side effects: lack of appetite, nausea, stomachache, headache, insomnia, weight loss, may exacerbate tics or Tourette’s syndrome, increased anxiety/nervous habits, mood lability or irritability, apathy or the “zombie effect”, increased heart rate, increased blood pressure.

Student Name: ____________________________ DOB: ____________

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<th>Problem</th>
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CCPS/Action Care Plans 2013-2014/ADHD 14-1 In collaboration with the Sarasota County School Health Team
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN - ALLERGIC REACTION TO FOOD/SUBSTANCE

Student: ___________________________ DOB: ___________ Grade: ___________
Preferred Hospital in Case of Emergency: _______________________________________
Physician’s Name & Phone #: ___________________________________________________

LEA: ___________________________ Date Initiated: ___________________________
CHD: ___________________________ Date Reviewed: ___________________________

Date Reviewed: ___________________________
Date Discontinued: ______________________________

MEDICAL CONDITION

Allergic Reaction to:

Food

Substance

Description: A dramatic, sudden hypersensitive reaction of the body that normally occurs within seconds/minutes of ingestion / exposure to the allergen.

Mild Reaction: Itching of the skin, raised rash, localized swelling.
May progress to a more

Severe Reaction:

Mouth – itching/swelling of the lips and tongue
Throat – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/chest
Skin – hives, itchy rash, flushed skin, sweating, swelling about the face or extremities
Lungs – difficulty in breathing, wheezing, may progress to blue color of the lips or nails
Heart – rapid, thready pulse, passing out
GI – abdominal pain, nausea, or vomiting
Mental Status – anxiety/sense of uneasiness, frightened

Mild Reaction:

• Remove causative agent.
• Initiate Doctor’s order of PRN prescribed medication________________________

• If skin irritation, cleanse with soap and water and apply ice.

Severe Reaction:

• Notify school nurse.
• Call 911
• Do not leave the student unattended.
• Keep student warm.
• School nurse will notify parent/principal.

Student Name: ___________________________ DOB: ___________________________

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CCPS/Action Care Plans 2013-2014/Allergy to Food Substance 14-2 In collaboration with the Sarasota County School Health Team
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN - ASTHMA

Student: ___________________________            DOB: ___________            Grade: ________

Preferred Hospital in Case of Emergency: ___________________________

Physician’s Name & Phone #: _______________________________________

LEA: ___________________________            Date Initiated: ___________

CHD: ___________________________            Date Reviewed: ___________

Date Reviewed: ___________

Date Discontinued: ___________

MEDICAL CONDITION

Asthma

Description: Asthma is a chronic lung disease which is characterized by attacks of breathing difficulty. It is caused by spasms of the muscles around the airways and inflammation and increased mucus formation in the airways resulting in decreased airflow in the lungs.

Asthma may be triggered by allergies, illness, exercise, temperature changes, irritants or stress.

Signs & symptoms: Wheezing, increased cough, shortness of breath, inability to speak, tightness or pain in the chest, choking sensation, color changes (pale or blue), restlessness/anxiety. Signs and symptoms may vary.

ACTION

1. Notify school nurse.

2. Stay with the student, place in a sitting position, and provide a calm, quiet environment.

3. Give medication as ordered by the physician.

4. Avoid all known triggers.

5. Avoid over-exertion and emotional excitement.

6. Offer student tepid water.

7. If no improvement, call 911 as per school guidelines.

8. School nurse will notify parent/principal.

Student Name: ___________________________            DOB: ___________

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<th>Problem</th>
<th>Action</th>
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CCPS/Action Care Plans 2013-2014/Asthma 14-3 In collaboration with the Sarasota County School Health Team
Cystic Fibrosis

Description: Cystic Fibrosis (CF) is a genetic disorder of the secretory glands, including the glands that make mucus and sweat. The main problem in Cystic Fibrosis is that the body produces abnormally thick, sticky mucus that can clog the lungs, pancreas and other organs. This can lead to severe respiratory and digestive problems. In addition, there is excessive salt loss through the sweat glands.

Signs and Symptoms:
- **Respiratory:** persistent coughing, wheezing and frequent respiratory infections.
- **Gastrointestinal:** gas, stomach cramps, bulky stools, markedly decreased or increased appetite, difficulty maintaining proper weight.
- **Other:** fatigue, higher risk of dehydration.

**ACTION**

- Allow student to carry a daily dose of pancreatic enzymes and self-administer before a meal/snack as per Dr. order.
- Name of enzyme: ____________________________
- Allow student to come to Health Room for medication/inhaler/nebulizer or by student request.
- Minimize attention to student’s coughing episodes. (Coughing is the body’s way of clearing secretions.)
- Allow use of tissues when coughing and expelling mucus and a means of disposal nearby student desk.
- Promote frequent hand washing.
- Allow student to pace themselves during physical activity.
- Permit nutritional snacks as provided by the parent.
- Permit additional fluids as needed.
- Unlimited bathroom privileges as needed.
- Notify School Nurse for absences greater than 3 days.

**Student Name:**

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<th>Date</th>
<th>Problem</th>
<th>Action</th>
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NOTE: This information is to be shared on a “need-to-know” basis only.

CCPS/Action Care Plans 2013-2014/Cystic Fibrosis 14-4
In collaboration with the Sarasota County School Health Team
MEDICAL CONDITION

DEPRESSION

Description: "Depression is a common mental disorder that presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. These problems can become chronic or recurrent and lead to substantial impairments in an individual's ability to take care of his or her everyday responsibilities" including social functioning, concentration on academic work and feelings about self. (World Health Organization definition-2011)

Things that combat depression include:

- High self esteem
- Good coping skills
- School Achievement
- Involvement in extra-curricular activities
- Positive relationships with parents, peers and other adults.

ACTION

Be aware of the signs and symptoms of depression and keep a record of observations.

Discuss any increase in signs and symptoms with Guidance Counselor/School Nurse.

Establish a therapeutic relationship with the student-be a good listener, praise positive behaviors

Help student establish short-term goals.

Administer medication as per Dr. order:

Name of medication: _______________________________________________

☐ Taken at home ☐ Taken at school

Side effects include: _______________________________________________

*Be advised that most anti-depressant medication takes approximately 2-4 weeks to take effect. It does not work immediately. Also, there may be additional medication dosage adjustments or medication changes as the physician deems necessary.
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN – DIABETES MELLITUS (TYPE 1)

MEDICAL CONDITION

Diabetes Mellitus (Type 1)

Insulin Dependent – Injection Therapy

Description: A chronic disease that impairs the body’s ability to use food for energy, causing a need to achieve a balance between insulin therapy, diet, and activity; abnormally low levels of blood sugar can produce the following:

Problem: HYPOGLYCEMIA (low blood sugar)

These symptoms will develop quite suddenly:
~ hunger ~ headache ~ shakiness ~ dizziness
~ weakness ~ sweating ~ blurry vision ~ irritability
~ unusual behavior ~ confusion

These are advanced signs:
★ Inability to swallow
★ loss of consciousness or seizure

ACTION

If symptoms occur and the student is CONSCIOUS:

1. Notify school nurse.
2. Give 15 grams of fast acting sugar like glucose tabs, candy, juice, or soft drink or as directed by Diabetes Management Plan.
3. Test blood glucose - ask student if a meal/snack was missed.
4. Wait 15 minutes then re-test blood glucose.
5. In target? Stop treating.
7. If no improvement, call parent and advise medical assessment.

If student is or becomes UNCONSCIOUS:

1. Notify school nurse.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. Call 911 as per school guidelines.
4. If CPR is not needed, position student on side.
5. Follow physician’s orders for management of low blood sugar.
6. Place a small amount of table sugar/cake frosting inside the cheek below gum line and massage over the outer cheek. (DO NOT give liquids.)
7. Test blood sugar.
8. School nurse will notify parent/principal.
MEDICAL CONDITION

Diabetes Mellitus (Type 1)

Description: A chronic disease that impairs the body’s ability to use food for energy, causing a need to achieve a balance between insulin therapy, diet, and activity. High blood sugars do not pose the medical emergency that low blood sugars do, but they can cause damage to eyes, kidneys and arteries over time.

Problem: HYPERGLYCEMIA (high blood sugar)

These symptoms will develop slowly over a period of days or weeks:
- excessive thirst
- excessive hunger
- excessive urination
- weakness
- lack of concentration
- blurred vision
- headache
- sudden, unexplained weight loss

These are advanced signs:
- fruity breath odor
- nausea / vomiting
- drowsiness / loss of consciousness

ACTION

If symptoms occur and the student is CONSCIOUS:

1. Notify school nurse.
2. Test blood sugar.
3. Test for ketones and take appropriate action per physician’s orders.
4. Administer insulin per physician’s orders.
5. Follow physician’s orders for management of high blood sugar.
6. Encourage student to drink water or sugar free drinks.
7. Allow student free use of bathroom.
8. School nurse will notify parent.

If student is or becomes UNCONSCIOUS:

1. Notify school nurse.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. Call 911 as per school guidelines.
4. School nurse will notify parent/principal.
**ACTION CARE PLAN - DIABETES MELLITUS (TYPE 1)**

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<th>Student:</th>
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**MEDICAL CONDITION**

Diabetes Mellitus (Type 1)

**Insulin Dependent – Pump Therapy**

**Description:** A chronic disease that impairs the body’s ability to use food for energy, causing a need to achieve a balance between insulin therapy, diet, and activity; abnormally low levels of blood sugar can the produce the following:

**Problem: HYPOGLYCEMIA (low blood sugar)**

These symptoms will develop quite suddenly:
- hunger
- headache
- shakiness
- dizziness
- weakness
- sweating
- blurry vision
- irritability
- unusual behavior
- confusion

**These are advanced signs:**
- Inability to swallow
- Loss of consciousness or seizure

Care must be taken to not dislodge the pump. It looks similar to a beeper or a cell phone.

**ACTION**

*If symptoms occur and the student is CONSCIOUS:*

1. Notify school nurse.
2. Give 15 grams of fast acting sugar like glucose tabs, candy, juice, or soft drink or as directed by Diabetes Management Plan.
3. Test blood glucose - ask student if a meal/snack was missed.
4. Wait 15 minutes then re-test blood glucose.
5. In target? Stop treating.
7. If no improvement, call parent and advise prompt medical assessment.

*If student is or becomes UNCONSCIOUS:*

1. Notify school nurse.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. Call 911 as per school guidelines.
4. If CPR is not needed, position student on side.
5. Follow physician’s orders for management of low blood sugar.
6. Place a small amount of table sugar/cake frosting inside the cheek below gum line and massage over the outer cheek. (DO NOT give liquids.)
7. Test blood sugar.
8. School nurse will notify parent/principal.
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN - DIABETES MELLITUS (TYPE 1)

Student: ___________________ DOB: ___________________ Grade: ________________
Preferred Hospital in Case of Emergency: ________________________________________
Physician’s Name & Phone #: ____________________________________________________
LEA: ___________________ Date Initiated: ___________________
CHD: ___________________ Date Reviewed: ________________

MEDICAL CONDITION
Diabetes Mellitus (Type 1)
Insulin Dependent – Pump Therapy

Description: A chronic disease that impairs the body’s ability to use food for energy, causing a need to achieve a balance between insulin therapy, diet, and activity. When the pump delivery of rapid acting insulin has been interrupted and there is no long-acting insulin in the body the blood glucose can rise quickly producing:

Problem: HYPERGLYCEMIA (high blood sugar)

These are advanced signs:

- fruity breath odor
- nausea / vomiting
- drowsiness / loss of consciousness

These symptoms will develop slowly over a period of days or weeks: ~ excessive thirst ~ excessive hunger ~ excessive urination ~ weakness ~ lack of concentration ~ blurred vision ~ headache ~ sudden, unexplained weight loss

Care must be taken to not dislodge the pump. It looks similar to a beeper or a cell phone.

ACTION

If symptoms occur and the student is CONSCIOUS:

1. Notify health room. Health room aide will notify school RN.
2. Test blood sugar.
3. Test for ketones and take appropriate action per physician’s orders.
4. Student must change out the pump and infusion set; if student is unable to perform this action, the parent must be notified to come and do the change out.
5. Recheck blood sugar 15 min. after new infusion.
6. Encourage student to drink water.
7. Allow student free use of bathroom.
8. Follow Doctor’s order for mgmt. of high blood sugar.
9. Health room aide will notify parent.

If student is or becomes UNCONSCIOUS:

1. Notify health room. Health room aide will notify school RN.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. Call 911 as per school guidelines.
4. School RN/health room aide will notify parent/principal.
MEDICAL CONDITION

**Diabetes Mellitus (Type 2)**

**Description:** In this form of diabetes, the pancreas makes some insulin, but either it cannot make enough or the insulin it does make does not work well. Blood glucose may be controlled with exercise and healthy eating and/or oral medications / insulin injections. Low blood sugars can produce the following:

**HYPOGLYCEMIA (Low blood sugar)**

- hunger ~ headache ~ shakiness ~ dizziness
- weakness ~ sweating ~ blurry vision ~ irritability
- unusual behavior ~ confusion

**These are advanced signs:**
- Inability to swallow
- loss of consciousness or seizure

**If symptoms occur and the student is CONSCIOUS:**

1. Notify school nurse.
2. Give 15 grams of fast acting sugar like glucose tabs, candy, juice, or soft drink or as directed by Diabetes Management Plan.
3. Test blood glucose - ask student if a meal/snack was missed.
4. Wait 15 minutes then re-test blood glucose.
5. In target? Stop treating.
7. If no improvement, call parent and advise prompt medical assessment.

**If student is or becomes UNCONSCIOUS:**

1. Notify school nurse.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. Call 911 as per school guidelines.
4. If CPR is not needed, position student on side.
5. Follow physician’s orders for management of low blood sugar.
6. Place a small amount of table sugar/cake frosting inside the cheek below gum line and massage over the outer cheek. (DO NOT give liquids.)
7. Test blood sugar.
8. School nurse will notify parent/principal.
Diabetes Mellitus (Type 2)

Description: In this form of diabetes, the pancreas makes some insulin, but either it cannot make enough or the insulin it does make does not work well. Blood glucose may be controlled with exercise and healthy eating and/or oral medications/insulin injections. High blood sugars do not pose the medical emergency that low blood sugars do, but they can cause damage to eyes, kidneys and arteries over time. Ketoacidosis occurs rarely in people with type 2 diabetes. High blood sugars can produce the following:

Problem: HYPERGLYCEMIA (high blood sugar)

These symptoms will develop slowly over a period of days or weeks:
- Excessive thirst
- Excessive hunger
- Excessive urination
- Weakness
- Lack of concentration
- Blurred vision
- Headache
- Sudden, unexplained weight loss

These are advanced signs:
- Fruity breath odor
- Nausea/vomiting
- Drowsiness/loss of consciousness

1. Notify school nurse.
2. Test blood sugar.
3. Test for ketones and take appropriate action per physician’s orders.
4. Follow physician’s orders for management of high blood sugar.
5. Encourage student to drink water or sugar-free drinks.
6. Allow student free use of bathroom.
7. School nurse will notify parent.
ACTION CARE PLAN – EPINEPHRINE AUTO-INJECTOR - EpiPen® INSTRUCTIONS

Student: DOB:  Grade:  
Preferred Hospital in Case of Emergency:  
Physician’s Name & Phone #:  

LEA:  Date Initiated:  
CHD:  Date Reviewed:  

MEDICAL CONDITION

Severe, Life Threatening Allergic Reaction

ALLERGEN

Description: A sudden hypersensitive reaction of the body to insect bites/stings, or exposure to food, or environmental substances.

Signs & Symptoms:

- Mouth – itching/swelling of the lips and tongue
- Throat – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/chest
- Skin – hives, itchy rash, flushed skin, sweating, swelling about the face or extremities
- Lungs – difficulty in breathing, wheezing, may progress to blue color of the lips or nails
- Heart – rapid, thready pulse, passing out
- GI – abdominal pain, nausea, or vomiting
- Mental Status – anxiety/sense of uneasiness, fright, confusion

ACTION

Follow instructions in order listed

1. Identify symptoms of Anaphylaxis.
2. Notify school nurse to obtain EpiPen®. If student carries EpiPen®, administer first, then activate 911 as per school guidelines.
3. Remove blue safety cap of EpiPen®
4. Place orange tip on outer thigh (only) at a 90 angle.
5. Press hard into outer thigh until auto-injector mechanism clicks.
6. Hold in place and count to 10.
7. Remove EpiPen® from outer thigh and massage area for 10 seconds.
8. Place the used EpiPen® back in the storage tube carrying case.
9. Check Airway, Breathing, Circulation and initiate steps of CPR as needed until EMS arrives.
10. Send the used EpiPen® with the student to the Emergency Room.
11. School nurse will notify parent/principal.

