SCHOOL DISTRICT OF CLAY COUNTY
CLAY COUNTY HEALTH DEPARTMENT

GREEN COVE SPRINGS, FLORIDA

PROCEDURES AND POLICIES REGARDING SCHOOL HEALTH SERVICES

2006-2008

David L. Owens, Superintendent

Revised October 2006
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FOREWORD

Since the School Health Services Act of 1974, much emphasis has been placed on School Health Services Programs throughout the State of Florida.

As school systems began developing plans and strategies for more comprehensive health programs to apprise, protect, and promote the health of students, it became increasingly clear that a cooperative effort on the part of the local school district and health department was vitally necessary.

With strong School Board support, the success of the Clay County School Health Services Program, in conjunction with the Clay County Health Department, is attributed to the cooperation of all personnel involved and their adherence to the school health policies and procedures in accordance with State Statutes.

The four basic components of a Comprehensive School Health Program are:

1. Board Policy: School Health Philosophy and Goals
2. School Health Services
3. Healthy Environment
4. Health Instruction

A holistic approach to health involves more than attention to students physical well-being. The whole child has physical, emotional, intellectual and social dimensions with corresponding needs.

This manual was prepared for Principals, School Health Nurses and Designees. It is designed to make information regarding school health services, policies and procedures readily accessible for reference when needed.

All policies and procedures have been approved through appropriate channels. New pages will be distributed as revisions are made and when additional information about school health services is necessary. It is requested that all such amendments be inserted immediately upon receipt to maintain current information.

It is hoped that this manual will provide a source of information that will be of value to all involved in providing for the health needs of their students. Unless a child is alert, healthy, well-fed, and fit, you cannot teach the child traditional subjects. A comprehensive School Health Program offers the opportunity for us to provide the services and knowledge necessary to develop the skills to make healthy decisions for the rest of their lives.

Julie Lane, RN
School Health Supervisor

Job Locator: C-3.7.13
Health Assistant
Position Grade: Classified Salary Schedule
Evaluated By: Principal

Job Description:

Administers medial care and medications to sick or injured students; responds to emergency situations and assists in health screenings. Performs various clerical or office duties, as assigned, depending upon the needs of the building.

Responsibilities and duties of this position include:

1. Administers first aid to sick or injured students according to District and State guidelines. Determines whether students should remain in health office.
2. Maintains current health and accident information on students and completes and updates related reports, records charts and logs.
3. Observes students for emotional, behavioral and non-medical needs and makes referrals as, appropriate.
4. Performs miscellaneous clerical duties for the health and main office areas, including preparing lunch applications, tracking attendance, data entry, typing, filing, answering telephones, and inventorying and ordering supplies. Provides office clerical coverage in the absence of secretarial staff.
5. Administers medication authorized by a physician and in compliance with State guidelines; observes students for medication reactions.
6. Reports health status of students to staff, bus drivers and parents as required.
7. Conducts health, vision, height, weight and lice screenings and informs parents of screening results as necessary.
8. Performs other duties of a similar nature or level.

Required Qualifications:

1. Must be a high school graduate or have passed the G.E.D. equivalency examination.
2. Pass the secretarial/clerical skills test.
3. Certified in CPR and First Aid.

Board Approved: 5/20/93
Revised: 3/21/96, 1/19/06

Job Locator: C-3.7.16
Licensed Practical Nurse
Position Grade: Support Salary Schedule
Evaluated by: Principal

Job Description:

The Licensed Practical Nurse provides practical nursing services to students enrolled in the School District of Clay County in accordance with Clay County's Procedures and Policies regarding School Health Services and Health Services Manual for Medically Complex Students, including emergency care of students and other such duties as may be assigned by the principal.

Responsibilities and Duties of this position include:

1. Provides basic first aid to students who become ill or sustain injuries during the school day.
2. Maintains daily logs on health room services provided and compiles reports or forms as needed.
3. Monitors the inventory of medical supplies and recommends the replenishment of supplies, as needed.
4. Conducts various health screenings and tests to assess student growth and developmental health patterns.
5. Assists students with the administration of prescribed medication according to School Board policies and protocol.
6. Assures health room is maintained in an organized manner and facility is maintained in hygienic condition to ensure a safe environment.
7. Participates as a member of the Crisis Intervention Team and Student Assistance Team to provide information on health issues and to facilitate student referrals for service.
8. Assists in providing staff awareness regarding health related instruction including, but not limited to Universal Precautions and Blood Borne Pathogens Procedures.
9. Participates in workshops and training sessions as required.
10. Provides other duties of a similar nature or level.

Required Qualifications:

1. Must be certified in CPR and maintain certification during employment.
2. Must be licensed, at a minimum, as a Practical Nurse in accordance with Florida Statute 464 and must maintain such license during employment.
3. Effective 4/18/03, must possess current certification in First Aid prior to employment, and must maintain certification while employed. Existing employees must become certified in First Aid no later than 12/31/03 and must maintain certification while employed thereafter. A current Emergency Medical Technicians (EMT) license will serve to satisfy this requirement.

Board Approved: 5/20/93
Revised: 9/15/94, 3/20/97, 3/31/99
4/17/03, 5/15/03, 11/16/04, 8/17/06

Job Locator: C-3.8.15
Registered Nurse
Position Grade: Support Salary Schedule
Evaluated by: Principal

Job Description:

The Registered Nurse provides professional nursing services to medically involved students enrolled in the School District of Clay County in accordance with Clay County's Procedures and Policies regarding School Health Services and Health Services Manual for Medically Complex Students; provides supervision of medical services; assists in the implementation of the health services program, including emergency care of students and other such duties as may be assigned by the principal.

Responsibilities and Duties of this position include:

1. Assists when appropriate in completing health room records, screenings, and keeping records on students being referred to the health room and services to students.
2. Assists in implementation of the Annual School Health Services Plan and completion of data for Annual Report.
3. Provides and monitors physician ordered nursing care, treatments, procedures and medications to designated students, which may include medically complex students.
4. Assists in maintaining health room area and supplies, when appropriate.
5. Performs medically complex procedures within the scope of Florida Registered Nurse licensure, includes but not limited to catheterization, tracheal suctioning, postural drainage, gastrostomy feedings, and nursing assessment.
6. Provides supervision, coordination, and/or consultation to LPN and other staff who provide medical services to students (including student's physician).
7. May be assigned to ride school bus or other school vehicles with specific medically fragile students in an emergency.
8. Participates as a member of the child study team, staffing and core team to provide information on health issues and to facilitate student referrals for service.
9. Assists in the establishment of a cumulative health record and nursing care plan on appropriate students and documentation of health problems identified, medical procedures or corrective measures.
10. Assists child's physician in the development of specific individualized nursing care plans for exceptional students or 504 students.
11. Assists in providing staff awareness regarding health related instruction, including but not limited to Universal Precautions and Blood Borne Pathogens Procedures.
12. Participates in workshops and training sessions as required.
13. Provides other duties of a similar nature or level.

Required Qualifications:

1. Must be certified in CPR and maintain certification during employment.
2. Must be licensed as a Florida State Licensed Registered Nurse in accordance with Florida Statute 464 and must maintain such license during employment.
3. Effective 4/18/03, must possess current certification in First Aid prior to employment, and must maintain certification while employed. Existing employees must become certified in First Aid no later than 12/31/03 and must maintain certification while employed thereafter. A current Emergency Medical Technicians (EMT) license will serve to satisfy this requirement.

Board Approved: 3/31/99
Revised: 4/17/03, 11-16-04, 8/17/06

Job Locator:
Health Assistant Substitute
Position Grade: Classified Salary Schedule
Evaluated by: Principal

Job Description:

Administers medical care and medications to sick or injured students, responds to emergency situations and assists in health screenings. Performs various clerical or office duties, as assigned in the clinic, depending upon the needs of the building.

Responsibilities and duties of this position include:

1. Administers first aid to sick or injured students according to District and State guidelines.
2. Maintains current health and accident information on students and completes and updates related reports, records, charts, and logs.
3. Observes students for emotional, behavioral, and non-medical needs and makes referrals as appropriate.
4. Performs miscellaneous clerical duties for the health and main office areas in the clinic. Provides office clerical coverage in the absence of secretarial staff in emergency conditions.
5. Administers medication authorized by a physician and in compliance with State guidelines, observes students for medication reactions.
6. Reports health status of students to staff, bus drivers, and parents as required.
7. Conducts health, vision, height, weight, and lice screenings and informs parents of screening results as necessary.
8. Performs other duties of a similar nature or level.