See reverse for pictorial instructions

EPIPEN® AND EPIPEN® JR. DIRECTIONS

1. Pull off blue safety cap

2. Place orange tip on outer thigh (always apply to thigh) at 90 degree angle

3. Using a quick motion, press hard into thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove EpiPen® from outer thigh and massage area for 10 seconds. The used EpiPen® should be sent with the student to the Emergency Room.
NOTE: This information is to be shared on a "need-to-know" basis only

ACTION CARE PLAN – EPINEPHRINE AUTO-INJECTOR - TWINJECT® INSTRUCTIONS

Student: ___________________________  DOB: ________________________  Grade: ________________________
Preferred Hospital in Case of Emergency: __________________
Physician’s Name & Phone #: __________________
LEA: ___________________________  Date Initiated: ___________________________
CHD: ___________________________  Date Reviewed: ___________________________

MEDICAL CONDITION

Severe, Life Threatening Allergic Reaction
Requiring the Administration of Twinject®

ALLERGEN

Description: A sudden hypersensitive reaction of the body to insect bites/stings, or exposure to food, or environmental substances.

Signs & Symptoms:
- Mouth – itching/swelling of the lips and tongue
- Throat – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/cHEST
- Skin – hives, itchy rash, flushed skin, sweating, swelling about the face or extremities
- Lungs – difficulty in breathing, wheezing, may progress to blue color of the lips or nails
- Heart – rapid, thready pulse, passing out
- GI – abdominal pain, nausea, or vomiting
- Mental Status – anxiety/sense of uneasiness, fright, confusion

ACTION

Follow instructions in order listed

1. Identify symptoms of Anaphylaxis.
2. Notify school nurse to obtain Twinject®, If student carries Twinject®, administer first, then activate 911 as per school guidelines.
3. Remove green cap labeled “1”. Never put thumb, finger, or hand over the RED tip.
4. Remove green cap labeled “2”.
5. Place RED tip on outer thigh (only) at a 90 angle.
6. Press hard into outer thigh until auto-injector mechanism clicks.
7. Hold in place and count to 10.
8. Remove Twinject® from outer thigh.
9. Place the used Twinject® back into the carrying case (needle first).
10. Check Airway, Breathing, Circulation and initiate steps of CPR as needed until EMS arrives.
11. Send the used Twinject® with the student to the Emergency Room.
12. School nurse will notify parent/principal.

See below for pictorial instructions

Twintject® 0.3 mg and Twinject® 0.15 mg Directions

• Remove caps labeled “1” and “2”.
• Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.
NOTE: This information is to be shared on a "need-to-know" basis only.

ACTION CARE PLAN – EPINEPHRINE AUTO-INJECTOR – Auvi-Q™

INSTRUCTIONS

Student:        DOB:   Grade:
Preferred Hospital in Case of Emergency:______________________________
Physician's Name & Phone #:__________________________________________
LEA:   Date Initiated:________________________________________________
CHD:   Date Reviewed:_______________________________________________
                   Date Reviewed:___________________________________________
                   Date Discontinued:_______________________________________

MEDICAL CONDITION

Severe, Life Threatening Allergic Reaction
Requiring the Administration of Auvi-Q™

ALLERGEN

Description: A sudden hypersensitive reaction of the body to insect bites/stings, or exposure to food, or environmental substances.

Signs & Symptoms:
• Mouth – itching/swelling of the lips and tongue
• Throat – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/chest
• Skin – hives, itchy rash, flushed skin, sweating, swelling about the face or extremities
• Lungs – difficulty in breathing, wheezing, may progress to blue color of the lips or nails
• Heart – rapid, thready pulse, passing out
• GI – abdominal pain, nausea, or vomiting
• Mental Status – anxiety/sense of uneasiness, fright, confusion

Follow instructions in order listed
1. Identify symptoms of Anaphylaxis.
2. Notify school nurse to obtain Auvi-Q™. If student carries Auvi-Q™, administer first, then activate 911 as per school guidelines.
3. Remove the outer case of the Auvi-Q™. This will automatically activate the voice instructions.
4. Pull off the RED safety guard.
5. Place BLACK end against outer thigh (only) at a 90 degree angle, then press firmly and hold for 5 seconds.
6. Remove Auvi-Q™ from outer thigh and seek medical attention immediately.
7. Check Airway, Breathing, Circulation and initiate steps of CPR as needed until EMS arrives.
8. Send the used Auvi-Q™ with the student to the Emergency Room.
9. School nurse will notify parent/principal.

Auvi-Q™ EPINEPHRINE INJECTION DIRECTIONS

Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.

1. Pull off the RED safety guard.
2. Place black end against outer thigh, then press firmly and hold for 5 seconds.
ACTION CARE PLAN – HEAD INJURY (Mild)

Student: ____________________ DOB: ___________ Grade: ___________

Preferred Hospital in Case of Emergency: __________________________________________________________________________

Physician’s Name & Phone #: __________________________________________________________________________________________

LEA: ___________________________________________________________________ Date Initiated: ___________________________
CHD: ___________________________________________________________________ Date Reviewed: _________________________

Date Reviewed: _________________________ Date Discontinued: _______________________

MEDICAL CONDITION

ACTION

Head Injury

Student sustained a head injury on __________ Incident____________________________

Description: A blow or jolt to the head that can cause a variety of physical, cognitive and emotional symptoms that may affect school performance.

- **24-72 hours post head injury** the following signs/symptoms may occur: Dizziness, headache, vomiting, confusion, acting dazed, uncoordinated, forgetting what happened before or after the injury and/or being “knocked out” (A person does not have to lose consciousness to have a head injury).

- **Days or weeks post head injury** the following signs/symptoms may occur: Persistent headache, fatigue, lightheadedness, irritability, increased sensitivity to bright lights and/or noise, difficulty concentrating, loss of memory and/or slow processing and thinking problems.

- Refer student to the school nurse if signs/symptoms are present.
- Be alert for minor changes in behavior/ school performance and discuss observations with the school nurse. Student may not be able to perform his/her best on classroom tests until recovered.
- Allow student to come to health room upon request as rest during the school day may be helpful.
- Return to sports only after being medically cleared.
- Caution should be given to avoid another injury. A second head injury could have very serious consequences if the brain is still recovering from the initial trauma.
- Follow Doctor’s orders concerning classroom limitations/modifications as outlined below:

  __________________________________________________________
  __________________________________________________________

If student presents with signs of internal head injury including, but not limited to: Headaches that worsen, weakness/numbness in arms/legs, change in state of consciousness

- **Call 911**
- School nurse will notify parent/principal.

Student Name: ____________________ DOB: __________________

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### MEDICAL CONDITION

**Headache**

**Description:**

A) **Tension:** Dull, aching head pain with a gradual onset, lasting hours to days. A sensation of tightness or pressure across the forehead or on the sides and back of the head. May be triggered by stress.

B) **Sinus:** Deep and constant pain in the cheekbones, forehead or bridge of nose. May worsen with movement of head. Usually associated with other sinus symptoms such as nasal discharge, feeling of fullness in the ears, and/or facial swelling.

C) **Other** – Mixed headache syndrome, cluster headaches, acute headaches, hormone headaches, chronic progressive headaches, etc.

### ACTION

- Question student about any recent head injury.
- Question use of eyeglasses, recent computer strain.
- Give medication if ordered by physician.
- Rest in dark, quiet area.
- Reassure student.

If student presents with signs of internal head injury including, but not limited to: Headaches that worsen, weakness/numbness in arms/legs, change in state of consciousness

- **CALL 911.**
- School nurse will notify parent/principal.

---

NOTE: This information is to be shared on a “need-to-know” basis only
# ACTION CARE PLAN – MIGRAINE HEADACHE

**Student:**

**DOB:**

**Grade:**

**Preferred Hospital in Case of Emergency:**

**Physician’s Name & Phone #:**

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<tr>
<th>LEA:</th>
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**MEDICAL CONDITION**

**Migraine Headache**

**Description:** Recurrent, intense, throbbing head pain lasting hours or days, which may be triggered by fatigue, stress, sensitivity to specific foods/odors, bright lights, and/or weather changes.

**Signs & Symptoms:** Severe, painful headaches usually starting on one side of the head often accompanied by nausea, vomiting, and sensitivity to light. May be preceded with an aura.

**ACTION**

- Notify school nurse.
- Give medication if ordered by physician.
- Rest in a dark, quiet place.
- Reassure student.
- Record on “headache diary”, if applicable.
- School nurse notify parent/guardian if condition does not improve in 30 minutes.
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN – HEART MONITORING DEVICE

Student: ____________________________ DOB: ____________ Grade: ____________
Preferred Hospital in Case of Emergency: ____________________________________________
Physician’s Name & Phone #: _______________________________________________________
LEA: __________________________________________________________________________
CHD: __________________________________________________________________________
Date Initiated: _______________________ Date Reviewed: _________________________
Date Reviewed: ______________________ Date Discontinued: _________________________

PROBLEM

Heart Monitoring Device

_________________________ is under the care of a cardiologist. He/she has been having
□ rapid heart rate □ fainting sensation □ shortness of breath
□ chest pain □ dizziness □ other symptoms

_____________________________________

He/she will be wearing a heart monitor to record cardiac events for ___ days.

A heart monitor is a small battery powered devise that fits in a pocket or worn around the neck or waist which records the heart’s rhythms. Wires (electrodes) are attached to the chest area. Each monitor is different with some recording continuously and others require depressing a button during an episode. The student may need to utilize a land line telephone during a cardiac event.

ACTION

• Be aware that the student will be wearing the heart monitor and has been instructed by his/her physician on using the devise.
• Be aware that the alarm may beep during class.
• If symptoms occur, permit student to activate the recording process and send to the health room accompanied by another student.
• Provide emotional support as cardiac symptoms may be frightening for the student.
• Additional Doctor ordered limitations. __________

_____________________________________

• Contact your school nurse with any questions or concerns about the student or the heart monitor.

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Student Name: _______________________________ DOB: ____________

CCPS/Action Care Plans 2013-2014/Heart Monitoring Device 14-18

In collaboration with the Sarasota County School Health Team
**Medical Condition**

**Allergic Reaction to Insect Bites/Stings**

**Name of insect:**

**Description:** A dramatic, sudden hypersensitive reaction of the body to a foreign protein injected by an insect. The reaction normally occurs within seconds of the bite or sting.

**Signs & Symptoms:**

**Mild Reaction:** Itching of the skin, raised rash, localized swelling. May progress to a more severe reaction.

**Severe Reaction:**

- **Mouth** – itching/swelling of the lips and tongue
- **Throat** – sudden dry, hacking cough, hoarseness, constricted feeling in the throat/chest
- **Skin** – hives, itchy rash, flushed skin, sweating, swelling about the face or extremities
- **Lungs** – difficulty in breathing, wheezing, may progress to blue color of the lips or nails
- **Heart** – rapid, thready pulse, passing out
- **GI** – abdominal pain, nausea, or vomiting
- **Mental Status** – anxiety/sense of uneasiness, fright, confusion

**Action**

**Mild Reaction:**

- If stung, remove stinger by scraping. Do not squeeze venom sack as this may cause additional venom to be injected.
- Initiate Doctor’s order of PRN prescribed medication.
- Cleanse area with soap and water.
- If sting area is painful, a paste made of baking soda and water may be rubbed on the area for 5 minutes.
- If sting area itches, apply Calamine lotion.
- Apply ice.

**Severe Reaction:**

- Notify health room. Health room aide will notify school RN.
- Call 911
- Check airway, breathing and circulation and initiate steps of CPR as needed.
- Position student with sting site lower than heart.
- Do not leave the student unattended.
- Keep student warm.
- School nurse/UAP will notify parent/principal.

---

## Student Name: ____________________________  DOB: __________

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**NOTE:** This information is to be shared on a "need-to-know" basis only.

CCPS/Action Care Plans 2013-2014/ Allergic Reaction to Insect Bites/Stings 14-19  
In collaboration with the Sarasota County School Health Team
Irritable Bowel Syndrome (IBS)

Description: Irritable Bowel Syndrome (IBS) is a disorder of unknown cause that affects the large intestine (colon).

Signs and Symptoms include: abdominal cramping, bloating, flatulence, diarrhea, constipation, passing of mucus in the stools, and a sense that the bowel has not emptied.

Certain foods may trigger spasms in some individuals. Chocolate, milk products, and caffeine are the most common triggers.

In many cases, irritable bowel syndrome can be controlled by managing diet, lifestyle, and stress.

MayoClinic.com 2011
**ACTION CARE PLAN - KIDNEY STONES**

Student: ___________________________ DOB: ____________ Grade: ____________
Prefered Hospital in Case of Emergency: _______________________________________
Physician’s Name & Phone #: ________________________________________________
LEA: ___________________________ Date Initiated: ___________________________
CHD: ___________________________ Date Reviewed: ___________________________

### MEDICAL CONDITION

**KIDNEY STONES**

**Description:** Kidney stones are small, hard deposits made up of tiny crystals and formed inside the kidneys. One or more stones can be in the kidney or ureter at the same time.

**Signs and Symptoms:** The main symptom is severe pain which starts suddenly when a stone moves in the urinary tract. The pain may be in the abdomen, back or in the groin.

The biggest risk factor for kidney stones is dehydration. The goal of treatment is to relieve symptoms and prevent further symptoms. Most kidneys stones pass out of the body without any intervention by a physician. Kidney stones tend to return, if the cause is not found and treated.

### ACTION

- Allow to drink water in class.
- Unlimited bathroom privileges.
- If in pain, call Health Room. Transport by wheelchair to Health Room, if applicable.
- Administer medication as per Dr. order ___________________________________________________________________
- May miss class for Dr. appointments
- Allow to come to Health Room upon request.

Student Name: ___________________________ DOB: ____________

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ACTION CARE PLAN – INFECTION MONONUCLEOSIS (MONO)

Student: ___________________________ DOB: _______ Grade: _______

Preferred Hospital in Case of Emergency: __________________________

Physician’s Name & Phone #: __________________________

LEA: ___________________________ Date Initiated: ____________

CHD: ___________________________ Date Reviewed: ____________

Date Reviewed: ____________

Date Discontinued: ____________

MEDICAL CONDITION

Infectious Mononucleosis

Date of Diagnosis: ____________

Definition: an illness caused by the Epstein-Barr virus. The virus is spread through saliva either directly from person to person or indirectly from contact with eating utensils, drinking glasses, water bottles, toothbrushes, etc. “Mono” is often referred to as “the kissing disease.”

Symptoms consist of extreme fatigue, fever, sore throat, swollen lymph nodes and headache. In about half the cases, the spleen is enlarged. Treatment is rest and adequate fluids.

Most students return to school as they are able with a modified/full schedule. Usually the persistent fatigue subsides within 2 to 4 weeks. However, occasionally students may need to restrict activities for 2-3 months. There is no need for isolation or school exclusion.

ACTION

- Allow student to come to the clinic to rest during the school day.
- Allow student to drink water in class.
- Student may need to eat foods that are easy to swallow.
- Administer medication for discomfort as per Dr. order _________________________
- Please make accommodations for student to turn in missed assignments as she/he is able.
- Reinforce strategies to avoid spread of disease- hand washing, no kissing, no sharing of utensils, water bottles, etc.
- Activity restrictions as per Dr. order _________________________
- If the spleen is enlarged, avoid activities that may result in injury to the abdomen.

Student Name: ___________________________ DOB: _______

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CCPS/Action Care Plans 2013-2014/ Infectious Mononucleosis (Mono) 14-22

In collaboration with the Sarasota County School Health Team
ACTION CARE PLAN - MULTIUSE

Student: ___________________________ DOB: _______________ Grade: ____________
Preferred Hospital in Case of Emergency: _______________________________________
Physician’s Name & Phone #: ________________________________________________
LEA: ___________________________ Date Initiated: ____________________________
CHD: ___________________________ Date Reviewed: ____________________________
                                           Date Reviewed: __________________________
                                           Date Discontinued: ______________________

MEDICAL CONDITION

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Student Name: ___________________________ DOB: _______________

NOTE: This information is to be shared on a “need-to-know” basis only

CCPS/Action Care Plans 2013-2014/Multiuse (Blank)  14-23  In collaboration with the Sarasota County School Health Team
ACTION CARE PLAN – ORTHOPEDIC INJURY

Student: ___________________________________________ DOB: ___________ Grade: ________

Preferred Hospital in Case of Emergency: __________________________________________________________

Physician’s Name & Phone #: _________________________________________________________

LEA: ___________________________ Date Initiated: ___________________________

CHD: ___________________________ Date Reviewed: ___________________________

Date Reviewed: ___________________________

Date Discontinued: ___________________________

MEDICAL CONDITION

Orthopedic Injury

Type of Injury: ___________________________

Check weight bearing status:

☐ Non Weight Bearing

☐ Partial Weight Bearing

☐ Full Weight Bearing

Description: Orthopedic injuries such as ankle sprains, knee injuries, arm or hand injuries or fractures are common among school age children and may necessitate classroom modifications and/or restrictions.

ACTION

- Follow Doctor’s orders regarding activity/PE.
- Allow student to elevate limb in class to decrease pain and swelling.
- Allow student to come to the clinic for assessment if pain is interfering with learning.
- Offer extra set of text books (if available).
- Arrange emergency evacuation plan / field trip special needs.
- Consider moving student close to exit as part of emergency evacuation plan.
- Assess classroom and hallways for falling hazard to avoid re-injury.
- Avoid stairs and arrange for elevator use (if applicable).
- Allow student to leave class five minutes early to avoid crowding and arrive five minutes late (this will not be considered tardy). Consider peer buddy.

Student Name: ___________________________ DOB: ___________

<table>
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<tr>
<th>Date</th>
<th>Problem</th>
<th>Action</th>
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CCPS/Action Care Plans 2013-2014/ Orthopedic Injury 14-24 In collaboration with the Sarasota County School Health Team
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN – PANIC ATTACKS

Student: ___________________________ DOB: ___________ Grade: ___________
Preferred Hospital in Case of Emergency: ___________________________________________
Physician’s Name & Phone #: _______________________________________________________

LEA: ___________________________ Date Initiated: ___________________________
CHD: ___________________________ Date Reviewed: ___________________________

Date Reviewed: ___________________________ Date Discontinued: ___________________________

MEDICAL CONDITION

Panic Attacks

Description: “A panic attack is a sudden episode of intense fear that triggers severe physical reactions even when there is no real danger or apparent cause. Panic attacks can be very frightening. When panic attacks occur, a student might think he/she is losing control, having a heart attack or even dying.” Panic attacks prevent a student from functioning. Panic attacks begin abruptly and usually peak within 10-15 minutes, gradually disappearing in minutes to an hour. Mayo Clinic Online 2012

Sign/Symptoms:
Anxiety, chest pain, rapid heart rate, nausea, sweating, trembling, dizziness, sense that they can’t breathe, sense of an altered mental state, intense fear, detachment from reality, fear of dying. Panic attacks are NOT life-threatening.

ACTION

• Provide privacy.
• Speak quietly and try to keep the student calm.
• Encourage student to breathe slowly-

(A basic technique to control hyperventilation is a simple breathing and relaxation exercise. Breathing in deeply (using the abdominal muscles) to a count of five, holding the breath for five and then breathing out to a count of five saying the word ‘relax’. This reduces hyperventilation and relieves some of the physical symptoms.)

• Ask student to close their eyes and visualize a peaceful setting.
• Assist the student to try to identify what triggered the panic attack and communicate that information to the school nurse.
• Administer medication as per Dr. order
• Allow to come to the clinic as per student request.

Student Name: ___________________________ DOB: ___________

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<th>Date</th>
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In collaboration with the Sarasota County School Health Team
Scoliosis

Description: Scoliosis is a sideways (lateral) curvature of the spine usually developing in pre-and early adolescence. The degree of curvature and the degree of skeletal maturation will determine the treatment. For moderate curvature the initial treatment is usually bracing that is fitted to the student and worn 23 hours per day. For greater curvature, surgery with spinal fusion and insertion of rods and screws to stabilize the spine is done. Untreated scoliosis can result in respiratory problems, spinal cord compression, heart problems, and/or pain.

Treatment

Bracing
Surgery
Other

ACTION

Allow to leave class 5 minutes early.
Allow to take elevator, if applicable.
Second set of books.
Physical Education Restrictions as per Dr. order
Not allowed to lift anything greater than ____ lbs.
No twisting, turning, or bending.
Administer medication as per Dr. order
Allow to come to Health Room upon request.
**NOTE: This information is to be shared on a “need-to-know” basis only**

**ACTION CARE PLAN – NON-CONVULSIVE SEIZURE DISORDER**

<table>
<thead>
<tr>
<th>Student:</th>
<th>DOB:</th>
<th>Grade:</th>
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Preferred Hospital in Case of Emergency: ________________________________

<table>
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<tr>
<th>Physician’s Name &amp; Phone #:</th>
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<td>CHD:</td>
<td>Date Reviewed:</td>
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<th>Date Reviewed:</th>
<th>Date Discontinued:</th>
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</table>

**MEDICAL CONDITION**

**ACTION**

**Non-Convulsive Seizure Disorder**

Description: Sudden disturbance in the electrical activity in the brain. This disturbance affects only one part of the brain and may or may not disrupt consciousness.

**Signs & Symptoms (may vary):**
- Short periods of blank staring or eye fluttering.
- Chewing, fumbling, wandering, shaking, confused speech.
- Movements may look purposeful but are not.
- Student suddenly stops any activity in which he/she is engaged and resumes it after the episode.
- Student may go limp.
- Consciousness may or may not be impaired.
- Confusion may last longer than the seizure itself.

1. **Notify School Nurse.**
2. Do not expect verbal instructions to be obeyed.
3. Gently direct away from, or block, hazards. Do not grab roughly or restrain.
4. Time the seizure.
5. Stay with the student until he/she is fully conscious and no longer confused. Usually there is no memory of what happened during the seizure period.
6. School nurse will notify parent.
7. Document seizure on the Classroom Seizure Record.
**NOTE: This information is to be shared on a “need-to-know” basis only**

### ACTION CARE PLAN – CONVULSIVE SEIZURE DISORDER

<table>
<thead>
<tr>
<th>Student:</th>
<th>DOB:</th>
<th>Grade:</th>
</tr>
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</table>

| Preferred Hospital in Case of Emergency: | |
|------------------------------------------| |

| Physician’s Name & Phone #: | |
|-----------------------------| |

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<tr>
<th>LEA:</th>
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<tr>
<td>CHD:</td>
<td>Date Reviewed:</td>
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<tr>
<th>Date Reviewed:</th>
<th>Date Discontinued:</th>
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</table>

### MEDICAL CONDITION

**Convulsive Seizure Disorder**

**Description:** Sudden disturbance in the electrical activity in the brain. This disturbance affects the whole brain and results in loss of consciousness.

**Signs & Symptoms:**
- May begin with an aura or cry.
- Will lose consciousness and fall.
- Body will stiffen, followed by arms, legs, and body showing uncoordinated, muscular jerking movements.
- Shallow breathing.
- Skin pale or bluish.

<table>
<thead>
<tr>
<th>ACTION</th>
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</thead>
<tbody>
<tr>
<td>1. Notify school nurse.</td>
</tr>
<tr>
<td>2. Help the student to the floor if falling and position on her/his side.</td>
</tr>
<tr>
<td>3. Clear the area around the student of objects that might cause injury.</td>
</tr>
<tr>
<td>4. <strong>TIME THE SEIZURE.</strong></td>
</tr>
<tr>
<td>5. <strong>DO NOT RESTRANT</strong> other than to prevent injury.</td>
</tr>
<tr>
<td>6. <strong>DO NOT PUT ANYTHING IN THE MOUTH</strong></td>
</tr>
</tbody>
</table>

**If any seizure lasts more than 5 minutes, if more than one seizure occurs, if there is absence in breathing after muscle jerks subside, or if there is no previous history of seizures:**

- **CALL 911 as per school guidelines.**
- Check airway, breathing, circulation and initiate steps of CPR as needed.

| 7. Stay with the student to OFFER REASSURANCE when consciousness returns. |
| 8. Let the student rest. |
| 9. School nurse will notify parent/principal. |
| 10. Document seizure on the Classroom Seizure Record. |
NOTE: This information is to be shared on a “need-to-know” basis only

ACTION CARE PLAN – Teenage Pregnancy

Student: ___________________________ DOB: _______ Grade: _______
Preferred Hospital in Case of Emergency: __________________________________________
Physician’s Name & Phone #: ______________________________________________________
LEA: ___________________________ Date Initiated: ___________________________
CHD: ___________________________ Date Reviewed: ___________________________
Date Reviewed: ___________________________
Date Discontinued: ___________________________

MEDICAL CONDITION

Teenage Pregnancy- Due Date –

• Please allow student to drink/eat snacks in class.
• Unlimited bathroom privileges
• Allow student to elevate legs in class
• Allow student to stand/move around in class as needed.
• No Physical Education/Activity until written Dr.’s orders received.
• Allow to come to clinic for rest periods during the school day.
• Allow student to come to school nurse upon request.
• 5 min Pass to leave class early closer to end of pregnancy.
• Elevator use as necessary.
• Golf Cart transport as necessary.

Student Name: ___________________________________________ DOB: _______

<table>
<thead>
<tr>
<th>Date</th>
<th>Problem</th>
<th>Action</th>
<th>Signature</th>
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CCPS/Action Care Plans 2013-2014/Teen Pregnancy 14-29 In collaboration with the Sarasota County School Health Team
**MEDICAL CONDITION**

**Tourette Syndrome (TS)**

**Description** – Tourette syndrome is a neurological disorder that is more common in boys and is characterized by a series of both motor and one or more vocal tics. Motor tics are movements of the muscles such as twitching, eye blinking, grimacing, shrugging and repetitive tapping/touching behaviors. Vocal tics are sounds from the voice such as sniffing, throat clearing, coughing, laughing, and yelling.

“Tics are defined as involuntary. However, many children and adults describe an urge or a feeling of localized tension that precedes their tics. Children with TS often report that if they do not make a certain movement or sound, they will feel “weird”, “uncomfortable,” or as if they will “explode”. Although involuntary, tics can be voluntarily suppressed for brief periods of time.”

Tics are often “worse with stress, fatigue, or excitement” and improve during calm, focused activities. Students with Tourette syndrome can become easily overwhelmed in over-stimulating environments such as the cafeteria, school bus and/or playground. Many children with TS have trouble with handwriting.

Treatment of Tourette Syndrome is primarily symptomatic and consists of child and family support and education. Children with more severe tics sometimes obtain relief from medication. “In most cases, the tics of TS decline in severity by young adulthood.”

Scahill, L, Ort, S. Tourette Syndrome and the School Nurse. *A TSA Education Publication.*

**ACTION**

- Refer student to the school nurse or guidance counselor if tics are interfering with learning.

- Permit student to come to the clinic or offer private safe place for the student to go when tics are particularly difficult.

- Adapt student’s environment as suggested by parent and/or school nurse. (e.g. using computer, using signal when student needs a time out, using relaxation techniques, decreasing noise or multiple stimulation, chewing gum to decrease facial tics and/or provide diversionary activity.)

- Administer medication as per Dr. order:

  - Name of medication:

  - Taken at home ☐ Taken at school ☐

  - Side effects include:

- Encourage independence, promote self esteem and self confidence and praise positive behaviors.

- Provide information to staff and students about Tourette Syndrome.
<table>
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<tr>
<th>Date</th>
<th>Problem</th>
<th>Action</th>
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NOTE: This information is to be shared on a “need-to-know” basis only

CCPS/Action Care Plans 2013-2014/ Tourette Syndrome  14-31 In collaboration with the Sarasota County School Health Team
Student sustained a severe head injury on __________
Incident________________________________
_____________________________________

Description: A blow or jolt to the head that can cause a variety of physical, cognitive and emotional symptoms that may affect school performance. “Brain injury is complex and unique. The road to recovery is a long process. The initial return to school is just the beginning. Educators are critical players on this journey.” (BIANJ,2005)

Physical Consequences
- **Vision Changes** – double vision, visual acuity loss
- **Hearing Changes**- hearing loss
- **Increased fatigue**- Fatigue greatly affects the length of school day that the student is able to handle.
- **Headaches-Intermittent dizziness** may accompany headaches.

- **Potential for Seizures**
- **Motor Deficits**-poor coordination, weakness, paralysis

Behavioral Issues
- Behavioral and personality changes often present the greatest challenges for the student/family after a brain injury. In most head injuries, the frontal lobe of the brain is affected which helps control behavior. As the frontal lobe heals, behavior will change.

Cognitive Issues
- **Memory** loss is very common. Short term memory deficits are more common, but a severe injury can result in both short and long term memory loss.
- **Attention and Concentration**
- **Communication Skills**- both receptive and expressive
- **Rate of processing information**
- **Organization**
- **Executive functioning**

Vision and hearing may change through the first year post-injury. Notify School Nurse if changes observed.
Allow student to come to school nurse upon request to rest during the school day.

Administer medication as per Dr. order.
Medication______________________________
If dizzy, protect from injury. Assist student to floor, lie down with legs elevated. Call School Nurse.

See attached Convulsive Seizure Action Care Plan
Accommodate for physical barriers and mobility issues in the classroom.
May leave class 5 min early.

Observe for unexpected conflicts with peers, socially awkward behavior, inappropriate or impulsive behavior in class, disrespectful behavior, irritability, excessive moodiness. Consult with Counselor/ Behavior Management Specialist for a plan.
<table>
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<tr>
<th>Date</th>
<th>Problem</th>
<th>Action</th>
<th>Signature</th>
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</table>

CCPS/Action Care Plans 2013-2014/ Traumatic Brain Injury

14-33

In collaboration with the Sarasota County School Health Team
Chapter 15

Health Care Plans
INDIVIDUALIZED HEALTHCARE PLAN – ANAPHYLAXIS

Student’s Name: ___________________________ DOB: ___________ School: ___________________________ Grade: _______

504: ☐ Yes ☐ No
ESE: ☐ Yes ☐ No
MEDICAL DIAGNOSIS: ___________________________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________________________

LEA ___________________________________________________________

CHD ___________________________________________________________

Medications at Home: ___________________________ at School: ___________________________ Allergies: ___________________________

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ineffective breathing pattern and impaired gas exchange related to:</td>
<td>☐ Student will be able to identify symptoms of a severe allergic reaction.</td>
<td>☐ Review symptoms and sources of allergen. ☐ Review symptoms of severe allergic reaction.</td>
<td>Document name of school staff:</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>☐ Bronchospasm</td>
<td>☐ Staff will be able to identify symptoms of severe allergic reaction.</td>
<td>☐ In-service school staff about reaction/anaphylaxis/ACP</td>
<td>☐ Teacher:</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>☐ Inflammation of airways</td>
<td>☐ Identify person(s) who have access to and know where medication(s) are stored.</td>
<td>☐ Student will participate in development and implementation of IHCP-ACP</td>
<td>☐ Specials:</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>☐ Decreased cardiac output related to: hypotensive shock and vascular collapse.</td>
<td>☐ Nursing Assessment Information</td>
<td>☐ Incorporate student’s assistance in development and implementation of IHCP-ACP</td>
<td>☐ Aide:</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>☐ Per Parent</td>
<td>See Interventions</td>
<td></td>
<td>☐ Food Svc:</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>☐ Healthcare provider</td>
<td></td>
<td></td>
<td>☐ Bus Driver:</td>
<td>___________</td>
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<td></td>
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<td></td>
<td>☐ Other:</td>
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In collaboration with the Sarasota County School Health Team

Page 1 of 2

15-1
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<tbody>
<tr>
<td>□ Altered health</td>
<td>□ Student will develop self-medication skills or seek help from others</td>
<td>□ School nurse will provide necessary health education for student to participate in self-care (depending on the student’s cognitive and/or physical ability).</td>
<td>□ Student will describe steps to take if allergic reaction occurs.</td>
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<tr>
<td>maintenance related to:</td>
<td></td>
<td>□ Provide health counseling for student to participate in self-care by reporting allergy symptoms to staff/students school nurse</td>
<td>□ Student will identify school personnel responsible for helping carry out the school healthcare management and ECP.</td>
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<tr>
<td>ability to self-medicate</td>
<td></td>
<td></td>
<td>□ Student will demonstrate active participation in her school healthcare management and ECP.</td>
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</table>
**INDIVIDUALIZED HEALTHCARE PLAN – ANOREXIA NERVOSA**