Required Qualifications:

1. Must be a high school graduate or have passed the G.E.D. equivalency examination.
2. Must be certified in CPR and first aid.

Board Approved:
Revised: 10/16/01

NURSE PRACTICE ACT
F.S. 464.003

464.003 Definitions.--As used in this part:

(1) "Department" means the Department of Health.

(2) "Board" means the Board of Nursing.

(3)(a) "Practice of professional nursing" means the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

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

2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

3. The supervision and teaching of other personnel in the theory and performance of any of the above acts.

(b) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist.

The professional nurse and the practical nurse shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

(c) "Advanced or specialized nursing practice" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are proper to be performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status.

The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom shall be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom shall have had work experience with advanced registered nurse practitioners; and the secretary of the department or the secretary's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts shall be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348.

(d) "Nursing diagnosis" means the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal.

(e) "Nursing treatment" means the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health.

(4) "Registered nurse" means any person licensed in this state to practice professional nursing.

(5) "Licensed practical nurse" means any person licensed in this state to practice practical nursing.

(6) "Advanced registered nurse practitioner" means any person licensed in this state to practice professional nursing and certified in advanced or specialized nursing practice.

(7) "Approved program" means a nursing program conducted in a school, college, or university which is approved by the board pursuant to s. 464.019 for the education of nurses.

SCHOOL HEALTH SERVICES POLICY & GUIDELINES

PHILOSOPHY:

It is the philosophy of the Clay County School Board and the Clay County Health Department that quality health care is the right and privilege of every student and that ultimate responsibility for this care rests with parents/guardians. It is believed that prevention and early intervention can alleviate or resolve many health problems that interfere with learning, school attendance, and/or participation in school activities. The school administration and Health Department recognize and accept their share in the responsibility for meeting the need. Therefore, school health services designees assigned in the school are an integral part of the school health program, working in conjunction with the professional nurse to increase student's opportunity to reach optimal functioning.

OBJECTIVES:

- School Health Services will provide safe and consistent care to each child sent to the health room, thus effectively contributing to the improvement of physical, emotional, and mental health of each child.

- The School Health Services Program will result in a decrease in health related problems of school children.

- The providers (School Health Services Designee and Public Health Nurse) will be knowledgeable and innovative in the utilization of community resources.

- The providers (School Health Services Designee and Public Health Nurse) will demonstrate skill in observing and identifying children with chronic or potential health problems.

- The providers (School Health Services Designee and Public Health Nurse) will work closely as part of the health team in a family oriented health service, assisting families to assume responsibility for their children's health.

ORIENTATION AND INSERVICE:

- New School Health Designees will be required to attend an orientation program developed and presented by Clay County Health Department Staff during the pre-planning period prior to the beginning of school. This orientation will introduce school health policy and procedures as well as medication administration training.

- New employees will be required to continue the orientation process including administrative orientation/training at the individual assigned school offered by that school's administrative staff. Additional medication training classes will be offered during mid-year and end-of-year planning periods.

- All clinic relief personnel are required to attend the medication administration class bi-annually and be updated by a county health department nurse annually.

- All clinic designees will be required to attend meetings/in-service training as scheduled on planning dates and presented by Clay County Health Department School Health/Clay County School District Student Services.

SUPERVISION:

The School Health Services Designee works under the direct administrative supervision of the Principal. The Clay County Public Health Nurse in conjunction with the Supervisor of Student Services will monitor the quality of service delivered to insure the highest stands of service as being provided at each school.

SALARIES:

Salaries of the School Health Services Designee will be based according to the salary schedule adopted by the Clay County School Board.

HOURS OF WORK:
Hours of work, holidays, leave and compensatory time shall be as defined by the Clay County School Board.

EVALUATIONS:
There will be a yearly evaluation of the School Health Services Designee performance by the Principal.

DUTIES:
STAY IN THE HEALTH ROOM AS MUCH AS POSSIBLE. MAKE YOUR WHEREABOUTS KNOWN IF NECESSARY TO LEAVE.

HEALTH ROOM:
- Keep health room neat and clean at all times.
- Change bed linens as necessary: arrange with individual school laundry care.
- Change paper on bed after each child.
- All health rooms are to be open for services during the entire school day.

EQUIPMENT:
- Arrange with principal to keep health room stocked with necessary supplies.
- Keep first aid cabinet in order and adequately stocked.
- Be responsible for equipment to be maintained in working order such as audiometer, screening charts, etc., when in use in the health room.

REFERRED CHILD:
- Stay with and give moral support to the sick or injured child.
- Take and record temperature when appropriate.
- If child appears acutely ill, notify the Principal or his delegate regardless of temperature. Parents to be notified as instructed by the Principal.
- Notify Principal and Public Health Nurse regarding unusual cases, chronic repeaters, etc.
- Isolate, if possible, any child with suspected communicable disease, skin rash, etc.

The School Health Designee or Public Health Nurse may consult with the Principal/designee to recommend that the Principal or designee request a note from the physician for readmission to school after certain illness or injury if there is concern for the child's and other student's safety and well being.

EMERGENCIES:
See guidelines for emergencies on page 39.

ELEMENTARY SCREENING:
Screen and/or assist in scheduling & organizing students in specified grades (or upon referral or request), for vision, hearing, height & weight, nutrition, and dental. All students new to Clay County entering after the general school screenings, will be screened by the school health designee. Also, any referrals to the ESE program will be screened by the school health designee. If screening is failed the student will be referred to the public health nurse for re-screening. Pediculosis screening will be conducted as needed and will follow the stated guidelines attached.

MIDDLE & HIGH SCHOOL SCREENING:
Screen and/or assist in scheduling & organizing students in specified grades (or upon referral or request), for vision, hearing & scoliosis screening, working under the direction and supervision of the Public Health Nurse as arranged by the Principal. Will help identify dental needs and refer as necessary. Pediculosis screening will be conducted as needed and will follow the stated guidelines attached.

RECORDS:

- Log Book – a record of each day's activities. Standard countywide log form will be used by every clinic.
- 5x8 card – Emergency Information Card is to be kept on all students.
- A clinic pass is to be kept on all students. They may be entered into the computer if permitted by school administrative guidelines. They will be maintained in a file as per record retention rules.
- School Health Record – must be kept in a locked area.
- Record on individual school health record, or computer, all screening tests and results performed by School Health Services.
- Health Referral – to be completed by the person making the referral and kept in Public Health Nurse's folder (approved form is included in this handbook).
- Chronic Disease List – provided by local school computer printout.
- Nursing Care Plans- completed by Public Health Nurse / Registered Nurse.

HANDICAPPED:

Assist disabled or handicapped children in all places, as necessary, in school lunchroom if possible or feasible.

CONFIDENTIALITY:

Legal ethics dictate that information regarding a child or his/her record is confidential and will not be discussed with or released to anyone other than appropriate persons (Principal or his delegated authority, Public Health Nurse, or teacher when appropriate). Parents now have the legal right to access their child's school records, but any such request should be referred to the Principal.

AREAS NOT DELEGATED TO SCHOOL HEALTH SERVICES:

- Will not diagnose or prescribe treatment.
- Will not give care to ears except as specified in medical policy and procedure.
- Will not discuss child's medical condition or child's medical record except with the appropriate persons (Principal or his delegated authority, Public Health Nurse, or teacher).
- Will not transport children to their home. The responsibility for transportation is under the policies set up by each administration.
- Will not give medication except as specified in medical policies for school health services by the Public Health Department.
- Will not open or treat abscesses, boils, or blisters.

STAY IN THE HEALTH ROOM AS MUCH AS POSSIBLE.
MAKE YOUR WHEREABOUTS KNOWN IF NECESSARY TO LEAVE.