Student’s Name: ___________________________ DOB: ____________ School: ______________ Grade: ____________

504: [ ] Yes [ ] No

ESE: [ ] Yes [ ] No

MEDICAL DIAGNOSIS: ____________________________________________ Healthcare Provider: ____________________________

Parent/Guardian Name: __________________________________________

LEA __________________________________________

CHD __________________________________________

Medications at Home __________________________ at School: __________________________

Allergies: __________________________________________

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</thead>
<tbody>
<tr>
<td>[ ] Altered nutrition: less than body requirements related to self-starvation.</td>
<td>□ Restore nutritional status.</td>
<td>□ Meet with family and multidisciplinary team to discuss student’s dietary and emotional needs.</td>
<td>□ Student will verbalize importance of frequent small meals and snacks as an important intervention toward health within 2 weeks.</td>
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</tr>
<tr>
<td>[ ] Nursing Assessment Information</td>
<td></td>
<td>□ Implement a high caloric diet as prescribed by doctor.</td>
<td>□ Student will eat at least 50% of prescribed food for meals and snacks during the school day, within 2 weeks.</td>
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<tr>
<td>[ ] Per parent Healthcare provider</td>
<td></td>
<td>□ If not already done, contact a dietician and help student select a diet that will meet the caloric requirements.</td>
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<tr>
<td>[ ] See Interventions</td>
<td></td>
<td>□ Encourage student to keep a record of food intake.</td>
<td></td>
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<tr>
<td>[ ] Enforce behavior modification plan (if implemented).</td>
<td></td>
<td>□ Consult with staff about behavior modification plan and importance of adherence.</td>
<td>□ Student will verbalize and identify the sources(s) of anxiety and fears.</td>
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<td></td>
<td>□ Meet with student and evaluate progress.</td>
<td>□ Student will describe physiologic responses to anxiety and fear.</td>
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<td></td>
<td></td>
<td>□ Avoid extensive discussions about food.</td>
<td>□ Student will seek out school nurse or other trusted adult if she experiences thoughts of suicide or other types of self-harm.</td>
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<td></td>
<td>□ Give positive feedback when earned</td>
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## INDIVIDUALIZED HEALTHCARE PLAN – ANOREXIA NERVOSA

<table>
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<tr>
<th>Student's Name:</th>
<th>DOB:</th>
<th>School:</th>
<th>Grade:</th>
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<tr>
<td></td>
<td>Reduce energy expenditure.</td>
<td>supervise selection and performance of physical activity.</td>
<td>Student will make appropriate choices for physical activity.</td>
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<td>Consult with teacher, PE teacher and recess staff for monitoring.</td>
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<td>Be alert to evidence of selective exercising.</td>
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<tr>
<td>Altered thought process related to effects of malnutrition, especially body image perceptions and denial of illness.</td>
<td>Provide appropriate feeling of control.</td>
<td>Channel feelings and need for control in appropriate direction versus focusing on control of weight.</td>
<td>Student will identify stressors that increase disordered eating episodes.</td>
<td></td>
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<td></td>
<td>Provide support.</td>
<td>Establish caring atmosphere to keep communication open.</td>
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<td></td>
<td></td>
<td>Encourage student to participate in his or her own care.</td>
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<tr>
<td>Ineffective individual coping related to unrealistic perceptions.</td>
<td>Prevent relapse.</td>
<td>Assist in maintenance of therapeutic regimen.</td>
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<td></td>
<td></td>
<td>Be alert to noncompliance such as self-induced vomiting, disposal of food and adding weight to clothes during weight checks.</td>
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</tbody>
</table>
INDIVIDUALIZED HEALTHCARE PLAN – ASTHMA

Student’s Name: ___________________________ DOB: ___________ School: ___________ Grade: ___________

504: □ Yes □ No
ESE: □ Yes □ No MEDICAL DIAGNOSIS: ___________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: _____________________________________________________________

LEA
CHD

Medications at Home: __________________________________________ at School: ___________________________ Allergies: ___________________________

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>□ Impaired gas exchange related to bronchial constriction.</td>
<td>□ Student will maintain adequate ventilation.</td>
<td>□ Provide a calm and reassuring environment.</td>
<td>□ Student demonstrates proper peak flow technique.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Assessment Information</td>
<td>□ Risk for impaired gas exchange related to airway inflammation, bronchoconstriction, and excessive mucus production. Student and her family will have identified a local healthcare provider for her asthma care and will assist in obtaining an Asthma Action Plan.</td>
<td>□ Assess physical status: 1. Inspection 2. Palpitation 3. Auscultation 4. Special maneuver-peak flow meter if ordered by physician.</td>
<td>□ Student participates in determining asthma severity and “personal best” based on symptoms.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per parent □ Healthcare provider</td>
<td>See Interventions</td>
<td>Administer medications as prescribed.</td>
<td>□ Student regularly monitors asthma status and signs and symptoms in asthma and reports frequency and effectiveness of inhaler use.</td>
<td></td>
<td></td>
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<tr>
<td>See Interventions</td>
<td></td>
<td>Provide small amounts of warm water for hydration.</td>
<td>□ Student and parent will share records and discuss information with healthcare provider.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Anxiety related to ineffective gas exchange.</td>
<td>□ Student will demonstrate decreased anxiety.</td>
<td>□ Assess for signs of increasing respiratory distress, i.e., cyanosis, nasal flaring and intercostal retractions.</td>
<td>□ Evaluate effectiveness of treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Anxiety/Risk for anxiety related to experiencing a childhood illness and experiences with exacerbations of asthma symptoms.</td>
<td>□ Review with student his/her medication regimen.</td>
<td></td>
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<tr>
<td></td>
<td>□ Stay with student during acute phase.</td>
<td>□ Consult with healthcare provider and family regarding frequency and duration of attacks.</td>
<td></td>
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<tr>
<td></td>
<td>□ Allow student to assume comfortable position.</td>
<td>□ Evaluate effectiveness of treatment.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>□ Reassure student.</td>
<td>□ Report an enhanced sense of overall emotional well-being and sense of control of his/her asthma.</td>
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</tr>
<tr>
<td></td>
<td>□ Maintain as quiet an environment as possible.</td>
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<tr>
<td></td>
<td>□ Encourage use of relaxation techniques.</td>
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</tbody>
</table>


Page 1 of 2

In collaboration with the Sarasota County School Health Team
## Individualized Healthcare Plan - Asthma

### Nurse's Name: [Name]

#### Nursing Dx & Assessment

1. Activity intolerance related to imbalance between oxygen supply and demand.
2. Risk for activity intolerance related to exacerbation of symptoms associated with exercise-induced bronchospasm.
3. Knowledge deficit related to asthma.
4. Deficient knowledge about asthma and asthma self-care.

#### Plan and Goals

- Student will participate in activities appropriate for their capability.
- Student will gain increased knowledge about asthma.
- Student's self-esteem will be enhanced by remaining independent in care.

#### Interventions

1. Assess student's ability to participate in school activities and special events.
2. Meet with multidisciplinary team and provide training for student's needs, including list of triggers.
3. If needed, provide time for rest or quiet activities during school schedule.
4. Arrange alternative indoor recess when weather triggers exist.
5. Premedicate as prescribed before classes or activities that expose the student to known triggers.

- Explain physiology of disease process to student.
- Based on student's knowledge, teach possible precipitating factors that may cause an asthma attack (triggers):
  1. Allergens
  2. Infections
  3. Exercise
  4. Weather changes/temperature extremes
  5. Emotions
  6. Respiratory irritants
- Review purpose for bronchodilators and correct use of inhaler and peak flow meter.
- Provide information and support to family as needed.
- Refer to community agencies that provide support to asthmatic children and their families.

#### Evaluation/Outcome

- Student participates in developing a plan for asthma care at school, including use of inhaler before exercise; adapting physical education activities due to exacerbations, upper respiratory tract infections, severe allergy days, weather, field trips; and making up missed schoolwork due to asthma episodes.
- Student actively participates in physical activities at school, with modifications made as needed.

- Student participates in one-to-one instruction about asthma.
- Student identifies/describes/demonstrates: Steps to take to self-manage chronic asthma and asthma episodes.
**INDIVIDUALIZED HEALTHCARE PLAN – ASTHMA SELF-MANAGEMENT**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

---

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

**504:** [ ] Yes [ ] No  
**ESE:** [ ] Yes [ ] No  
**MEDICAL DIAGNOSIS:**  
**Healthcare Provider:**  
**Parent/Guardian Name:**  
**LEA:**  
**CHD:**

**Medications at Home:**

**at School:**

**Allergies:**

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<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
</table>
| [ ] Knowledge deficit related to diagnosis of asthma evidenced by a lack of understanding of asthma, triggers, medication use, and actions for crisis. Nurse Assessment Information | [ ] Student will develop knowledge and understanding of disease, etiology, triggers, medications, crisis symptoms and actions. Per age appropriate. | [ ] Teaching: Disease process. Provide education on: what is asthma, triggers, crisis warning signs, crisis action, medications, administration techniques, contact person in a crisis. | [ ] Knowledge: Disease Process  
Description of: disease, risk factors or triggers, treatments, crisis/emergency actions. | | |
| [ ] Per parent  
Healthcare provider  
See Interventions | | | | | |
| [ ] Ineffective breathing pattern as characterized by shortness of breath. Coughing and/or wheezing related to asthma. | [ ] Student will understand and initiate asthma management plan to improve optimal level of functioning and minimal school time lost. | [ ] Asthma Management  
[ ] Review w/ student, family & healthcare provider  
[ ] Triggers  
[ ] Symptoms  
[ ] Crisis/Emergency Actions  
[ ] Review use of inhaler with student at the beginning of the school year.  
[ ] Review with school staff signs and symptoms of asthma exacerbation and management. | [ ] Asthma Self-Management  
[ ] Recognizes onset of asthma  
[ ] Initiates action to manage personal triggers  
[ ] Self-manages exacerbations  
[ ] Participates in age-appropriate activities, that is participates in gym and classroom activities to optimal level. | | |

---

Folder: C:\Users\2090121812\Desktop\CCPS Healthcare Plans 2013-2014\IHP-Asthma Self Management.doc

Page 1 of 1

In collaboration with the Sarasota County School Health Team
## Individualized Healthcare Plan – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder

**Date Initiated:**
**Date Reviewed:**
**Date Discontinued:**

**Student’s Name:** ___________________________  **DOB:** __________  **School:** ___________________________  **Grade:** __________

504: □ Yes □ No  
ESE: □ Yes □ No  
**MEDICAL DIAGNOSIS:** ___________________________  **Healthcare Provider:** ___________________________

**Parent/Guardian Name:** ___________________________

**LEA:** ___________________________  
**CHD:** ___________________________

**Medications at Home:** ___________________________  **at School:** ___________________________  **Allergies:** ___________________________

### Nursing DX & Assessment

- □ Sensory-perceptual alteration related to hyperactivity.
  - Nursing Assessment Information
  - Per parent
  - Healthcare provider
  - See Interventions

### Plan and Goals

- □ Student will understand and comply with medication regimen.
- □ Student’s attention span will increase to enhance learning educational curriculum.
- □ Decrease motor hyperactivity.
- □ Decrease distractibility.
- □ Decrease impulsivity.
- □ Provide support.

### Interventions

- □ Encourage student to remember medication time and come to health room independently. Provide positive reinforcement.
- □ Do not deviate from agreed upon time that medication is to be given.
- □ Notify family one week in advance when more medication is needed.
- □ Monitor weight if appetite suppression is evident due to medication.
- □ Provide calm atmosphere when external stimuli is overwhelming.
- □ Maintain regular contact with parents and school staff.
- □ Participate in child study meetings to establish behavior modifications and classroom regimen as needed.
- □ Encourage verbalization of feelings.
- □ Refer to community support group for family.

### Evaluation/Outcome

- □ Student will adhere to medication schedule.
- □ Student will demonstrate a decreased number of negative behaviors.
- □ Student will demonstrate positive social interactions with peers and staff at school.
### INDIVIDUALIZED HEALTHCARE PLAN – ATTENTION DEFICIT DISORDER/ATTENTION DEFICIT HYPERACTIVITY DISORDER

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self-esteem alteration due to:</td>
<td>□ Student will demonstrate increased acceptance of self. Student will experience fewer negative as measured by teacher comments, number of dismissals/suspensions from class and/or school.</td>
<td>□ Refer to special education team for assessment if not already involved. □ Provide suggestions to classroom teacher. □ Obtain medical order for medication (if used). □ Provide opportunities for student to identify and verbalize or share feelings of frustration, anger, hostility or depression.</td>
<td>□ Student will demonstrate improved social skills with peers. □ Student will identify behaviors that are causing him problems. □ Student will express his feelings related to problematic behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Inadequate peer relationships.</td>
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</tr>
<tr>
<td>□ School failure or academic delays.</td>
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</tr>
</tbody>
</table>

Date Initiated: ____________________  
Date Reviewed: ____________________  
Date Reviewed: ____________________  
Date Discontinued: ____________________  
Student’s Name: ____________________  
DOB: ____________________  
School: ____________________  
Grade: ____________________  

In collaboration with the Sarasota County School Health Team
### INDIVIDUALIZED HEALTHCARE PLAN – AUTISM

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

---

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

- 504: [ ] Yes [ ] No
- ESE: [ ] Yes [ ] No
- MEDICAL DIAGNOSIS:

**Healthcare Provider:**

**Parent/Guardian Name:**

**LEA**

**CHD**

---

**Medications at Home:**

**at School:**

**Allergies:**

---

#### NURSING DX & ASSESSMENT

- [ ] Impaired communication: verbal related to stimulus confusion.
  - Nursing Assessment Information
  - Per parent
  - Healthcare provider
  - See Interventions

#### PLAN AND GOALS

- [ ] The student will learn to communicate needs, re. use of words, sign or pointing to pictures.

#### INTERVENTIONS

- [ ] Speak in simple sentences and look directly at student when talking.
- [ ] Repeat requests or commands as needed.
- [ ] Observe student’s body language, especially for student who is not using expressive language.

#### EVALUATION/OUTCOME

- [ ] Impaired social interaction related to inability to communicate and dysfunctional interaction with peers, family and others.