SCHOOL DISTRICT OF CLAY COUNTY – CLAY COUNTY HEALTH DEPARTMENT
PUBLIC HEALTH NURSE GUIDELINES FOR SCHEDULED SCHOOL VISITS

1. The Public Health Nurse will be assigned specific schools

2. The Public Health Nurse will set up a schedule so as to visit each school on a routine basis.

3. The Public Health Nurse will give a copy of his/her scheduled school visits to the Principal/School Health Designee.

4. The Public Health Nurse, upon arrival at the school, will:
    a. Check in with the Principal or his/her designee.
    b. Check in with the School Health Designee and:
        (a) Review records of students referred by the school and the Health Designee
        (b) Have appointment with students when necessary (Principal will establish routine procedure for seeing students – generally the School Health Designee will send for the student)
        (c) Review the week's roster of students seen regarding possible health problems.
        (d) Make decisions regarding the type of follow-up needed, if any.
        (e) Record on the health record and referral forms
    c. Check PHN notebook and health referral forms

5. The Public Health Nurse will follow up on all health referrals. The form (MIS-12484) can be filled out by school personnel (teachers, clinic nurse, or health designee). The Public Health Nurse Referral form should be signed by the Principal or his/her designee.

6. The Public Health Nurse will advise the Principal or his/her designee of any planned home visits and/or referrals with a report (carbon copy of MIS-12484) to the referral source. Another copy of the report will be placed in the school health record and one will be kept on file at the Health Department.

7. The Public Health Nurse will consult with the parent(s) by:
    a. Phone call
    b. Written referral
    c. Home visit

8. Referrals
    a. Each school should have a method by which referrals to the school nurse, from the teacher or other school personnel, can be made in a systematically arranged manner. The reason for the referral should be specifically stated, and the results of the nurse follow-up should be shared with the person making the referral. Personnel informed of the student's condition will be limited to the persons needed to assure proper care of the student. School personnel and others involved in education and caring for a student will respect the student's right to privacy and the need for confidentiality. When appropriate, the Principal should be involved in the referral & follow up.
    b. Alert teachers of the need to observe for signs and symptoms of illness, communicable disease, poor nutrition, postural abnormalities, health abnormalities, poor health practices, and emotional or social maladjustment. A student who has any of these problems should be referred to the school nurse.

9. If communicable disease is suspected by the Public Health Nurse, the PHN may, as designated Deputy of the Clay County Health Officer, exclude the child from school. A list of children excluded with reasons for exclusions will always be given to the principal.

VOLUNTEER GUIDELINES

If volunteers are used to work with school records, it is required that they be classified as ***non-paid volunteer personnel***. See job locator L-2.3.05.

1. What are the duties of the volunteer?

   Volunteers, when properly trained and supervised, make a major contribution to the delivery of school health services. Their duties may include:

   (a) Routine screenings (including head lice checks)
   (b) Clerical duties

FIRST AID SHOULD BE ADMINISTERED BY SCHOOL BOARD EMPLOYEES CERTIFIED IN FIRST AID.

2. How can volunteers be recruited?

   Volunteers can be recruited from a variety of community voluntary groups or from recommendations by parent groups, educators, public health nurses, social workers, or community affairs offices. A survey can also be added to the registration packet.

3. What are their functions and responsibilities?

   The functions and responsibilities of volunteers may include assisting with routine vision, hearing, height and weight screening under the direct supervision of the principal/public health nurse with the full understanding of the confidentiality of all activities and findings as stated in job locator L-2.3.05.

4. What functions shall not be performed by volunteers?

   *The following functions should **not** be performed by volunteers:*
   (a) Transporting students to their homes or any other place off the school grounds.
   (b) Filing screening results and other confidential data into the student health/cumulative records.

5. Training of volunteers should include:

   (a) Working knowledge of the Clay County School System
   (b) Functions and responsibilities of volunteers
   (c) Confidentiality
   (d) Techniques for screening examinations
   (e) Clerical duties

If Health Department assistance is needed for any training or educational material, please call
The School Health Office at 284-6340 ext. 101

PUBLIC HEALTH NURSE / SCHOOL HEALTH DESIGNEE
RECOMMENDED ROLES AND RESPONSIBILITIES

Areas of Responsibility	Public Health Nurse PHN	RN/LPN/Health Designee
1. Assessment, observation and evaluation of health care needs.	a. Conduct physical when assessment when appropriate b. Monitor health care needs and procedures. c. Follow up referrals and complete reports as indicated.	a. Observe students in the classroom and clinic. b. Report significant observations to the nurse and principals/designee. c. Record observations when appropriate.
2. Procedures	a. Plan, implement and evaluate training and monitoring of personnel as needed b. Develop new procedure when appropriate c. Provide required documentation of training to supervisor when requested.	a. Secure physician's orders and parent permission forms. b. Organize procedures and prepare in writing. c. Perform procedures after appropriate paperwork is in place and training is complete. d. Maintain equipment. e. Record in accordance with guidelines.
3. Medication	a. Establish medication procedure and follow up district policies. b. Monitor on a regular basis the personnel administering medication. c. Evaluate specific problems related to medication. d. Provide required documentation of ongoing monitoring of non-nursing personnel.	a. Administer medication following established procedures. b. Record medication given and, when appropriate, observations related to medication. c. Report any drug related emergency to the principal/designee and PHN.
4. First Aid, Emergencies	a. Assess status of emergency preparedness. b. Recommend and advise school personnel concerning health and safety needs. c. Conduct inservices on specific topics when appropriate.	a. Perform first aid and emergency care according to district procedures. b. Give emotional support to ill and injured. c. Inform appropriate personnel immediately of a serious illness or emergency.

RECOMMENDED ROLES AND RESPONSIBILITIES (Continued)

5. Personal Care (including feeding, toileting, positioning)	a. Facilitate planning with family, health care providers and school personnel when indicated. b. Provide instruction and monitor when appropriate.	a. Assist other school personnel with the needs of students when time allows. b. Report unusual health care needs or other significant observations to PHN.
6. Screening	a. Coordinate screening activities with school personnel. b. Perform screening activities. c. Complete referrals and follow up referrals.	a. Organize screening activities. b. Arrange for personnel to assist with screening. c. Arrange and perform screenings on new students. d. Record appropriate information on health records.
7. Health records and requirements.	a. Monitor for compliance of state requirements in al health records. b. Maintain appropriate nursing notes. c. Contribute to the IEP process when appropriate.	a. Assume clerical responsibilities for all health records, including recording and filing as designated by principal. b. Maintain appropriate nursing notes. c. Maintain the daily log of health services activities and provide monthly summary sheet to PHN in d. Record the administration of all medications and special procedures.

RECOMMENDED ROLES AND RESPONSIBILITIES (Continued)

8. Communication, Counseling and Consultation	a. Communicate with parents/ guardians as necessary concerning planning and implementation of health care procedures and programs. b. Consult with school personnel and serve as consultant to Student Services Staff and program planning committees when appropriate. c. Counsel with students in group/ individual settings on health issues as requested.	a. Contact health care providers or emergency personnel in cases of emergency with direction from the principal/ designee. b. Contact parents in cases of illness or injury during the school day. c. Convey all messages and reports to the PHN from other school personnel. d. Maintain the daily log. e. Communicate with parents/ guardians concerning planning and implementation of health care procedures and programs.
9. Education	a. Serve as a resource person for instructional personnel and students on health topics. b. Plan and implement appropriate staff development units. c. Present county-wide inservices as directed by supervisor.	a. Assist the PHN in presenting programs for students and staff. b. Provide health education as required and requested.

PROCESSING A DO-NOT-RESUSCITATE (DNR) ORDER

When school personnel are presented with a Do-Not-Resuscitate (DNR) order by parents or legal guardians, the parent/guardian will be presented with a copy of the School Board Policy.
*NOTE: The DNR form must be a pre-hospital Do-Not-Resuscitate order, form DH1896 2/2000, on yellow or goldenrod colored paper.

The pre-hospital DNR orders (which should include two (2) original order forms, one (1) for school and one (1) for Public Safety, which have been presented to School Board personnel, will be kept with the student's health information and a copy on yellow or goldenrod colored paper will be kept by each teacher and school nurse who serves the child. The County Health Nurse for the school and the Clay County Public Safety Office will be notified of all DNR orders. The Clay County Public Safety Office is to be notified by letter stating purpose of DNR notification with an attached original DNR order form. All DNR information will be reviewed annually with the parent/guardian. After the review all appropriate personnel as listed above will be provided a current copy.

In the case of an emergency situation involving the student with a DNR order, the following steps should be followed:

- Emergency procedures are initiated to alleviate potential danger to the student. This will include basic life sustaining interventions if necessary.
- Emergency Medical Personnel (EMP) will be contacted.
- Parents/Guardians will be notified.
- As soon as emergency medical personnel (non-school) arrive on the scene, and DNR orders for an individual student will be presented to the Emergency Medical Personnel.
- The non-school medical personnel will make decisions concerning the DNR order.
- The patient will be transported by the EMP to a proper facility as determined by the EMP.

(SCHOOL LETTERHEAD GOES HERE)

SAMPLE LETTER TO PARENT IN THE CASE OF A DO NOT RESUSCITATE (DNR) REQUEST

DATE:

To The Parents Of _____:

We are in receipt of your Do Not Resuscitate (DNR) order for your child. Please be advised, however, that it is Clay County School District policy to do whatever is medically necessary for any student in our school.

The following is the official Clay County School Board Policy:

DNR orders that have been presented to school board personnel will be kept with the student's health information and will be maintained with that information each year. The Clay County Public Health Nurse for the school and the Clay County Public Safety Officer will be notified of the receipt of a DNR order.

In the case of emergency situations involving students, Clay County School Board Policy is as follows:

1. Emergency procedures are initiated to alleviate potential danger to the student. This will include basic life sustaining interventions if necessary.
2. Emergency Medical Personnel (EMP) will be contacted.
3. Parents/Guardians will be notified.
4. As soon as emergency medical personnel (non-school) arrive on the scene, and DNR orders for an individual student will be presented to the Emergency Medical Personnel.
5. The non-school medical personnel will make decisions concerning the DNR order.

Sincerely,

(Principal's Signature)

Cc: Student's Cumulative Folder, (Copy of DNR Order Attached)

INFECTIOUS AND COMMUNICABLE DISEASE ADMINISTRATIVE PROCEDURES

A. Florida Law

The authority for infectious disease control in Florida is Chapter 381.003 F.S., 64D-3.005 F.A.C.

B. Reporting and controlling infectious disease suspected or detected within the school community will be accomplished as follows:

1. The Principal will ***not*** permit a student to enter the school who is out of compliance with the current required immunization schedule, unless exempt for medical reasons or religious beliefs.

2. Any student with symptoms of communicable illness should be excluded from school until symptoms are no longer present, or approval for return has been granted by the student's physician, the school nurse, the principal, the County Health Department, or the State Office of Epidemiology. Consult the "Control of Communicable Diseases in Man" for specific readmission procedures for certain health conditions.

a) Exclusion should be based on "Control of Communicable Disease in Man", the district guidelines for controlling infectious diseases.

b) For students readmitted with open wounds, the lesions must be completely bandaged or covered, so that any draining fluid is prevented from making contact with other persons or surfaces.

3. The Clay County School District, the State Office of Epidemiology, and the Department of Health have established procedures for controlling infectious diseases.

4. The provisions on methods of control of communicable diseases outlined in the "Control of Communicable Diseases in Man", American Public Health Association, are adopted by reference as the regulations governing preventive measures, control of students, contacts, the immediate environment, and epidemic measures.

a) The reporting of diseases of public health significance, outlined in number five of this administrative procedure, supersedes reporting procedures cited in "Control of Communicable Diseases in Man".

b) "Control of Communicable Diseases in Man" must be available and be visibly placed in every clinic. It provides information on incubation periods, symptoms, transmission and control methods. Procedures for control of infectious disease, which are different or less restrictive than those outlines by "Control of Communicable Diseases in Man", must be approved by the Clay County Health Department.

c) If a school administrator has any questions concerning infectious disease, the assigned Public Health Nurse and/or Clay County Health Department should be contacted.

d) The division of public health may have access to any establishment and records of any establishment in the discharge of its official duties in accordance with the law.

e) Diseases of public health significance ***must*** be reported by the nurse who attends a student infected with these diseases or suspected diseases.

5. Reporting Procedures:

a) The following diseases of public health significance are required to be reported when suspected or diagnosed.

The Current List of Reportable Diseases/Conditions in Florida

AIDS
Animal Bite to Humans
Anthrax ☎
Botulism ☎
Brucellosis
Campylobacteriosis
Cancer
(except non melanoma skin cancer)
Chancroid
Chlamydia Trachomatis
Ciguatera
Congenital Anomolies
Cryptosporidiosis
Cyclosporiasis
Dengue
Diptheria ☎
Enteric diseases due to:
E. Coli 0157:H7
E. Coli, Other (known serotype)
Ehrlichiosis, human
Encephalitis

- Eastern Equine ☎
- St. Louis ☎
- Venezuelan Equine ☎
- Western Equine ☎
- West Nile ☎
- Post-Infectious
- Other (including unspecified)

Giardiasis (acute)
Gonorrhea
Granuloma Inguinale
Haemophilus influenzae
- *invasive disease*
Hansen's Disease (Leprosy)
Hantavirus infection ☎
Hemolytic Uremic Syndrome
Hemorrhagic Fever ☎
Hepatitis (viral)

- Hepatitis A ☎
- Hepatitis B & Perinatal
- Hepatitis B surface antigen (HbsAg) positive in a pregnant woman or child < = 24 months of age
- Hepatitis C
- Hepatitis Non-A, Non-B
- Hepatitis, Unspecified

HIV
Lead Poisoning
Legionellosis
Leptospirosis
Listeriosis ☎
Lyme Disease
Lymphogranuloma Venereum
Malaria
Measles ☎
Meningitis (Bacterial & Mycotic)

- Group B Streptococci
- Haemophilus influenzae
- Listeria monocytogenes
- Meningococcal ☎
(Neisseria meningitidis)
- Streptococcus pneumoniae
- Other Bacterial

(including unspecified)
Meningococcal Disease ☎
Mercury Poisoning
Mumps
Neurotoxic Shellfish -
- Poisoning ☎
Pertussis
Pesticide Poisoning
Plague ☎
Poliomyelitis ☎
Psittacosis
Q Fever
Rabies
Rocky Mountain Spotted Fever
- (R. rickettsia)
Rubella, including congenital
Salmonellosis
Shigellosis
Smallpox ☎
Staphylococcus Aureus ☎
Glycopeptide intermdiate (GISA/VISA)
Clycopeptide Restistant (GRSA/VISA)
Streptococcal disease
Invasive Group A
Streptococcus pneumoniae,
(invasive disease)
Syphilis ☎
Tetanus
Toxoplasmosis (acute)
Trichinosis
Tuberculosis ☎
Typhoid Fever
Vibrio Infections
Vibrio alginolyticus
Vibrio cholera (serogroup 01) ☎
Vibrio cholera (serogroup Non-01)
Vibrio fluvialis
Vibrio hollisae
Vibrio mimicus
Vibrio parahaemmolyticus
Vibrio other (including unspecified)
Yellow Fever ☎
Any disease outbreak ☎ (e.g. in the community, hospital, or other institution; or foodborne or waterborne is also reportable)

☎ = To be reported immediately by telephone

You are an invaluable part of Florida's disease surveillance system. For more information, please call the Epidemiology department at the Clay County Health Department (904) 284/269-6340 ext. 176 or the Bureau of Epidemiology at the State Health Office at (850) 245-4401.

b) Suspected cases of the following are PUBLIC HEALTH EMERGENCIES. Please call the Clay County Health Department at 284-6340 immediately if these diseases are suspected or diagnosed.

ANTHRAX	MEASLES	POLIOMYELITIS
BOTULISM	RUBELLA	TYPHUS
DIPHTHERIA	RUBEOLA	VIBRIO CHOLERA
HEMORRHAGIC FEVER	PLAGUE	YELLOW FEVER

***Section 381.0031(1,2),** Florida Statutes provides that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or sus-pects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." The DOH county health departments serve as the Department's representative in this reporting requirement. Furthermore, this Section provides that "Periodically the Department shall issue a list of diseases determined by it to be of public health significance ... and shall furnish a copy of said list to the practitioners.
http://24.94.135.50/Pdf/report.pdf

INFECTIOUS AND COMMUNICABLE DISEASE ADMINISTRATIVE PROCEDURES (Continued)

6. If a need occurs to send letters to parents about a suspected or diagnosed infectious disease, the letter should be initiated by the County Health Department and then reviewed by the Principal and/or the Supervisor of Health Services & the School Nurse.

7. It is not necessary to inform all parents when a few cases of infectious disease occur if it is determined that the classroom or school is not at risk for an epidemic. Parents/guardians of the affected children will be notified. In certain cases, the School Nurse, in consultation with the Principal and/or Supervisor of Health Services, may decide to notify all parents of the disease outbreak in the school newsletter.