#### DATE INITIAL

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Page 1 of 2

In collaboration with the Sarasota County School Health Team

15-10
# INDIVIDUALIZED HEALTHCARE PLAN – AUTISM

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Potential for violence: self-directed or directed at others.</td>
<td>□ The student will show decreased tendencies toward violent or self-abusive behaviors. Re: Decrease in tantrums and aggressive or destructive acts.</td>
<td>□ Provide structured classroom environment with daily routines. □ Allow time for student to be familiar with health room. □ Use behavior modification techniques to reward positive behavior and decrease negative behavior. □ When tantrums or destructive behavior escalates try to provide calmness and reassurance to decrease student’s agitation.</td>
<td>□ Student will demonstrate, verbally and nonverbally, an increase in comfort level and/or decrease in anxiety level in the school setting. □ Student will demonstrate (1) effective coping strategy that reduces anxiety. □ Student will demonstrate positive, appropriate behaviors in school. □ Student will communicate with peers. □ Student will demonstrate appropriate behavior when interacting with peers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Potential for altered parenting related to medical diagnosis.</td>
<td>□ The student’s parents will show appropriate parenting skills by verbalizing their concerns and seeking assistance when needed.</td>
<td>□ Allow open lines of communication so parents or primary caregivers are comfortable expressing their feelings and concerns.</td>
<td>□ Student will demonstrate positive, appropriate behaviors at home, as reported by his parents.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Student’s Name: _______________  DOB: _______________  School: _______________  Grade: _______________
# INDIVIDUALIZED HEALTHCARE PLAN – BIPOLAR DISORDER

**Student’s Name:**

**DOB:**

**School:**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

**School:**

**Grade:**

**Medical Diagnosis:**

**Healthcare Provider:**

**Parent/Guardian Name:**

**LEA:**

**CHD:**

**Medications at Home:**

**at School:**

**Allergies:**

<table>
<thead>
<tr>
<th>Nursing DX 7 Assessment</th>
<th>Plan and Goals</th>
<th>Interventions</th>
<th>Evaluation/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective therapeutic regimen management</td>
<td>□ Student will develop and/or enhance an internal locus of control.</td>
<td>□ Maximize student and family participation in decisions regarding the support and structure provided in the school environment.</td>
<td>□ Student will identify individuals who are appropriate resources and support at school, at home and in the community.</td>
</tr>
<tr>
<td>□ Social supports</td>
<td>□ Student will participate in managing his/her healthcare.</td>
<td>□ Assist the student to identify options and strategies for responding to mood swings or behavior impulses.</td>
<td>□ Student asks for assistance appropriately when needed.</td>
</tr>
<tr>
<td>□ Empowerment</td>
<td>□ Student will increase awareness of self and his/her abilities.</td>
<td>□ Assist the student to implement options/strategies for responding to swings in mood or behavior impulses.</td>
<td>□ Student accepts assistance from others as needed.</td>
</tr>
<tr>
<td>□ Perceived benefits</td>
<td>□ Student will appropriately advocate for self and self-care.</td>
<td>□ Facilitate student exploration and awareness of self.</td>
<td>□ Student will verbalize signs of effective coping and decision making.</td>
</tr>
<tr>
<td>Nursing Assessment Information</td>
<td>□ Student will seek help or assistance from others and accept assistance from others.</td>
<td>□ Assist the student to articulate perception of self and health status.</td>
<td>□ Student will verbalize signs of ineffective coping and the need for adjustment/changes in responses.</td>
</tr>
<tr>
<td>□ Per parent</td>
<td>□ Student will maintain a consistent and regular school attendance pattern.</td>
<td>□ Assist the student to articulate perception of the impact of bipolar disorder on self and family.</td>
<td>□ Student will demonstrate effective coping strategies in the classroom and school setting.</td>
</tr>
<tr>
<td>□ Healthcare provider</td>
<td></td>
<td>□ Monitor for medication side effects at school.</td>
<td>□ Student will identify current sources of stress and those sources that can be changed.</td>
</tr>
<tr>
<td>See Interventions</td>
<td></td>
<td>□ Facilitate communication between the student, family, school multidisciplinary team, and community providers.</td>
<td>□ Student will demonstrate choosing an effective problem-solving strategy, implementing the strategy, and effectively resolving the problem, 75% of the time.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Assist teachers and family to implement school/classroom modifications that will enhance student success.</td>
<td></td>
</tr>
</tbody>
</table>
## INDIVIDUALIZED HEALTHCARE PLAN – BIPOLAR DISORDER

### NURSING DX 7 ASSESSMENT

<table>
<thead>
<tr>
<th>Risk for self-directed violence related to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Depressed mood</td>
</tr>
<tr>
<td>☐ Anxious mood</td>
</tr>
<tr>
<td>☐ Poor impulse control</td>
</tr>
<tr>
<td>☐ Uncontrolled anger</td>
</tr>
</tbody>
</table>

### PLAN AND GOALS

- Student will demonstrate academic progress and success consistently and regularly.

### INTERVENTIONS

- Assist the student to identify ways to utilize strengths to compensate for weaknesses.
- Assist the student to identify coping behaviors that have been productive and helpful in the past.
- Provide positive reinforcement to the student when he/she makes appropriate decisions and participates in self-care.
- Student will effectively communicate feelings to appropriate others (e.g., counselor, school nurse, teacher, parents).
- Student will use positive, effective coping mechanisms to decrease stresses.
- Student will seek help of assistance from others and accept assistance from others.
- Student will follow up with primary care provider and/or specialists and therapists as needed, with assistance from family.

### EVALUATION/OUTCOME

- Student will not demonstrate aggressive acting out of anger feelings.
- Student will utilize constructive, positive methods to cope with feelings of anger.
- Student will demonstrate positive, effective, interactions with staff, peers and family.
- Student will not demonstrate negative interactions with peers and school staff.
- Student, with assistance from his parents, will follow through with and actively participate in his mental health treatment plan, including medications, counseling appointments and re-evaluation appointments.

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In collaboration with the Sarasota County School Health Team

Page 2 of 2
INDIVIDUALIZED HEALTHCARE PLAN – CONGENITAL HEART DISEASE

Student’s Name: ___________________________ DOB: ___________ School: ___________________________ Grade: _____

504:  □ Yes □ No  ESE:  □ Yes □ No  MEDICAL DIAGNOSIS: ___________________________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ____________________________________________________________________________

LEA: __________________________________________________________________________________________

CHD: __________________________________________________________________________________________

Medications at Home: ___________________________ at School: ___________________________ Allergies: _________

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Alteration in activities of daily living (personal, recreational, educational: running, walking, stair climbing or rest) due to: □ Cardiovascular dysfunction. □ Cardiac structural defect. □ Cardiovascular infection. □ Inadequate tissue oxygenation and nutrition. □ Imbalance between tissue oxygen demand and vascular supply.</td>
<td>□ Student will improve cardiac strength. □ Student will acquire adaptations necessary to experience as normal a lifestyle as possible in the school setting. □ Student will be able to perform activities of daily living within his/her physical limits without excessive fatigue or compromising physiological condition.</td>
<td>□ Assist classroom teacher in developing activities appropriate to activity tolerance. □ Arrange for home-hospital instruction if needed. □ Arrange for assistance as necessary for daily school activities. □ Arrange for appropriate physical education activities and instruct physical education teachers in appropriate expectation for activity tolerance. □ Monitor student’s response to activity levels.</td>
<td>□ Student will identify three signs that he/she is exceeding his exercise tolerance. □ Student will participate in physical education, with modified activities. □ Student will go outside with peers at recess. □ Student will tell his teacher if he is having shortness of breath. Student will identify and describe his symptoms. □ Student will identify when to let the teacher or school nurse know that he/she is having difficulty breathing or excessive fatigue.</td>
</tr>
</tbody>
</table>

Date Initiated: ___________  Date Reviewed: ___________  Date Discontinued: ___________
<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Assessment Information</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>□ Per parent</td>
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<tr>
<td>□ Healthcare provider</td>
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<tr>
<td>See Interventions</td>
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<tr>
<td>Knowledge deficit related to cardiovascular pathophysiology.</td>
<td>□ Increase understanding of pathophysiology of cardiac condition.</td>
<td>□ Instruct classroom teacher/students in signs and symptoms to refer to health room:</td>
<td>□ Student demonstrates accurate reporting of symptoms to parents, teachers, or school nurse.</td>
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<td></td>
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<td></td>
<td>Change in activity tolerance.</td>
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<td></td>
<td>Respiratory difficulty - shortness of breath.</td>
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<td>Blue lips.</td>
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<td>Tingling of hands.</td>
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<td>Chest pain.</td>
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<td></td>
<td>Lethargy/malaise.</td>
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</tr>
<tr>
<td>Altered growth and development related to inadequate oxygen and nutrients to tissues.</td>
<td>□ Promote physical growth.</td>
<td>□ Ask staff to monitor eating patterns.</td>
<td>□ Student will assist in developing a menu of heart-healthy foods that he likes to eat and are part of his diet and fluid restrictions, for school lunches and snacks.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Discuss menu with student and family.</td>
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<td>Encourage supplements as needed and iron rich foods.</td>
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<td>Monitor height and weight.</td>
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</table>

In collaboration with the Sarasota County School Health Team
<table>
<thead>
<tr>
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<th>EVALUATION/OUTCOME</th>
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<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Potential for infection related to debilitated physical status.</td>
<td>□ Prevent infection.</td>
<td>□ Inform staff that student will be more prone to infections.</td>
<td>□ □ Student will verbalize proper hand washing technique.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Self-esteem disturbance related to chronic heart condition.</td>
<td>□ Promote positive self-concept.</td>
<td>□ Allow student to participate in some way with peers even when there are physical limitations.</td>
<td>□ □ Student will verbalize feelings in relation to self-esteem due to chronic heart condition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Altered family processes related to having a child with a chronic heart condition</td>
<td>□ Provide support.</td>
<td>□ Encourage parents to discuss their fears and feelings.</td>
<td>□ □ Student will have all community resources.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – CRUTCHES

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

<table>
<thead>
<tr>
<th>Nursing Dx &amp; Assessment</th>
<th>Plan and Goals</th>
<th>Interventions</th>
<th>Evaluation/Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Altered mobility and activity tolerance related to crutch use</td>
<td>□ Student will be able to perform activities of daily living within the limits of physical impairment without excessive fatigue or exertion.</td>
<td>□ Provide access to physically handicapped bathrooms, entrances, and elevators. □ Arranged for monitored stair and elevator use. □ Provide for monitored stair and elevator use. □ Arrange for safe ambulation in hallways and walkways. □ Arrange for pain medication at school if appropriate. □ Arrange for elevation of limb in classroom. □ Plan for cafeteria and lunch management during mealtimes. □ Obtain physician recommendations for activity limitations and program for rehabilitation. □ Instruct student in crutch walk technique. □ Teach proper cast care to student, family and care-givers. □ Formulate an emergency evacuation plan for the student in case of emergency.</td>
<td>□ Student will demonstrate the use of adaptive devices to increase mobility. □ Student will use safety measures to minimize potential for injury. □ Student will demonstrate measures to increase mobility. □ Student will report an increase in mobility.</td>
</tr>
<tr>
<td>□ Knowledge deficit related to using crutches and recovery from injury</td>
<td>□ Student will successfully manage pain.</td>
<td>□ Student will not experience falls or re-injury at school. □ Student will experience falls or re-injury at school.</td>
<td>□ Student will not experience falls or re-injury at school. □ Student will experience falls or re-injury at school.</td>
</tr>
<tr>
<td>□ Potential for additional injury due to inappropriate use of crutches</td>
<td>□ Student will be successful in managing mobility to and around school.</td>
<td>□ Student will prevent skin breakdown related to cast, immobilizer or crutches.</td>
<td>□ Student will prevent skin breakdown related to cast, immobilizer or crutches.</td>
</tr>
</tbody>
</table>

**Medical Diagnosis:**

**Healthcare Provider:**

**Parent/Guardian Name:**

**LEA**

**CHD**

**Medications at Home:**

**Allergies:**

---

In collaboration with the Sarasota County School Health Team
# INDIVIDUALIZED HEALTHCARE PLAN – CYSTIC FIBROSIS

Student’s Name: ___________________________  DOB: ___________  School: ___________________________  Grade: _________

504: □ Yes □ No  
ESE: □ Yes □ No  
MEDICAL DIAGNOSIS: ___________________________________________  Healthcare Provider: _______________________________________

Parent/Guardian Name: ____________________________________________

LEA ___________________________________________  CHD ___________________________________________

Medications at Home: ___________________________________________  at School: ___________________________  Allergies: ___________________________

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
</tr>
</thead>
</table>
| □ Alteration in respiratory status related to ineffective airway.  
Nursing Assessment Information  
Per parent  
Healthcare provider  
See Interventions | □ Maintain optimal respiratory function and airway clearance. | □ Assist the student to administer his/her prescribed medication and other treatment measures, e.g. coughing as a healthy way to keep airway clear of mucus.  
□ Physical activity.  
□ Aerosol therapy as ordered. | □ Student will use effective cough maneuvers during the school day to clear their airways. |

| □ Alteration in nutrition related to Cystic Fibrosis.  
See Interventions | □ Maintain good nutritional management. | □ Administer enzymes/nutrition supplements to control malabsorption if ordered by M.D.  
□ Provide area where student can do chest physical therapy before meals if prescribed.  
□ Encourage foods high in protein and calories.  
□ Maintain weight gain/loss.  
□ Assist the student to eat any snacks that are needed during school day. | □ Student will consume 70% of her minimum recommended daily calories during the school day. |
<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
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<th>EVALUATION/OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for injury due to heat exhaustion and dehydration.</td>
<td>Prevent heat exhaustion and dehydration.</td>
<td>Monitor the student for symptoms of salt depletion, fatigue, weakness, fever, muscle cramps, abdominal pain, vomiting, dehydration and heat stroke. Increase intake of fluids and salt during periods of sweating (hot weather, fever, strenuous exercise).</td>
<td>Student will remain hydrated.</td>
</tr>
<tr>
<td>Alteration in bowel elimination (frequent large, foul smelling, fatty stools).</td>
<td>Maintain near normal, well-formed stools.</td>
<td>Provide the student easy access to a bathroom at school where he/she can have privacy.</td>
<td>Student will have access to bathroom as needed.</td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – DIABETES

**Student’s Name:** 
DOB: 
School: 
Grade: 

504: □ Yes □ No 
ESE: □ Yes □ No 
**MEDICAL DIAGNOSIS:** 
Healthcare Provider: 

**Parent/Guardian Name:** 
LEA 
CHD 

**Medications at Home:** 
at School: 
Allergies: 

---

## NURSING DX & ASSESSMENT

<table>
<thead>
<tr>
<th>checkbox</th>
<th>description</th>
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</thead>
<tbody>
<tr>
<td>□</td>
<td>Knowledge deficit related to diabetic management</td>
</tr>
<tr>
<td>□</td>
<td>Nursing Assessment Information</td>
</tr>
<tr>
<td>□</td>
<td>Per parent</td>
</tr>
<tr>
<td>□</td>
<td>Healthcare provider</td>
</tr>
<tr>
<td>□</td>
<td>See Interventions</td>
</tr>
<tr>
<td>□</td>
<td>Potential for injury related to insulin deficit</td>
</tr>
</tbody>
</table>

## PLAN AND GOALS

<table>
<thead>
<tr>
<th>checkbox</th>
<th>plan</th>
<th>goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Educate staff</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Replace insulin deficit</td>
<td></td>
</tr>
</tbody>
</table>

## INTERVENTIONS

<table>
<thead>
<tr>
<th>checkbox</th>
<th>interventions</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Teach re: diabetes, signs and symptoms of hypo/hyperglycemia and management/emergency management.</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Understand the action of insulin. Test glucose level if ordered. Administer insulin as prescribed. Employ correct techniques when preparing and administering insulin. 1. Subcutaneous injection 2. Rotation of sites if applicable</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Understand and recognize signs and symptoms of too much glucose in blood: sluggish, hard to awaken, abdominal pain, excessive thirst, fruity odor to breath, fast breathing, flushed appearance.</td>
<td></td>
</tr>
</tbody>
</table>

## EVALUATION/OUTCOME

<table>
<thead>
<tr>
<th>checkbox</th>
<th>outcome</th>
<th>notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>Discuss and list place(s) to test:</td>
<td></td>
</tr>
<tr>
<td>□</td>
<td>Teach/review appropriate disposal of medical waste</td>
<td></td>
</tr>
</tbody>
</table>

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Date Initiated: 
Date Reviewed: 
Date Discontinued: 

In collaboration with the Sarasota County School Health Team
## INDIVIDUALIZED HEALTHCARE PLAN – DIABETES

<table>
<thead>
<tr>
<th>Nursing Dx &amp; Assessment</th>
<th>Plan and Goals</th>
<th>Interventions</th>
<th>Evaluation/Outcome</th>
<th>Date</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for injury related to</td>
<td>Elevate blood glucose level</td>
<td>□ Recognize signs of hypoglycemia: headache, blurred vision, nausea, confusion, abdominal pain,</td>
<td>□ Student will demonstrate skill in blood glucose monitoring.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>hypoglycemia</td>
<td></td>
<td>dizziness, perspiration, nervousness, trembling, irritability.</td>
<td>□ Student will demonstrate age-appropriate proper use of blood glucose testing equipment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ If signs and symptoms are present, follow Emergency Procedures.</td>
<td>□ Student will recognize what symptoms of high or low blood glucose are and appropriate action</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Offer readily absorbed carbohydrates, i.e. orange juice, hard candy, milk.</td>
<td>to take.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Follow with complex carbohydrate such as bread or cracker.</td>
<td>□ Student will inform teacher or adult when having symptoms of high or low blood glucose.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body image disturbance related</td>
<td>Promote positive adjustment to</td>
<td>□ Help child set realistic goals.</td>
<td>□ Student will demonstrate age-appropriate proper use of medication administration.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>to biological changes insulin</td>
<td>disease</td>
<td>□ Encourage independence.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dependency</td>
<td></td>
<td>□ Introduce child to other children who are successfully managing diabetes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Emphasize child’s strengths and assets.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Reinforce positive behaviors.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>□ Student will participate in regular classroom activities, with modifications made as necessary.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN - DUCHENNE MUSCULAR DYSTROPHY

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

### 504:

- [ ] Yes
- [ ] No

**ESE:**

- [ ] Yes
- [ ] No

**MEDICAL DIAGNOSIS:**

**Healthcare Provider:**

**Parent/Guardian Name:**

**LEA:**

**CHD:**

**Medications at Home:**

**at School:**

**Allergies:**

### NURSING DX & ASSESSMENT

- [ ] Impaired physical mobility related to muscle weakness.