8. If an epidemic of infectious disease is present, the Supervisor of Health Services will confer with the School Nurse, Physician Consultant, Medical Advisory Committee Members, a Public Health representative and/or State Office of Epidemiology, and the Principal to determine necessary procedures to prevent further spread of the disease. The Principal will notify an elementary or secondary central office supervisor of unusual incidences of communicable disease.

a) The decision to close schools due to infectious disease outbreaks is at the discretion of the school district's administration.

b) Consultation on such decisions is available from the State Office of Epidemiology and the Department of Health. To request consultation; contact the Supervisor of Health Services.

9. The Clay County Health Department will educate staff about the risks involved in placing children with infectious diseases in a school setting to assist in providing optimum care and education fro affected children, while minimizing the risk of transmission to others. Staff will be informed of and practice recommended procedures for handling blood and body fluids. The Health Services staff is responsible for providing training in proper hand washing and diaper changing.

a) Personnel who have lesions or weeping dermatitis should not perform direct first aid care until the condition clears. Gloves are required.

b) The use of vinyl or rubber gloves is recommended when contact with blood, body fluids, mucous membranes, or broken skin is anticipated. Wash hands and other skin surfaces immediately if they become contaminated with blood or other body fluids. Discard gloves after each use. Wash your hand immediately after removing gloves.

c) Wear gloves for cleaning surfaces soiled with blood or body fluids.

d) Store ventilation mouthpieces in areas where the need for resuscitation is predictable.

10. School personnel and others involved in education and caring for a child with an infectious disease will respect the child's right to privacy, including maintaining confidential records. The number of personnel who are aware of the child's condition should be kept to the minimum number needed to assure proper care of the child and to determine situations where the potential for disease transmission may increase. (Family Education Rights and Privacy Act of 1974).

11. Control of animal disease transmissible to humans. Whenever any animal bite or case of rabies or other animal disease dangerous to the health of human beings is reported, Animal Control (284-6342) will conduct an investigation.

INFECTIOUS DISEASE CONTROL

CLAY COUNTY HEALTH DEPARTMENT POLICY – INFECTIOUS DISEASE

Every child is entitled to a level of health that permits maximum utilization of educational opportunities. It is the policy of the Clay County School District to work cooperatively with the Department of Health and Social Services to enforce and adhere to public health and welfare statutes and regulations. Procedures are established for prevention, control and containment of infectious diseases to ensure that both the rights of the individual and concerns of the community are addressed. Further, it is the goal of the district to educate the public about infectious disease and its transmission. The provision on method of control of infectious diseases outlined in the "Control of Communicable Disease in Man" is adopted by reference as the regulations governing methods of control. The "Health Services Manual" established specific administrative procedures for monitoring infectious diseases suspected or detected within the school setting.

COMMUNICABLE DISEASE GENERAL PROCEDURES

1. General Information:
   General procedures for dealing with suspected communicable diseases at school are included in the reference section.

   The County Health Department Nurse will be viewed as the resource for communicable disease in the school. She/He can give general information and assist in decision-making when communicable diseases are suspected. The nurse and health assistant must guard against being placed in the position of making a medical diagnosis. The nurse may also be asked to verify by investigation, suspected cases of reportable communicable diseases ` such as Hepatitis A, measles, mumps, rubella, scarlet fever, and other less frequently encountered conditions such as meningitis, Hepatitis B, etc.

2. Procedure:
   The procedure outlined below should be followed when verifying or reporting a suspected communicable disease case:

   a) Contact the School Nurse. The nurse or clinic aide should obtain as much information concerning the situation as is available at the school such as:

   - Name
   - Address
   - Phone
   - Birth date
   - Parent's names
   - Days of attendance at school
   - Immunization dates if pertinent
   - Hospital and physician name, if available
   - How information was obtained (source)

   b) Phone the Public Health Department and relay the information obtained.

CLAY COUNTY DISTRICT SCHOOLS

INSURANCE ACTIVITIES OFFICE
900 WALNUT STREET
GREEN COVE SPRINGS, FLORIDA 32043
Telephones:
904/ 284-6500 (GCS) 904/272-8100 (OP)
1-888-663-2529 (KH)
FAX 904/284-6587 TDD 904/ 284-6584

David Owens
Superintendent of Schools

BLOODBORNE PATHOGENS SOURCE INDIVIDUAL CONSENT FORM

NAME _____ DATE _____

ADDRESS _____ Date of Exposure / Accident
Street Address

_____
City Zip Code

_____
Area Code Phone Number

==========

CONSENT

I, _____(the source individual), or We, _____(parents or guardians, if source individual is a minor), do hereby consent to be tested or have my son or daughter, _____, tested for Hepatitis B and HIV.

This consent is given with the understanding that the test results shall be kept confidential, as are all such student medical records, and that all medical expenses related to the testing shall be paid by the School Board.

_____
(Signature)

==========

DENIAL

_____ I, (the source individual), or We, (parents or guardians - if source individual is a minor), do not consent to testing for Hepatitis B or HIV.

_____
(Signature)

CLAY COUNTY DISTRICT SCHOOLS

900 WALNUT STREET
GREEN COVE SPRINGS, FLORIDA 32043
Telephones:
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David Owens
Superintendent of Schools

BOARD MEMBERS:
Carol Vallencourt
District1
CarolStuddard
District 2
Charles Van Zant, Jr.
District 3
Wayne Bolla
District 4
Lisa Graham
District 5

Mr. & Mrs. _____

Dear Mr. & Mrs.

One of our employees was exposed to a possible Bloodborne Pathogen as a result of his/her attempt to assist your child. Based on Federal Regulation 1910.1030 - Bloodborne Pathogens, this requires the employee to be treated with "universal caution", meaning that all exposure from such incidents are presumed to be contaminated. This puts the burden on the School Board to seek all means to assure any necessary protection and treatment of the employee.

The employee is currently going through a series of tests and vaccinations as if the exposure from their contact with your child is contaminated. Based on your child's age, there is very little chance that there is contamination. However, the School Board is required by federal regulations to attempt to gain consent from the source individual or his parents (if the source individual is a minor) to have the source individual, in this case _____, tested for Hepatitis B or HIV. The source individual or his parents (if the source individual is a minor) are not required by regulations to consent. However, the School Board is required to establish that the legally required consent can or cannot be obtained.

Your assistance in giving consent would permit a degree of "peace of mind" for our employee and, hopefully, bring this matter to a conclusion. The results of the tests are strictly confidential as are all such medical matters involving students. All medical costs involved in the testing will be paid by the School Board as a Workers' Compensation claim for the employee exposed.

A copy of the federal regulations concerning the Bloodborne Pathogens is available for your review, if requested.

Please indicate your consent or denial on the attached form. Your consent and/or consideration is appreciated.

Sincerely,

George Copeland
Assistant Superintendent of Business Affairs

GC/rb

Universal Procedures for Preventing the Spread of Communicable Disease

The following procedures will be instituted for ALL employees/volunteers working in the Clay County Schools. These guidelines are meant to provide simple and effective precautions against the spread of communicable disease. The body fluids of all persons should be considered potentially infectious. The term "body fluids" includes: blood, semen, drainage from scrapes and cuts, feces, urine and vomit.

1. Gloves shall be worn when direct hand contact with body fluids is anticipated, such as treating bloody noses, cleaning up cuts, scrapes, handling clothes soiled by stool and urine, and cleaning up small spills by hand. Gloves used for this purpose should be put in a plastic bag or lined trash can, secured and disposed of daily. Hands should be washed thoroughly with germicidal soap and water afterwards.
2. Clothing and other non-disposable items (i.e. towels used to wipe accidents) that are soaked through with body fluids should be rinsed and placed in plastic bags. If presoaking is required to remove stains (i.e. blood, feces), use gloves to rinse or soak the item in cold water prior to bagging. Clothing should be sent home for washing with appropriate directions to parents. Contaminated disposable items should be put in a plastic bag or lined trash can and disposed of daily.
3. Remove contaminated plastic bag from the waste basket by running your hand underneath the bag. Tie it at the top and dispose in the trash can.
4. All hard surfaces and equipment coming in contact with body fluids or blood must be washed and disinfected with bleach (1:10 solution*). Gloves should be worn when disinfecting and then disposed of in a plastic bag. Hands should be washed thoroughly with germicidal soap afterwards.
5. Sharp items such as needles, should be considered potentially infective and be handled with extraordinary care to prevent injury. Used needles and syringes should be disposed of in biohazard container.

*Disinfecting is effective only if surfaces are thoroughly washed first. To make the bleach solution, use 1cup/pint bleach to 10 cups/pints water. In order to sanitize objects, they should be in contact with the bleach solution for 10 minutes. Rinse with clear water. Dry. Fresh solution must be made daily.

Remove soiled gloves in the following manner:

Grasp palm Pull glove off towards fingers Throw soiled glove in plastic bag

To remove the remaining glove, run the ungloved 1st finger under the glove cuff, pulling the glove inside out toward the fingertips. The inside is clean, so you can touch that part with the ungloved hand to finish removing it. Put the soiled glove in the plastic bag.

Universal Precautions

What they mean:

"Universal precautions" is the name that the Centers for Disease Control (CDC) uses to describe a very aggressive plan that treats all the body fluids as a possible source of contamination and infections.

Material that require Universal Precautions:

- Human blood and any products that include human blood or parts made from human blood

Other Potentially Infectious Materials (OPIM)

- Semen, vaginal secretions
- Cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic fluids
- Saliva in dental procedures
- Any body fluid that is visibly contaminated with blood
- Any unidentifiable body fluid

How Universal Precautions affect you:

All employees fall under the Universal Precautions guidelines and must wear gloves and other protective equipment to lower the risk of exposure to blood and body fluids.

Specific precautions must be taken with dirty linen, trash and used sharp objects (broken glass, scalpels, etc.)

If a worker is exposed to blood or body fluids, the incident must be promptly reported to his/her immediate supervisor and the post-exposure guidelines of the CCSB Exposure Control Plan instituted.

Biomedical Waste

- Biomedical waste (BMW) is any solid or liquid waste that may present a threat of infection to humans; contaminated items that would release blood or OPIM if compressed; contaminated sharps.

- Warning labels (Biohazard Symbol) or red bags shall be used to designate biomedical waste.

- Biomedical waste shall be placed in red containers which are closable and constructed to prevent leakage during handling or transport.

- Sharps containers and BMW packages will be transported by the Clay County Health Department Public Health Nurse and/or designee. Waste will be placed in the Clay County Health Department BMW bulk storage for pick-up by Miromed. If sharps containers can not be delivered to the Health Department, then they may be taken to Orange Park Medical Center as a last resort. Transfer of BMW will occur at least every 28 days and/or as needed.

POLICIES & GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOL

Publicity about certain diseases such as Hepatitis B and AIDS causes concern about the risk of diseases being transmitted in school. There is no evidence that Hepatitis B and AIDS are spread by casual person-to-person contact. However, organisms which cause these, and other diseases, may be present in body fluids such as blood, urine, feces, vomitus, saliva, drainage from sores/cuts, semen, etc. There is only a theoretical potential for the transmission of diseases through casual contact with body fluids of an infected person. Any theoretical transmission would most likely involve exposure of open skin lesions or mucous membranes to blood or other body fluids of an infected person.

It is possible for individuals who have no symptoms of disease to have infectious organisms present in their body fluids. These individuals may be in various stages of infection or may be chronic carriers.

The theoretical risk of disease transmission should be considered when coming into close contact with any person's body fluids. Transmission of disease is more likely to occur from contact with unrecognized carriers than from a person known to be ill because simple precautions are not always taken with a seemingly well person.

Therefore, it is recommended that increased precautions be taken in handling body fluids of *any* student in *any* school setting. The following guidelines are intended to provide simple and effective precautions against disease transmission for all persons exposed to blood or body fluids of any student.

Hand washing:

- Thorough and frequent hand washing is probably the most effective practice in preventing the spread of disease. Proper hand washing requires the use of soap from a dispenser (preferable with a germicidal soap), and warm running water.
  - Use enough soap to produce lots of lather.
  - Rub skin against skin to create friction for approximately 30 seconds.
  - Rinse under running water.
  - Dry with paper towels.
  - Keep fingernails short and clean.

- Examples of when to wash hands:
  - Before eating and after using the rest room.
  - Before and after administering first aid or medication to a student.
  - After contact with another person's blood, saliva, nasal secretions, or other body fluids.
  - After disinfecting items or surfaced contaminated by body fluids.
  - Before and after physical contact with a student.

Use of disposable non-sterile gloves:

- Direct hand contact with body fluids such as blood, feces, urine, and vomitus should be avoided by using disposable gloves. A supply of disposable gloves will be available in the clinic and in the classrooms.
- Examples of when to use disposable gloves:
  - When cleaning up blood spills, vomitus, etc.
  - When handling cloth, diapers, paper, or surfaces soiled with blood, urine, feces, or vomitus.
  - When handling clothes soiled by incontinence.
  - When caring for bleeding, oozing wounds.
  - When you have cuts or abrasions on your hands.
- Procedure:
  Putting gloves on can be done at your convenience since the glove is non-sterile and is intended to protect your hands. Removal of gloves must be done carefully to avoid contaminating your hands with the outside of the soiled glove. Remove gloves last after discarding or disposing of contaminated materials.

POLICIES & GUIDELINES FOR HANDLING BODY FLUIDS IN SCHOOL (Continued)

Follow these steps:

- Grasp the top edge of one glove.
- Unroll the glove, inside out, over the hand. Discard in a plastic waste bag.
- With the bare hand, grasp the opposite glove cuff on the inside surface.
- Remove the glove by inverting it over the hand. Discard in a plastic waste bag.
- Wash hands.

Requirements for rooms where diapers are changed:

- Rooms should have a utility sink with hot and cold running water.
- Sinks should be located next to the changing table.
- Changing tables should have plastic covers or other impervious surface for easy cleaning.
- Changing tables should be covered with protective paper prior to changing soiled diapers.
- Disposable wipes should be used when changing diapers.
- Paper products and soiled diapers should be disposed of in a covered container lined with plastic liner.
- Disinfectant spray should be used on changing tables and protective paper replaced between each diaper change.
- Potty chairs should be cleaned and sanitized after each use.

Disinfection/Disposal of contaminated materials and surfaces:

- Floors, carpeting, tile, etc. contaminated with body fluids:
  - Apply dry absorbent cleaner (such as Vomoose Absorbent or similar item) to the area.
  - Leave on for a few minutes to absorb the fluid.
  - Vacuum or sweep up.
  - Using disposable gloves, discard of vacuum bag and/or sweepings in a plastic waste bag. Double the bag if necessary.
  - After removal of soil, apply disinfectant solution to the area (1:10 bleach solution).
  - Wash broom, mop, dustpan, bucket, etc. in soap and water. Rinse in disinfectant.
  - Place disposable cleaning items such as paper towels and cloths in plastic waste bag.
  - Remove gloves according to procedure and discard in plastic waste bag.
  - Remove plastic waste can liners at least once a day from the waste receptacle, tie properly, and dispose of in an appropriate dumpster.
- Clothing, towels, and other non-disposable items contaminated with body fluid:
  - Using disposable gloves, rinse items and place in plastic bag, seal, and send home for laundering with appropriate instructions:
  - Wash with soap and water separately from other items.
  - Pre-soak if necessary.
  - If material is bleachable, add ½ cup household bleach to the wash cycle.
  - If material is not bleachable, add ½ cup non-chlorine bleach to the wash cycle.

Counter tops, changing tables, sinks, etc:

- If soiled with body fluid, thoroughly clean with soap and water, then disinfect with chlorine bleach solution (1/4 cup household bleach to 1 gallon of water, prepared fresh daily and stored in a covered container).
- Clinic countertop, changing tables, etc. should be routinely cleaned (at least once a day) with bleach solution.
- Gauze pads, cotton balls, diapers, and other disposable items used for first aid or personal care:
  - Discard in plastic waste bags and seal.
  - Remove bag from waste receptacle daily.
  - Dispose of in appropriate dumpster.
  - Pay particular attention to clinic disposal.
- Dishes
  - In the cafeteria, use electric dishwasher with a sani-cycle.

- In the classroom, wash in hot soapy water followed by a thorough rinsing and sanitizing in chlorine bleach solution (1 oz.{1 capful} of bleach to 1 gallon of water).

Additional Recommendations:

- Cafeteria Workers:
  - Emphasize good personal hygiene practices, especially through hand washing before handling food and after using the rest room.
  - Use plastic gloves when hands come in direct contact with food or utensils.
- Rest Rooms:

The education of children in proper hand washing is essential to maintaining good health and breaking the chain of infection. Rest rooms must be well maintained in order for this to be possible.