**Nursing Assessment Information**

- [ ] Per parent
- [ ] Healthcare provider

**See Interventions**

### PLAN AND GOALS

- [ ] The student will maintain maximum independence.

### INTERVENTIONS

- [ ] Teach and encourage continued development of self-help skills.
- [ ] Assist family and staff to modify environment to facilitate self-help.
- [ ] Encourage outside interests and activities.
- [ ] Formulate an emergency evacuation plan for student in case of emergency.

- [ ] The student will develop minimal deformities

- [ ] Assist staff to carry out physical therapy program when needed.
- [ ] Assist family in modifications of student’s activities at appropriate times.
- [ ] Help family acquire needed equipment to promote mobility through community resource referrals.

### EVALUATION/OUTCOME

- [ ] Demonstrate mobility around the school building and in classrooms (with assistance from adults, as needed).

- [ ] Actively participate in classroom and school activities, with assistance from adults as needed.
- [ ] Consistently wear braces, as prescribed.
- [ ] Actively participate in range-of-motion activities for ankles, knees, and hips.
- [ ] Demonstrate use of assistive devices at school to (achieve/maintain) an optimal (level of independence, participation) in self-care.
<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
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<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Self-concept, disturbance in body image related to disability and physical changes.</td>
<td>□ The student will develop a positive self-image and esteem.</td>
<td>□ Assist student and family in planning a nutritional diet that is low in calories and high in protein and fiber to prevent obesity due to immobility.</td>
<td>□ Report early symptoms indicating problems to (teacher, health office personnel).</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ Encourage staff to allow enough time for completion of physical tasks.</td>
<td>□ Demonstrate positive interactions with peers (in the classroom, during lunch, during recess).</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ Encourage verbalization of feelings.</td>
<td>□ Demonstrate effective problem-solving skills regarding (specific: classroom issues, peer issues).</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ Provide emotional support.</td>
<td>□ Demonstrate effective decision-making skills regarding (specific care, school work, other).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Encourage continued peer relationships.</td>
<td>□ Verbalize feelings to appropriate adults about his/her concerns, grief, anger, anxiety, fear, and limitations and others’ reactions to his/her disability.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ Refer to appropriate staff and community agencies as needed.</td>
<td>□ Verbalize positive feelings about him/herself and identify her/his strengths.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN - DYSPHAGIA

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
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<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potential for aspiration related to chewing/swallowing difficulties.</td>
<td>Experience no aspiration during school.</td>
<td>To prevent aspiration in school setting:</td>
<td>Student will remain aspiration free.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Assessment Information</td>
<td>Follow recommendations in swallow study</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per parent</td>
<td>Thickened liquids ½ Tb/4oz. or 1Tb rice cereal/4oz. bottled nectar juices, smoothies, tomato juice.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Healthcare provider</td>
<td>Chill liquids</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Interventions</td>
<td>Position upright</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Potential for injury due to impaired/swallowing/chewing.</td>
<td>Educate school staff.</td>
<td>School staff to recognize potential signs of aspiration. Possible signs and symptoms:</td>
<td>Student will remain aspiration free.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>congestion</td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
<td>coughing</td>
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<tr>
<td></td>
<td></td>
<td>watery eyes</td>
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<tr>
<td></td>
<td></td>
<td>increased temperature</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>School Staff to call school nurse for assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical Diagnosis:**

**Healthcare Provider:**

**Parent/Guardian Name:**

**Student's Name:**

**DOB:**

**School:**

**Grade:**

**RN Name:**

**Allergies:**

**LEA:**

**CHD:**

**Medications at Home:**

**at School:**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

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CCPS Healthcare Plans 2013-2014C:\Users\090121612\Desktop\CCPS Healthcare Plans 2013-2014\IHP-Dysphagia.doc

Page 1 of 1

In collaboration with the Sarasota County School Health Team

15-24
### INDIVIDUALIZED HEALTHCARE PLAN – ENCOPIESIS

**Student’s Name:**

**DOB:**

**School:**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

**Grade:**

- **MEDICAL DIAGNOSIS:**
- **Healthcare Provider:**
- **Parent/Guardian Name:**
- **LEA:**
- **CHD:**
- **Medications at Home:**
- **at School:**
- **Allergies:**

---

#### NURSING DX & ASSESSMENT

- **Bowel incontinence related to:**
  - [ ] environmental factors (i.e., inaccessible bathroom)
  - [ ] incomplete emptying of bowel
  - [ ] impaction
  - [ ] dietary habits
  - [ ] toileting self-care deficit

- **Nursing Assessment Information**
  - Per parent
  - Healthcare provider
  - See Interventions

---

<table>
<thead>
<tr>
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<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel incontinence related to</td>
<td>[ ] Student will establish a normal pattern of bowel functioning.</td>
<td>[ ] Meet with parents/guardian to assess their understanding and obtain the prescribed treatment regimen.</td>
<td>[ ] Student will report to the health office for daily toilet-sitting at prescribed time.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Student will be continent of stool with no soiling episodes.</td>
<td>[ ] Establish a plan for monitoring bowel patterns with student while at school.</td>
<td>[ ] Student will return to class promptly, within 3 minutes, after daily visit to health office.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Student will recognize the urge to move bowels.</td>
<td>[ ] Maintain daily toileting diary with student.</td>
<td>[ ] Student will recognize the urge to defecate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Student will use toilet facility at school when recognizing urge to defecate, or during scheduled timed attempts.</td>
<td>[ ] Arrange for student to come to nurse’s office after lunch every day for a toilet sit and, if necessary, at the beginning of each school day if student unable to toilet-sit at home before school.</td>
<td>[ ] Student will control stool passage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Student will keep a daily toileting diary.</td>
<td>[ ] Assist student to learn to bear down using technique of blowing on a balloon while sitting on toilet and using foot support. Provide privacy.</td>
<td>[ ] Student will evacuate stool at least every 2 days.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Overseer diet regimen as prescribed. Arrange for fiber foods to be available at school.</td>
<td>[ ] Student will respond to urge in a timely manner.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>[ ] Encourage generous amounts of fluid intake throughout the day.</td>
<td>[ ] Student will maintain toileting diary.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>[ ] Arrange for permission for student to use the bathroom any time student requests.</td>
<td>[ ] Student will stay soil-free throughout the school day.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Student will use toileting diary to monitor constipation symptoms over time.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – ENCOPRESIS

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
<th>PLAN AND GOALS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Constipation related to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>■ environmental changes</td>
<td></td>
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<tr>
<td>■ habitual denial/ignoring of urge to defecate</td>
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<tr>
<td>■ insufficient physical activity</td>
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<td></td>
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<tr>
<td>■ irregular defecation habits</td>
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<tr>
<td>■ inadequate toileting (i.e., timeliness, positioning, privacy)</td>
<td></td>
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<tr>
<td>■ poor eating habits</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>■ insufficient fiber intake</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ insufficient fluid intake</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>■ change in usual foods and eating pattern</td>
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</tr>
</tbody>
</table>

- Develop a standard cleanup procedure, carried out matter-of-fact and emotionally neutral.
- Reward with praise. Tie other rewards or incentives offered to passage of stool in the toilet, rather than for “not soiling” underwear.
- Monitor for signs and symptoms of constipation.
- Monitor bowel movements through use of diary.
- Encourage fluids throughout the school day.
- Instruct student on high-fiber food choices.
- Student will establish a normal pattern of bowel functioning.
- Student will follow diet and medication regimen as prescribed.
- Student will keep a daily toileting diary.
- Student will evacuate stool at least every 2 days.
- Student will respond to urge in a timely manner.
- Student will drink an adequate amount of fluid each school day.
- Student will eat at least two high-fiber foods each school day.
- Student will maintain toileting diary.
- Student will include high-fiber foods in diet daily to prevent constipation.
- Student will drink adequate amount of fluid during school day to prevent constipation.
- Student will use toileting diary to monitor constipation symptoms over time.
# INDIVIDUALIZED HEALTHCARE PLAN – ENCOPRESIS

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Bathing/hygiene self-care deficit related to:</td>
<td>□ Student will perform needed hygiene activity with soiling episode.</td>
<td>□ Arranging for privacy while child is in bathroom and providing elevated foot support, if appropriate.</td>
<td>□ Student will clean perineal area after soiling incident.</td>
</tr>
<tr>
<td>- decreased or lack of motivation</td>
<td></td>
<td>□ Developing a standard cleanup procedure, carried out matter-of-fact and emotionally neutral.</td>
<td>□ Student will wash hands following cleaning up after soiling incident.</td>
</tr>
<tr>
<td>- severe anxiety</td>
<td></td>
<td>□ Ensuring student performs daily toilet-sits using proper positioning as scheduled.</td>
<td>□ Student will keep clean change of clothing at school for hygiene needs.</td>
</tr>
<tr>
<td>- perceptual or cognitive impairment</td>
<td></td>
<td>□ Providing privacy during scheduled toilet-sits.</td>
<td>□ Student will clean up bathroom area after soiling incident.</td>
</tr>
<tr>
<td>- pain</td>
<td></td>
<td>□ Keeping change of clothes available in health office.</td>
<td></td>
</tr>
<tr>
<td>- environmental barriers</td>
<td></td>
<td>□ Providing soap, towels, cleansing wipes as needed in a private, accessible place, maintaining student’s privacy.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Encouraging student to be independent in performing toileting and hygiene care.</td>
<td></td>
</tr>
</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – G-TUBE FEEDING

<table>
<thead>
<tr>
<th>NURSING DX &amp; ASSESSMENT</th>
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<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
<th>DATE</th>
<th>INITIAL</th>
</tr>
</thead>
</table>
| □ Nutrition, altered potential for less than body requirements | □ Student will receive adequate nutrition by g-tube during school day | □ Chart intake  
□ Assist with administering g-tube feedings as per healthcare providers orders. | □ Student will maintain adequate nutrition. | | |
| Nursing Assessment Information | | | | | |
| □ Per parent | | | | | |
| □ Healthcare provider  
See Interventions | | | | | |
| □ Potential for aspiration | □ Prevent aspiration during gastrostomy feedings | □ Assist with student position to maximize safety during feedings. Sitting or in high Fowlers.  
□ Verify placement  
□ Regulate feedings to allow for stomach emptying. | □ Student will remain aspiration free. | | |
| □ Tissue integrity, impaired | □ Have intact skin  
□ Monitor for signs & symptoms of infection. | □ Keep skin clean & dry especially around stoma g-tube site.  
□ Monitor for signs & symptoms of infection. | □ Student will remain free of infection at stoma site. | | |
# INDIVIDUALIZED HEALTHCARE PLAN – G-TUBE FEEDING

<table>
<thead>
<tr>
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<th>PLAN AND GOALS</th>
<th>INTERVENTIONS</th>
<th>EVALUATION/OUTCOME</th>
</tr>
</thead>
</table>
| □ Possible g-tube dysfunction | □ Early recognition and intervention of g-tube problems | □ Bleeding and/or drainage  
  □ Check to be sure tube is not being pulled on.  
  □ Check that cap or clamp is properly secure.  
  □ Check for leaking at incision site  
  □ If leaking or bleeding continues/call parent.  
  □ If G-tube falls out DO NOT attempt to reinsert yourself. Contact parent for reinsertion.  
  □ Cover site with dry dressing or bandage | □ Student will remain free of G-tube dysfunction. |

### Date Initiated:

### Date Reviewed:

### Date Reviewed:

### Date Discontinued:

### Student’s Name:

### DOB:

### School:

### Grade:

### Initial:

---

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Page 2 of 2  
In collaboration with the Sarasota County School
### INDIVIDUALIZED HEALTHCARE PLAN – HEARING IMPAIRMENT

**Student’s Name:** ___________________________  **DOB:** ___________  **School:** ___________________________  **Grade:** ______

504:  [ ] Yes  [ ] No  
ESE:  [ ] Yes  [ ] No  
**MEDICAL DIAGNOSIS:** ___________________________  **Healthcare Provider:** ___________________________

**Parent/Guardian Name:** ___________________________

**LEA**  
**CHD**  

**Medications at Home:** ___________________________  **at School:** ___________________________  **Allergies:** ___________________________

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</tr>
</thead>
</table>
|                          | □ Sensory-perceptual alterations (auditory) related to hearing impairment. | □ Maximize residual hearing.  
□ Reduce or remove barriers to learning in the school setting. | □ Assist family in working with school staff or community agency in acquiring appropriate hearing device if needed.  
□ Assist student in acceptance of device (e.g., “Auditory trainer looks like a walkman”).  
□ Encourage family to seek repair for device as needed. | □ Name the hearing amplification or assistive hearing device being used.  
□ Understand and describe how a hearing amplification or assistive device will improve the hearing and communication process. |      |         |
|                          | □ Nursing Assessment Information  
□ Per parent  
□ Healthcare provider  
□ See Interventions | | | | | |

In collaboration with the Sarasota County School Health Team
## INDIVIDUALIZED HEALTHCARE PLAN – HEARING IMPAIRMENT

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</thead>
<tbody>
<tr>
<td>☐ Impaired verbal communication related to inability to hear auditory cues.</td>
<td>☐ Promote communication process.</td>
<td>☐ Participate in multi-disciplinary team meeting to assess student’s needs and devise a program to maximize communication.</td>
<td>☐ Understand and describe type, cause, and severity of hearing deficit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>☐ Encourage family to participate in rehab program.</td>
<td>☐ Understand and describe how the hearing deficit affects communication and learning ability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>☐ Encourage use of language and books at home.</td>
<td>☐ Communicate appropriately and effectively with others in the school and community setting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td></td>
<td>☐ Screen student for possible visual problems that may interfere with learning alternative modes of communication such as lip reading and sign language.</td>
<td>☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| ☐ Altered growth and development related to impaired communication. | ☐ Promote independence and development. | ☐ Assess student’s family for age appropriate childrearing practices. | ☐ Describe (and apply) options to improve communication with others in the school and community setting. | | |
| | | ☐ Emphasize importance of attaining independence in self care. | ☐ Describe (and apply) options to reduce or remove background noise in the school and community setting. | | |
| | | ☐ Discuss the use of adaptive aids in the home such as a phone amplifier or signal device for doorbells. | ☐ Tell others when communication efforts are ineffective. | | |
INDIVIDUALIZED HEALTHCARE PLAN – HEMOPHILIA

Student’s Name: ___________________________ DOB: ___________ School: ___________________________ Grade: ______

504: □ Yes □ No
ESE: □ Yes □ No

MEDICAL DIAGNOSIS: ____________________________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________________________

LEA
CHD

Medications at Home: ____________________________________________ at School: ____________________________ Allergies: ____________

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</tr>
</thead>
<tbody>
<tr>
<td>□ Potential for injury related to hemorrhage.</td>
<td>□ The student will have minimal or no bleeding episodes.</td>
<td>□ The school nurse/UAP will apply pressure to wounds for 10 to 15 minutes, immobilize area, elevate site to level of heart, apply cold compress and contact parent.</td>
<td>□ Report injuries promptly to school staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Nursing Assessment Information</td>
<td>□ Decrease risk of injury</td>
<td>□ Teach staff about intervention for injury.</td>
<td>□ Identify potential sources of injury within the school environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Per parent</td>
<td></td>
<td>□ Educate peers on appropriate response if student injures self, especially to notify staff members quickly</td>
<td>□ Identify safety measures to prevent injury.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Healthcare provider</td>
<td></td>
<td></td>
<td>□ Recognize signs of bleeding.</td>
<td></td>
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<tr>
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</tr>
<tr>
<td>□ See Interventions</td>
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In collaboration with the Sarasota County School Health Team