  - Toilet tissue, paper towels, and soap supplies should be checked at least daily in each rest room and also after heavy use (such as the lunch hour).
  - It is recommended that bar soap **not** be used. It is strongly recommended that a soap dispenser with liquid soap be used in student rest room, faculty rest rooms, and clinics.
  - Toilet seats and other surfaces must be sanitized at least once a day and preferable after heavy use such as the lunch hour. Use disinfectants in the recommended strength listed on the container. Examples: Quaternary Ammonium solution or chlorine bleach solution (1:10).
  - Keep toilet seats and soap dispensers in good repair.
  - Provide adequate ventilation by using fans, open windows with screens.
  - Classroom items such as toys, chairs, tables, etc., shared between children should be cleaned after each use. The item should be sprayed/wiped using the above noted bleach solution. All items should be cleaned at the end of each day using the recommended bleach solution.
- Personal Hygiene: Hand washing is the cornerstone of good hygiene
  - Facilities should be readily available in the classroom
  - Soap should be in a dispenser, bar soap should not be shared.
  - Hands should be washed between handling children, before eating or handling food, and after handling soiled items.
  - Take special care with cuts, burns, or other breaks in the skin.
  - Use disposable paper towels.
  - Use knee-operated faucets when possible. This is especially important in high-risk settings.
- Personal Contacts:
  - Kissing and mouth to mouth sharing of food, beverages, toys and learning aids should be strongly discouraged.
  - Each child should have his own personal toiletry items such as: tooth brush, comb, rest mat, dishes and utensils. Disposable eating items are preferred.
- Environmental Factors:
  - Changing tables should have a washable surface and be sanitized between children. Disposable examination table paper can also be used.
  - Care givers should wear gloves when changing a diaper, dressing, sanitary napkin, or when catheterizing a student or providing mouth, nose, or tracheal care.
  - Toys, learning materials, and equipment should be washed after each child's use.
  - Classrooms should be swept daily. If floors are tiled, they should be scrubbed. Carpeting should be washable and shampooed often, or immediately if soiled by body fluids.
  - Maintain a change of clothing for each child and change the child's clothing if it has become soiled by vomit, excrement, nasal secretions or extensive drooling.
  - Require plastic pants or long pants for children with diarrhea. (see page 112)
  - Diapers, cleaning rags, towels, gauze pads, and any other material that is soiled should be discarded in a closed plastic bag stored out of the reach of everyone.
  - No smoking should be allowed in the classroom, cafeteria, or in any rooms adjacent to rooms used by students. Air filters should be used in air conditioners and they should be cleaned frequently.
  - Air conditioners should have an upward air flow and not be aimed directly at students.
- Equipment and Supplies:
  - A dishwasher with water temperature between 120-140 degrees should be used to sterilize dishes.
  - A washer and dryer should be available for soiled clothing and cleaning items. Clothes soiled with body fluids should be laundered separately.

- Use disposable items when possible (rubber gloves, plastic dishes and utensils, paper towels, exam table paper, face masks, etc.).
- Use washable mats and rugs.
- Equip sinks with warm/hot water.
- Use air filters.
- Have fresh disinfectant solution available (1:10 bleach solution, prepared daily).

*Sanitary conditions can only occur when these control and prevention strategies include knowledgeable staff who actively participates in personal hygiene and environmental precautions to reduce the risk of infection in the classroom.

BODY FLUID SOURCES OF INFECTIOUS AGENTS TRANSMISSION CONCERNS IN THE SCHOOL SETTING

BODY FLUID SOURCE	ORGANISM OF CONCERN	TRANSMISSION CONCERN
BLOOD *CUTS/ABRASIONS *MENSES *CONTAMINATED NEEDLE	HEPATITIS B VIRUS CYTOMEGALOOVIRUS AIDS VIRUS	BLOOD STREAM INOCULATION THROUGH CUTS AND ABRASIONS OR DIRECT BLOODSTREAM INNOCULATION
FECES	SALMONELLA BACTERIA SHIGELLA BACTERIA HEPATITIS A VIRUS CYTOMEGALOVIRUS	ORAL INOCULATION FROM CONTAMINATED HANDS
URINE	CYTOMEGALOVIRUS	BLOODSTREAM OR ORAL INOCULATION FROM CONTAMINATED HANDS
RESPIRATORY SECRETIONS (SALIVA)	MONONUCLEOSIS VIRUS COMMON COLD VIRUS CYTOMEGALOVIRUS HEPATITIS B VIRUS HIV/AIDS	DIRECT ORAL CONTACT OR BY DROPLET SPREAD, INDIRECTLY BY HANDS OR ARTICLES SOILED BY NOSE AND THROAT DISCHARGE.
VOMITUS	GASTROINTESTINAL VIRUSES	ORAL INOCULATION FROM CONTAMINATED HANDS
SEMEN	HEPATITIS B AIDS VIRUS GONORRHEA	SEXUAL CONTACT (INTERCOURSE)

IF YOU TREAT ALL BLOOD AND BODY FLUIDS YOU COME IN CONTACT WITH AS POTENTIALLY INFECTIOUS, AND AVOID DIRECT CONTACT WITH THESE SUBSTANCES, YOU WILL PREVENT EXOSURE TO INFECTIOUS BLOODBORNE DISEASES.

BIOMEDICAL WASTE PLAN
CLAY COUNTY SCHOOLS

Purpose: To inform affected staff of the requirements for the proper management of biomedical waste generated in school clinics.
(Biomedical Waste = BMW)

IDENTIFICATION/DEFINITION OF BMW:
- Biomedical waste is any solid or liquid waste that may present a threat of infection to humans.
- Examples include, but are not limited to: discarded sharps, blood, blood products, and human body fluids.
- The following are also included:
  - Used, absorbent materials saturated with blood, body fluids, excretions or secretions contaminated with blood. Absorbent material included items such as bandages, gauze, and sponges.
  - Disposable devices such as nasogastic tubes, foley and/or suction catheters, etc., that have been contaminated with blood or other body fluids.
  - Sharps or devices with physical characteristics capable of puncturing, lacerating or penetrating the skin.

HANDLING OF BMW:
- All BMW will be segregated from all other waste. This will be done by placing the sharps directly into a sharps container that meets the required specifications. (Administrative Code 10D-104).
- Biomedical waste ***shall not*** be mixed with other waste.
- Sharps containers shall be designated for the containment of sharps. Milk jugs, coffee cans, or other types of containers are not designed for the containment of sharps and are ***not*** approved.
- Sharps containers shall be leak resistant, rigid, and puncture resistant under normal conditions of handling and use.
- Sharps containers should be red, and must be clearly labeled with the international biological hazard symbol.

LABELING:
* Sharps containers and BMW containers shall be labeled at the clinic prior to transporting offsite.
- The label shall be securely attached and easy to read. Sharps containers will be dated at the time they are full and sealed. Indelible ink shall be used to print the information on the label.
- Other BMW container will be dated at the time the first BMW item is placed in the container.
- All BMW containers should have the following information:
  - Name and address of the school should be affixed at the time the container was put in use.
  - Date
  - The international biological hazard symbol as depicted below. The symbol shall be red, orange or black and the background color shall contrast with the symbol. The symbol should be at least 1.5 inches in diameter for sharps containers.

One of the following phrases shall be used in conjunction with the symbol: “BIOMEDICAL WASTE” – “BIOHAZARDOUS WASTE” – “BIOHAZARD” – “INFECTIOUS WASTE” – “INFECTIOUS SUBSTANCE”.

STORAGE:

*Onsite storage of biomedical waste shall not exceed 30 days. The 30-day time period for a sharps container will start when the sharps container is full.

TRANSFER:

- Packages of BMW shall remain intact until disposal. There shall be no recycling efforts nor intentional removal of waste from the sharps container prior to disposal.
- Packages of BMW shall be handled and transferred in a manner that does not risk breaking or puncturing the package.

TREATMENT AND DISPOSAL:

- Sharps containers and BMW packages will be transported by the Clay County Health Department Public Health Nurse and/or designee. Waste will be placed in the Clay County Health Department BMW bulk storage for pick-up by Miromed.
- An alternative plan for treatment and disposal will be as follows: If sharps containers can not be delivered to the Health Department, then they may be taken to Orange Park Medical Center as a last resort.
- Transfer of BMW will occur at least every 28 days and/or as needed.