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# INDIVIDUALIZED HEALTHCARE PLAN – HEMOPHILIA

<table>
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<th>INTERVENTIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Recite and practice key preventive measures.</td>
<td>Teach student appropriate means of preventing injury.</td>
<td>Use protective padding and equipment to prevent injury.</td>
<td></td>
</tr>
<tr>
<td>Encourage student to visit health room for assistance.</td>
<td>Request use of medical alert I.D</td>
<td>Wear medical ID bracelet.</td>
<td></td>
</tr>
<tr>
<td>Impaired mobility related to effects of hemorrhage into joints and other tissues.</td>
<td>Prevent debilitating effects of joint degeneration</td>
<td>Report signs of bleeding promptly.</td>
<td></td>
</tr>
<tr>
<td>Provide support</td>
<td>Encourage verbalization of concerns and feelings.</td>
<td>Comply with steps of emergency management plan.</td>
<td></td>
</tr>
<tr>
<td>Refer for genetic counseling if not already done.</td>
<td>Follow physician’s orders as needed for prevention of joint degeneration</td>
<td>Comply with scheduled visits to healthcare providers and hemophilia treatment center.</td>
<td></td>
</tr>
<tr>
<td>Refer to community resources that assist families with hemophilia.</td>
<td></td>
<td>Comply with activity restrictions as recommended.</td>
<td></td>
</tr>
<tr>
<td>Altered family process related to a child with a serious disease.</td>
<td></td>
<td>Increase knowledge about hemophilia and its treatment.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Increase self-management of hemophilia.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relate concerns about how hemophilia affects life to parent, school nurse, and healthcare providers.</td>
<td></td>
</tr>
</tbody>
</table>
INDIVIDUALIZED HEALTHCARE PLAN – MIGRAINE HEADACHE

Student’s Name: ___________________________ DOB: ___________ School: ___________________________ Grade: ________

504: □ Yes □ No  
ESE: □ Yes □ No  
MEDICAL DIAGNOSIS: ___________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________

LEA ___________________________ CHD ___________________________

Medications at Home: ___________________________ at School: ___________________________ Allergies: ___________________________

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| □ Alteration in comfort secondary to head pain. | □ Refer appropriately for diagnosis of headache type and/or injury. | □ Educate student regarding etiology of headache and possible treatment strategies.  
□ Assist student with identification and avoidance of triggers.  
□ Instruct student to use prescribed treatment before symptoms are severe.  
□ Locate a quiet dark place for student to rest during acute attacks.  
□ In association with family, assemble a list of comfort measures and help student to select appropriate choices based on level of discomfort. | □ Recognize the early warning signs of an oncoming migraine.  
□ Progress toward self-monitoring of comfort interventions.  
□ Actively participate in making migraine treatment choices. | | |
| □ Per parent  
□ Healthcare provider  
See Interventions | | | | | |
| □ Monitor treatment plan to ensure improvement of condition. | | □ Reassure student that most headaches are benign and do not denote pathological condition.  
□ Review medication action and side effects.  
□ Provide current migraine resources as needed.  
□ Instruct student to report any unusual side effects to the school nurse or UAP.  
□ Assist student to adapt to the stress of migraines and their management. | | | |

In collaboration with the Sarasota County School Health Team

Page 1 of 2
INDIVIDUALIZED HEALTHCARE PLAN – MIGRAINE HEADACHE

Student's Name: ___________________________ DOB: ___________ School: ___________________________ Grade: ________

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<tbody>
<tr>
<td>□ Ineffective individual coping with recurrent headache.</td>
<td>□ Educate student regarding normal course of treatment, typical response patterns as well as appropriate non-drug management techniques.</td>
<td>□ Teach/discuss non-drug treatment which may offer some relief (relaxation therapy, stress reduction, biofeedback, etc.). □ Instruct student in keeping a headache diary. Instruct the student to rate headaches on a scale from 1 to 10 for a period of one month. This information will be useful as baseline data to measure effectiveness and as historical information for referral. □ If response to having this condition seems inappropriate, or if student’s emotional status is compromised, refer for further counseling.</td>
<td>□ Utilize biofeedback and/or relaxation therapy techniques in pain management. □ Obtain counseling as needed. □ Demonstrate the use of adaptive coping skills.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## INDIVIDUALIZED HEALTHCARE PLAN – INFECTIOUS MONONUCLEOSIS

**Date Initiated:** 

**Date Reviewed:** 

**Date Reviewed:** 

**Date Discontinued:** 

<table>
<thead>
<tr>
<th>Student’s Name:</th>
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</table>

**504:** [ ] Yes [ ] No  
**ESE:** [ ] Yes [ ] No  
**MEDICAL DIAGNOSIS:**  
**Healthcare Provider:**  
**Parent/Guardian Name:**  
**LEA:**  
**CHD:**  

**Medications at Home:**  
**at School:**  
**Allergies:**  

### NURSING DX & ASSESSMENT

| Fatigue secondary to viral infection.  
| Per parent  
| Healthcare provider  
| See Interventions |

### PLAN AND GOALS

| Student will be able to perform activities of daily living without excessive fatigue.  
| Student will participate in non-contact sports/avoid heavy lifting to prevent traumatizing or rupture of the spleen.  
| Student will verbalize concerns / issues experienced by family due to prolonged illness. |

### INTERVENTIONS

| Instruct classroom teachers to send student to health room when he/she exhibits signs and symptoms of malaise.  
| Provide rest area in health room or classroom.  
| Discuss with parents and student how the family is coping with the student’s illness.  
| Allow family and student opportunities to express feelings about being ill. |

### EVALUATION/OUTCOME

| Identify periods of fatigue and rest in health office as needed.  
| Participate in physical education activities (as appropriate) with modifications made as needed.  
| Express feelings about having an illness and the impact it has on him/her and his/her family.  
| Identify positive coping strategies that can be used to cope with the child’s illness. |

### DATE INITIAL


Page 1 of 1  

In collaboration with the Sarasota County School Health Team
### INDIVIDUALIZED HEALTHCARE PLAN – MULTIUSE

Student’s Name: ___________________________ DOB: ___________ School: ___________________________ Grade: ______

504:  [ ] Yes  [ ] No
ESE:  [ ] Yes  [ ] No  MEDICAL DIAGNOSIS: ___________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________

LEA

CHD

Medications at Home: ___________________________ at School: ___________________________ Allergies: ___________________________

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</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – SCOLIOSIS

**Student’s Name:** ____________________________  **DOB:** ___________  **School:** ____________________________  **Grade:** ___________

**504:** □ Yes □ No  
**ESE:** □ Yes □ No  
**MEDICAL DIAGNOSIS:** ____________________________  **Healthcare Provider:** ____________________________

**Parent/Guardian Name:** ____________________________  
**LEA** ____________________________  **CHD** ____________________________

**Medications at Home:** ____________________________  **at School:** ____________________________  **Allergies:** ____________________________

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</tr>
</thead>
<tbody>
<tr>
<td>□ Impaired physical mobility due to spinal alignment abnormalities and use of orthotic brace</td>
<td>□ Student will retain maximum level of physical mobility with modifications in classroom/school activities as needed.</td>
<td>□ Communicate with healthcare provider, with parental permission, to document treatment plan regarding school attendance and activity limitations.</td>
<td>□ Participate in classroom and school activities with modifications as needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Assessment Information</td>
<td>□ Student will demonstrate use of orthotic brace and describe its therapeutic value.</td>
<td>□ Encourage student to identify and discuss activities that are strenuous due to limitations from use of orthotic brace.</td>
<td></td>
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<tr>
<td>Per parent Healthcare provider See Interventions</td>
<td></td>
<td>□ Encourage student to identify and discuss activities that are pleasurable and manageable even with the use of orthotic brace.</td>
<td></td>
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</tr>
<tr>
<td>□ Body image disturbance due to spinal alignment abnormalities.</td>
<td>□ Student will express feelings about his/her body.</td>
<td>□ Collaborate with PE teachers to modify PE program as needed with approval of healthcare provider.</td>
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<td></td>
<td>□ Arrange for extra books as needed so student does not have to carry books to class or home.</td>
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<td></td>
<td></td>
<td>□ Arrange for use of elevator, as needed.</td>
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<tr>
<td></td>
<td></td>
<td>□ Encourage student to verbalize feelings about body image and self as related to scoliosis.</td>
<td>□ Verbalize feelings about body image.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>□ Encourage student to verbalize feelings about body image and self as related to use of orthotic brace.</td>
<td>□ Write feelings about body image.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ Encourage student to write a journal to record feelings about his/her condition, treatment and how it relates to his/her life.</td>
<td>□ Verbalize positive feelings about himself/herself and what he/she is capable of doing well.</td>
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</table>
## INDIVIDUALIZED HEALTHCARE PLAN – SCOLIOSIS

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<tr>
<td></td>
<td></td>
<td></td>
<td>Write positive feelings about himself/herself and what he/she is capable of doing well.</td>
<td></td>
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</tr>
<tr>
<td>Knowledge deficit related to pathophysiology of scoliosis and treatment plan</td>
<td>Student will demonstrate understanding of his/her treatment plan.</td>
<td>Encourage student to share his/her understanding of his/her condition and treatment with his/her parents and the school nurse.</td>
<td></td>
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<tr>
<td></td>
<td>Student will demonstrate understanding of use of orthotic brace/surgical procedure.</td>
<td>Assist student and parents to understand his/her scoliosis management plan as appropriate to age and level of understanding.</td>
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<tr>
<td></td>
<td></td>
<td>Discuss, review and revise the school scoliosis management plan as needed with parents and student to provide a unified approach to management.</td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td>Describe, to the school nurse, any changes made in the treatment plan.</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Describe the postoperative course he/she can expect to experience.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Express his/her concerns about upcoming scoliosis treatments.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Experience minimal skin breakdown due to proper use of orthotic brace.</td>
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<td></td>
<td></td>
<td></td>
<td>Experience minimal skin breakdown due to early identification and intervention.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Report skin irritation problems to his/her parents or school nurse, upon occurrence.</td>
<td></td>
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</tbody>
</table>
INDIVIDUALIZED HEALTHCARE PLAN – SEIZURE DISORDER

Student’s Name: ___________________________ DOB: _______________ School: ___________________________ Grade: ____________

504: [ ] Yes [ ] No
ESE: [ ] Yes [ ] No
MEDICAL DIAGNOSIS: ___________________________ Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________
LEA: _________________________________________
CHD: _________________________________________

Medications at Home: ___________________________ at School: ___________________________ Allergies: ___________________________

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</thead>
<tbody>
<tr>
<td>□ Potential for injury related to seizure activity.</td>
<td>□ Student will not sustain injury during seizure.</td>
<td>□ Inform school staff of student’s seizure disorder on the high risk list.</td>
<td>Document name of school staff:</td>
</tr>
<tr>
<td>Nursing Assessment Information</td>
<td></td>
<td>□ Keep record of seizure activity.</td>
<td>Teacher: ___________</td>
</tr>
<tr>
<td>[ ] Per parent [ ] Healthcare provider</td>
<td></td>
<td>□ Teach student’s peers about seizures and who to inform when they occur.</td>
<td>Specials: ___________</td>
</tr>
<tr>
<td>See Interventions</td>
<td></td>
<td>□ Provide in-service on seizure first aid.</td>
<td>Aide: ___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Assess room set-up with teacher to provide a safe physical environment.</td>
<td>Food Svc: ___________</td>
</tr>
<tr>
<td></td>
<td>□ Prevent or control seizure activity</td>
<td>□ Administer anti-convulsant medication as ordered.</td>
<td>Bus Driver: ___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Review importance of medication compliance and possible side effects from medication.</td>
<td>Other: ___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Avoid situations that are known to precipitate seizure activity.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>□ Follow up with family regarding MD appointments and therapeutic drug levels.</td>
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</tbody>
</table>

□ Not sustain injury during seizure while at school.
□ Reduce the risk of potential injury (as developmentally appropriate) by demonstrating the appropriate way and understanding of when to position self in a safe position or ask to be assisted to the nurse’s office prior to a seizure.
□ (If developmentally able) describe symptoms that accompany an aura.
□ (If developmentally able) describe and follow medication regimen and other methods being used to control seizure activity as prescribed by healthcare provider.
## INDIVIDUALIZED HEALTHCARE PLAN – SEIZURE DISORDER

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>DOB:</th>
<th>School:</th>
<th>Grade:</th>
</tr>
</thead>
</table>

### NURSING DX & ASSESSMENT

<table>
<thead>
<tr>
<th>Social isolation related to known seizure activity</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Knowledge deficit related to seizure activity</th>
</tr>
</thead>
</table>

### PLAN AND GOALS

- Student will experience acceptance by staff and peers in school setting.
- Student will gain increased knowledge about seizure disorder.

### INTERVENTIONS

- Allow for open communication to allay any fears.
- Encourage student to verbalize own feelings regarding how he/she is perceived by others.
- Assess student’s knowledge of seizure disorder and importance of medication regimen.
- Contact family and provide information, if appropriate.
- Refer to community agencies that provide support for student and/or family.

### EVALUATION/OUTCOME

- Describe and discuss situations that are associated with the feeling of fear related to seizure pattern.
- Verbalize age-appropriate acceptance of seizure disorder.
- Develop positive coping mechanisms.
- Verbalize frustrations, anger, fears related to seizure disorder limitations.
- (As developmentally able) share information about specific seizure disorder with peers and others in the school and community setting.

### DATE INITIAL

<table>
<thead>
<tr>
<th>Date Initiated:</th>
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<tr>
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<td>Date Discontinued:</td>
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</tbody>
</table>
# INDIVIDUALIZED HEALTHCARE PLAN – SICKLE CELL DISEASE

**Student’s Name:** ____________________________  
**DOB:** ____________________________  
**School:** ____________________________  
**Grade:** ____________________________  
**Date Initiated:** ____________________________  
**Date Reviewed:** ____________________________  
**Date Reviewed:** ____________________________  
**Date Discontinued:** ____________________________

**504:**  
- Yes  
- No  
**ESE:**  
- Yes  
- No  
**MEDICAL DIAGNOSIS:**  
**Healthcare Provider:**  

**Parent/Guardian Name:**  
**LEA:**  
**CHD:**  

**Medications at Home:**  
**at School:**  
**Allergies:**  

## NURSING DX & ASSESSMENT

- **Potential for injury related to abnormal hemoglobin, decreased oxygen availability, dehydration.**
  
  **Nursing Assessment Information**  
  - Per parent  
  - Healthcare provider  
  - See Interventions

## PLAN AND GOALS

- **Increase tissue oxygenation and prevent a sickle cell event.**

## INTERVENTIONS

- Avoid strenuous physical exertion.
- Avoid emotional stress.
- Avoid cold compresses to painful area.
- Prevent infection.
- Educate staff on recognition of symptoms of potential crisis:
  - pain, especially in stomach area, chest, muscles or bone.
  - paleness, usually around the lips, tongue and fingernails.
  - unusual sleepiness or irritability.
  - low grade fever that lasts for 2 or more days.
  - dark urine.
- **Promote hydration**
  - Encourage child to drink (minimum of 150 ml/kg/day).
  - Stress importance of avoiding overheating.
  - Teach staff signs of dehydration, e.g. dry mouth and lips, very dark urine.

## EVALUATION/OUTCOME

- Participate in regular classroom activities, with modifications made as necessary (hospital or homebound instruction when needed).
- Define what sickle cell disease is (at a developmentally appropriate level).
- List his/her risk factors.
- List his/her preventive measures.
- List his/her warning signs of a sickle cell event.
- Recognize his/her warning signs of a sickle cell event and stop activity.
- Describe what to do if a sickle cell event occurs.

- Participate in regular physical education activities, with modifications as needed.
- Maintain adequate hydration as defined in the prescribed health maintenance plan.
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</table>
| □ Potential for infection related to debilitated physical status. | □ Prevent infection | □ Take good care of any wounds.  
□ Regular dental check-ups.  
□ Seek treatment for any infection.  
□ Drink fluids at the first sign of cold or other infection.  
□ Encourage good hand washing.  
□ Inform staff that student will be more prone to infections.  
□ Educate student on importance of adequate rest and nutrition | □ Demonstrate good hygiene practices, including hand washing. |
### INDIVIDUALIZED HEALTHCARE PLAN – Systemic Lupus Erythematosus

<table>
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</table>

Student’s Name: ___________________________  DOB: _____________  School: ___________________________  Grade: _______

- ESE: ☐ Yes ☐ No  MEDICAL DIAGNOSIS: ___________________________  Healthcare Provider: ___________________________

Parent/Guardian Name: ___________________________

LEA

CHD

Medications at Home: ___________________________  at School: ___________________________  Allergies: ___________________________

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<tbody>
<tr>
<td>☐ Fatigue related to:</td>
<td>☐ Student will be able to perform activities without excessive fatigue or pain.</td>
<td>☐ Collaborate with student, parents and school staff to develop accommodation through IEP.</td>
<td>☐ Identify three main causative factors of fatigue.</td>
<td></td>
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</tr>
<tr>
<td>☐ □ depressed body defenses (disease or chemotherapy driven)</td>
<td>☐ Student will participate in an energy conservation plan for completing school activities.</td>
<td>☐ Provide a shorter academic day.</td>
<td>☐ Choose appropriate activities, diet and rest schedule during school day.</td>
<td></td>
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</tr>
<tr>
<td>☐ □ depression proximal muscle weakness due to prolonged steroid use</td>
<td>☐ Student will follow an emergency evacuation plan as developed by school personal.</td>
<td>☐ Provide a hall pass to enable the student to leave classes 5 minutes early, allowing adequate time to change classes and to prevent injury due to crowded hallways.</td>
<td>☐ Successfully perform all scheduled activities throughout the day without experiencing fatigue and/or increase in pain.</td>
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</tr>
<tr>
<td>☐ □ disease process (fever, inflammation, depressed blood counts)</td>
<td>☐ Student will be protected against injury while on school property.</td>
<td>☐ Provide student with an elevator pass allowing access school elevator if available.</td>
<td>☐ Demonstrate proper joint-protection techniques while in school setting.</td>
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</tr>
<tr>
<td>☐ Chronic pain related to:</td>
<td>☐ Student will maintain adequate and proper dietary intake.</td>
<td>☐ Request that teachers assign student a “travel buddy”, who will carry books, ride the elevator and accompany student in hallways.</td>
<td>☐ Identify at least three activities that can be performed during joint flare.</td>
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<tr>
<td>☐ □ arthralgia/Arthritis</td>
<td></td>
<td>☐ Allow student to rest in the health room when needed.</td>
<td>☐ Participate with staff in developing and following section 504 service agreement and emergency evacuation plan as determined.</td>
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<tr>
<td>☐ □ oral mucosal ulcers</td>
<td></td>
<td>☐ Instruct staff to identify and observe for signs of internal/external bleeding:</td>
<td>☐ Navigate through building without injury by being dismissed 5 minutes earlier and using elevator if needed.</td>
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<tr>
<td>☐ □ steroid – induced muscle weakness</td>
<td></td>
<td>☐ pain, swelling at pain site</td>
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<tr>
<td>☐ □ systemic inflammation</td>
<td></td>
<td>☐ abdominal rigidity</td>
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In collaboration with the Sarasota County School Health Team
**INDIVIDUALIZED HEALTHCARE PLAN – Systemic Lupus Erythematosus**

**Student’s Name:** ___________________________  **DOB:** ___________  **School:** ___________  **Grade:** ___________

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<td>Nursing Assessment Information</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>☐ Per parent</td>
<td>☐ Healthcare provider</td>
<td>☐ See Interventions</td>
<td></td>
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</tbody>
</table>

- Impaired skin integrity related to:
  - ☐ photosensitivity
  - ☐ alopecia
  - ☐ skin rash
  - ☐ oral ulcers
  - ☐ increased bruising
  - ☐ medications
  - ☐ altered nutritional state

- The student will be protected against impaired skin integrity.

- The student and family will be notified of increased incidence of communicable disease such as flu and strep infection (according to school district procedure).

- The student will maintain adequate and proper dietary intake.

- Facilitate application of sunscreen SPF 15 or higher to sun-exposed areas when in direct sunlight or near fluorescent or halogen lighting.

- Instruct staff to inform the school nurse of possible communicable diseases flu like ailments in their student population.

- Notify the family of communicable diseases in the school population.

- Discuss the importance of adequate nutritional intake with the student.

- Apply sunscreen and wear sun-barrier clothing during the school day when leaving the building.

- Identify lupus rashes and report them to school health personnel.

- Be able to identify halogen and fluorescent lighting in school building and apply appropriate protection.

- Take extra precautions when notified there is an increased incidence of flu and/or strep throat in the school environment.

- Successfully identify and report signs of infection other than fever.

- Practice good hygiene.
## NURSING DX & ASSESSMENT

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<tr>
<td>Ineffective tissue perfusion, renal, related to:</td>
<td>The student will maintain adequate renal status while in the school setting</td>
<td></td>
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<tr>
<td>elevated blood urea nitrogen/creatinin, positive serologic markers such as anti-DNA, low serum complement levels</td>
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<tr>
<td>proteinuria</td>
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<tr>
<td>Disturbed body image related to:</td>
<td>The student will successfully follow the prescribed treatment plan</td>
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<tr>
<td>side effects of steroid use(cushingoid syndrome, increased facial hair, muscle atrophy)</td>
<td></td>
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<tr>
<td>skin rash, photosensitivity</td>
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<tr>
<td>decreased physical activity</td>
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<td></td>
</tr>
<tr>
<td>fatigue</td>
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<td></td>
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<tr>
<td>side effects of chemotherapy (alopecia)</td>
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</table>

### INTERVENTIONS

- Arrange for student to keep a water bottle at desk during day.
- Provide ongoing nursing assessment.
- Collaborate with student, parent and medical provider for updated medical data.
- Maintain dietary diary, recording fluid, sodium intakes for the day.
- Maintain a nutritionally sound diet developed by family and school personnel.
- Maintain good hydration.

- Include student in educating fellow students as to side effects of steroids and chemotherapy, including cushingoid features, alopecia, muscle atrophy, increased facial hair, special dietary needs and altered activities.
- Instruct student in medication actions, potential side effects, dangers of abrupt discontinuation and benefits.
- Provide student and family with referrals to area support groups, especially teen-directed ones.
- Provide disease and medication educational materials to staff and student.
- Refer to school guidance counselor.
- Explain to student, staff and fellow students physiological reasons for fatigue-systemic inflammation, muscle weakness and disease activity.
- Stress to student that weight and appearance changes related to steroid and chemotherapy use are temporary and will resolve over time.
## INDIVIDUALIZED HEALTHCARE PLAN – TEENAGE PREGNANCY

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>DOB:</th>
<th>School:</th>
<th>Grade:</th>
</tr>
</thead>
<tbody>
<tr>
<td>504: □ Yes □ No</td>
<td>ESE: □ Yes □ No</td>
<td>MEDICAL DIAGNOSIS:</td>
<td>Healthcare Provider:</td>
</tr>
<tr>
<td>Parent/Guardian Name:</td>
<td>LEA</td>
<td>CHD</td>
<td>Medications at Home: at School:</td>
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<tbody>
<tr>
<td>□ Knowledge deficit due to teenage pregnancy.</td>
<td>□ The student will be knowledgeable about the changes in her body due to pregnancy, the signs of potential problems, and the labor and delivery process.</td>
<td>□ Assist the student to minimize barriers to healthcare, such as financial hardships or accessibility, which prevent the teenager from obtaining primary healthcare.</td>
<td>□ Demonstrate application of knowledge in decision making related to pregnancy for self and baby.</td>
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<td></td>
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<td>□ Provide education on prenatal healthcare and fetal development</td>
<td>□ Increase her knowledge regarding pregnancy evidenced by ability to.</td>
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<td></td>
<td></td>
<td>□ Teach the student the importance of nutrition of the fetus during pregnancy. Assist with developing a food plan and budget and encourage her to practice proper nutrition.</td>
<td>□ Describe physiologic and psychological changes that are occurring in her body during each of the three trimesters.</td>
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<td>□ Describe fetal development from conception to birth.</td>
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<td></td>
<td>□ Describe stages and process of labor and delivery.</td>
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<td></td>
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<td>□ Ask for clarification or reinforcement to explanation of teaching if she doesn’t understand or forgets.</td>
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<tr>
<td>□ Alteration in socialization due to isolation from parents, friends, and community agencies that provide support services</td>
<td>□ The student will develop a broad based support system of social and professional people.</td>
<td>□ Teach the family and father (if present) about the physical and psychological changes that occur during pregnancy</td>
<td>□ Utilize community resources as an integral part of her support network.</td>
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<td>□ Refer the student to appropriate community services, such as WIC program, daycare center, counseling.</td>
<td>□ Name at least two peer-age friends with whom she interacts who are supportive of her plan to keep the baby and continue in school.</td>
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</tbody>
</table>
## INDIVIDUALIZED HEALTHCARE PLAN – TEENAGE PREGNANCY

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

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</table>
| Knowledge deficit related to parenting and infant care | Student will demonstrate knowledge of the concept of parenting and infant care | □ Determine student’s knowledge deficiencies before delivery.  
□ Assess the student’s understanding of medical information received from the primary healthcare provider and the need to comply with the prescribed care. | □ Understand the roles and expectations of a new mother regarding self-care and the care of her newborn baby. |

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**
# INDIVIDUALIZED HEALTHCARE PLAN – TOURETTE’S SYNDROME

**Student’s Name:**

**DOB:**

**School:**

**Grade:**

504: [ ] Yes [ ] No

ESE: [ ] Yes [ ] No

**MEDICAL DIAGNOSIS:**

**Healthcare Provider:**

**Parent/Guardian Name:**

**RN Name:**

**Medications:**

**Allergies:**

**LEA:**

**CHD:**

**Medications at Home:**

**at School:**

**Allergies:**

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| □ Alteration in family processes related to difficulty adjusting to family member with Tourette’s syndrome. | □ Support positive family adjustment and growth. | □ Be supportive to family.  
□ Assessment of family processes.  
□ Facilitate family strengths.  
□ Facilitate understanding among family members.  
□ Provide anticipatory guidance to family.  
□ Refer family to local Tourette’s syndrome association. | □ Along with his/her family, identify two effective family coping strategies for dealing with TS.  
□ Along with his/her family, identify two local community TS resources available for students and families. |          |         |
| □ Impaired social interaction related to behavioral problems, secondary to chronic condition. | □ Support positive social relationships. | □ Provide classmates with age-appropriate information to encourage understanding and empathy.  
□ Encourage parent participation as appropriate.  
□ Provide opportunity for positive peer interaction and development of social skills. | □ Maintain regular daily positive social interactions with his/her peers.  
□ Demonstrate a healthy sense of self as evidenced by a positive self-image, positive attitude, and involvement with peers.  
□ Identify three age-appropriate ways to interact with peers.  
□ Experience less anxiety as evidenced by participation in school activities. |          |         |
## INDIVIDUALIZED HEALTHCARE PLAN – TOURETTE’S SYNDROME

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<tbody>
<tr>
<td>□ Self-esteem disturbance.</td>
<td>□ Promote increased self-esteem.</td>
<td>□ Provide positive feedback to student.</td>
<td>□ List three signs of anxiety and three signs of depression.</td>
</tr>
<tr>
<td>□ Ineffective individual coping, related to stress and depression in response to presence of uncontrollable tics.</td>
<td>□ Reduce stressful situations.</td>
<td>□ Provide positive feedback. Give immediate feedback to student regarding social situations to foster appropriate interpretation.</td>
<td>□ Describe how he/she feels when experiencing tics.</td>
</tr>
<tr>
<td>□ Noncompliance related to poor concentration or inability to suppress symptoms.</td>
<td>□ Provide alternative methods to task completion.</td>
<td>□ Reduce or eliminate causative or contributing factors that result in increased stress and noncompliance.</td>
<td>□ Demonstrate increased independence in the management of his/her treatment plan as evidenced by an increased responsibility, ownership, and control of said treatment plan.</td>
</tr>
</tbody>
</table>

Student’s Name: ___________  DOB: ___________  School: ___________  Grade: ___________  Date Initiated: ___________  Date Reviewed: ___________  Date Discontinued: ___________  Date Initiated: ___________
# INDIVIDUALIZED HEALTHCARE PLAN – TRAUMATIC BRAIN INJURY

**Student’s Name:** ____________________________  **DOB:** ____________  **School:** ____________________________  **Grade:** ____________

**504:** □ Yes □ No  
**ESE:** □ Yes □ No  
**MEDICAL DIAGNOSIS:** ____________________________________________  **Healthcare Provider:** ____________________________

**Parent/Guardian Name:** ____________________________

**LEA:** ____________________________  
**CHD:** ____________________________

**Medications at Home:** ____________________________  **at School:** ____________________________  **Allergies:** ____________________________

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| Risk for alteration in student role related to change in physical abilities. | School activities will be based on the student’s level of physical ability and tolerance. | Vision and hearing may change through the first year post injury. Vision changes include: double vision, visual acuity loss, field cuts. Hearing changes include: hearing loss, ringing in ears.  
- Assess vision and hearing status  
**Increased fatigue** due to increased energy requirements for cognitive/physical demands and/or difficulty in sleeping.  
- Assess for evidence of fatigue  
- Discuss with guidance counselor shortened day and increase as tolerated.  
- Allow student to come to Health Room to rest during the school day.  
**Headaches** are very common the first year post injury. Intermittent dizziness may accompany headaches.  
- Protect student from injury if complains about dizziness with headache-assist to safe area.  
- Allow student to come to health clinic to rest in dark, quiet area.  
- Give medication if ordered by physician.  
- Notify parent if condition does not improve in 30 minutes. |  
- Participate in vision and hearing screenings as needed.  
- Participate in usual school activities without signs of fatigue.  
- Identify signs and symptoms of headaches.  
- Utilize clinic as needed for rest.  
- Comes to clinic daily to take prescribed medications. |  |

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In collaboration with the Sarasota County School Health Team
# INDIVIDUALIZED HEALTHCARE PLAN – TRAUMATIC BRAIN INJURY

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| Protect student from injury due to mobility changes. Student will demonstrate optimal level of functioning in activities of daily living. | Motor Issues - Gross/Fine Motor  
- Accommodate for physical barriers and mobility issues in the classroom. (Getting in and out of the building, through all doors, in and out of bathrooms)  
- Elevator use  
- Alternative Evacuation Plan  
- Modified Physical Education Class/Activity Restrictions  
- Simple route finding maps and cues  
- 5 Min Pass to leave class early  
- Second set of books  
- Assistance with carrying lunch tray, books, etc. and other activities of daily living. Special Health Care Procedure/Equipment Procedure/Equipment  
Special Health Care Procedure/Equipment  
Special Health Care Procedure/Equipment  
Special Health Care Procedure/Equipment | Demonstrate use of safe technique when using adaptive mobility equipment.  
Navigate hallways between classes with minimal directions from staff. | Date | Initial |

- Risk for alteration in student role related to cognitive and or memory deficits. resulting in short and long term memory loss, attention deficits, disorganization, etc.  
Student will achieve academic success appropriate to chronological age and cognitive abilities.  
Participate as a member of the interdisciplinary team to develop a 504 Plan/IEP. | Attend his/her health planning meetings.  
Obtain counseling as needed.  
Demonstrate use of consistent therapeutic strategies across all settings. | Date | Initial |

*In collaboration with the Sarasota County School Health Team*
## INDIVIDUALIZED HEALTHCARE PLAN – TRAUMATIC BRAIN INJURY

**Student's Name:**

**DOB:**

**School:**

**Date Initiated:**

**Date Reviewed:**

**Date Discontinued:**

**Grade:**

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| Self-esteem alteration related to changes in physical/mental abilities, grieving over loss of physical and/or psychosocial well-being, and feelings of powerlessness (NANDA 7.1.2) | Student will develop a realistic self-image and demonstrate adaptation to and comfort with changes related to TBI | Encourage student to ask questions and share feelings about his condition, its management requirements, limitations, the stigma it imposes and the prognosis with family, school staff, peers, and health care providers. | ☐ Demonstrate a reduction in self-critical comments.  
☐ With adult assistance, identify early signs and symptom of depression.  
☐ Demonstrate effective use of at least one coping skill during times of frustration.  
☐ Utilize community resources to assist with reintegration into school.  
☐ Experience an increased level of comfort, allowing active participation in school activities. |                  |         |
| Risk for social isolation related to inability to participate in activities at same level as prior to TBI, and discomfort of peers in relating to student because of changes in behavior and abilities (NANDA 3.1.2) | Student will develop and maintain meaningful social relationships with similar age peers. Student will participate in social activities with modifications as necessary. | Behavioral and personality changes often present the greatest challenges for the student/family after a brain injury. Observe for:  
- Unexpected conflicts with peers  
- Socially awkward behavior  
- Inappropriate or Impulsive behavior  
- Disrespectful behavior  
- Irritability  
- Excessive Moodiness  
Discuss observations with student and family and discuss options. Consult with Counselor/Behavior Management Specialist. | | |