SPILL CLEAN UP:

- Surfaces contaminated with spilled or leaked biomedical waste shall be disinfected with the following:
- Hypochlorite solution containing 100 parts per million, also available chloride.
- Chemical germicides that are registered by the Environmental Protection Agency as hospital disinfectants when used at recommended dilutions and directions.
- Large spills will be treated first with an absorbent such as “Floor Dry” or kitty litter. The absorbent containing BMW shall be disposed of in a BMW container.

RECORDS:

- All BMW records should be maintained for three years.
- Each generator of BMW shall prepare, maintain and implement a written plan to identify, handle and manage biomedical waste within their facility in accordance with the State of Florida, Department of Health, Chapter 10D-104, Florida Administrative Code. This plan will be revised annually.
- Among these records, documentation of each pick-up date of the BMW should be recorded on a log sheet.

TRAINING:

- Both new and existing clinic designees (RN, LPN, Clerks) will receive training regarding BMW. This will be given prior to starting their assigned duties. Training will also be done at volunteer training given during the school year. Update training is required annually.
- A record of all employees and volunteers trained will be kept, including provisions for retraining when either the rule or the plan changes and annual updates.
- Pertinent components of the written plan will be reviewed.
- Information describing the flow of BMW in each school setting from the point of origin to the point of treatment and disposal will be discussed.

BLOODBORNE PATHOGEN O.S.H.A. GUIDELINES

***Bandages may not be regulated waste**

29 CFR 1910.1030 (b)

The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or Other Potentially Infectious Materials (OPIM). Contaminated items that would release blood or OPIM in liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM and are capable of releasing these materials during handling, contaminated sharps, pathological and microbial wastes containing blood or OPIM. Bandages, which are not saturated to the point of releasing blood or OPIM if compressed, would not be considered as regulated waste.

It is the employer's responsibility to determine the existence of regulated waste. This determination is not to be based on actual volume of blood, but rather on the potential to release blood or OPIM (e.g., when compacted in the waste container). It is determined, on a case-by-case basis, which sufficient evidence of regulated waste exists, e.g., through such visual factors as a pool of liquid in the bottom of a container or dried blood flaking off during handling, or based on employee interviews, notice of violation may be issued.

Regulated waste such as liquid or semi-liquid blood or other potentially infectious materials should be red bagged. Biomedical waste in a red bag should be disposed of within 30 days after the first item is placed in the bag.

***Feminine Hygiene Products, Bandages**

29 CFR 1910.1030(b)

Discarded feminine hygiene products (used to absorb menstrual flow) do not generally fall within the definition of regulated waste. Waste containers where these products are discarded are expected to be lined in such a way as to protect employees from physical contact with the contents.

Beyond these general guidelines, it is the employer's responsibility to determine the existence of regulated waste. This determination is not to be based on actual volume of blood, but rather on the potential to release blood or OPIM (e.g., when compacted in the waste container). If it is determined, on a case-by-case basis, that sufficient evidence of regulated waste exists, e.g., through such visual factors as a pool of liquid in the bottom of a container or dried blood flaking off during handling, or based on employee interviews, notice of violation may be issued.

***Quaternary Ammonia Products for Cleaning Non-Contaminated Areas Only**

29 CFR 1910.1030(d)(4)(I) and (ii)(A)

A tuberculocidal, virucidal, bactericidal disinfectant must be used to clean up blood or body fluids. The use of quaternary ammonium compounds is appropriate for housekeeping procedures that do **not** involve the clean up of contaminated (defined as the presence or reasonably anticipated presence of blood or OPIM) surfaces.

***Acceptable Disinfectant Products**

29 CFR 190.1030(d)(4)(ii)(A)

As stated in OSHA Instruction CPL 2-2.44C, "Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard", a product must be registered by the Environmental Protection Agency (EPA) as a tuberculocidal disinfectant in order for OSHA to consider it to be effective in the cleanup of a contaminated item or surface.

A solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water is also acceptable for the cleanup of contaminated items or surfaces.

Quaternary (household) ammonia products are appropriate for use in general housekeeping procedures that do not involve the cleanup of contaminated items or surfaces. Please bear in mind that the term "contaminated" is defined as the presence, or reasonable anticipated presence, of blood or OPIM.

***Household Bleach Acceptable for Decontamination**
29 CFR 190.1030(d)(4)(ii)(A)

OSHA Instruction CPL 2-2.44C"Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens Standard", states that disinfectant products registered by the U.S. EPA as tuberculocidal are considered appropriate for the cleanup of contaminated items or surfaces. OSHA recognized that although generic sodium hypochlorite (household bleach) solutions are not registered as such, they are generally recommended by the U.S. Public Health Services Center for Disease Control (CDC) for the disinfection of environmental surfaces.

We confirm that in accordance with the recommendations of the CDC solutions of 5.25 percent sodium hypochlorite diluted between 1:10 and 1:100 with water are also acceptable for disinfection of environmental surfaces and for the decontamination of sites followed by initial cleanup (wiping up spill of blood or OPIM).

HEALTH EDUCATION

The Student Services staff will aid pupils, instructional and non-instructional staff in the development of positive health attitudes and an understanding of their physical, mental, and social health through health education.

The Public School Unit Staff Development Plan ensures the delivery of inservice through the utilization of offerings through the Department of Health, Department of Education, and other community professionals. All inservice planning and implementation are coordinated with the Clay County Student Services Department.

Implemental Procedures:

***** The School Nurse/Health Designee will use health counseling as an indirect approach to health education.

***** When requested, school nurses will prepare and present health lessons in the classroom. A Comprehensive Health Education curriculum is in place PreK-12.

***** The school nurses will serve as health education resource persons in assigned schools and will work cooperatively with the Curriculum Council.

***** A thorough assessment of needs is compiled from local school health designees, LPNs and Rns, Principals, staff, and other community agencies.

Health inservice programs for staff may include, but are not limited to, Bloodborne Pathogens, AIDS updates; Community CPR; Drug Free Schools; Teenage Pregnancy Prevention; ESE Workshops; First Aid and frequent various training for School Health Designees throughout the year.

STUDENTS WITH IMMUNOCOMPROMISED CONDITIONS

The Superintendent shall approve an individual instruction program for a student who is diagnosed with HIV/AIDS, is undergoing chemotherapy, long-term steroid therapy, or any other immunocompromised medical condition. The verification of this medical condition shall be submitted by the student's physician, or a physician approved by the School Board. The physician shall be licensed to practice medicine by the State of Florida.

Note: the medical condition needs only to be stated in general terms, indicating it is an "immunocompromised condition". To protect client confidentiality, identification of the actual disease is not required.

- A student who has an immunocompromised medical condition excluded from school with a physician's statement shall not be penalized under the current absenteeism policy. A temporary IEP (individual education program) may be initiated under these circumstances.

- The individual education program of the student shall identify the educational instructional delivery and shall follow the appropriate scope and sequence of student performance standards adopted by the School District. The following delivery system may be considered.

For Illness

- The homebound/hospitalized program: If evaluative data indicate eligibility for this exceptional student education program, the procedures set forth in the State Board of Education and School District Rules shall be followed.

- If the medical provider determines that the student is not debilitated, and it is best for the student's well being, then he/she will be returned to the regular classroom.

    - The student's medical condition shall be re-evaluated every sixty (60) school days. The appraisal shall be performed by the student's physician.

    - The School Health Supervisor shall be notified of any IEP students for the purpose of evaluating the child with specific educational needs due to immunocompromised needs.

    - The confidentiality of the student's record shall be maintained pursuant to 1002.22 F.S. The number of personnel who are aware of the child's condition shall be kept at the minimum needed to insure proper care.

CLAY COUNTY SCHOOL BOARD
HEALTH EDUCATION PARENT INFORMATION

As part of the Clay County Comprehensive Health Education curricula, we are pleased to offer your child a Clay County School Board adopted instructional video program taught by registered nurses and teachers. The instructional program is described below.

"IT'S A GIRL THING" (4th grade girls)
This video is designed to acquaint girls with the biological and physiological changes their bodies will experience during the years of adolescent development.

GROWING UP! FOR GIRLS (5th grade girls)
This video promotes self-confidence as girls face the challenges of change and growth. The video provides clear, authoritative information about the female reproductive system, the emotional and physical transformations of puberty, and the importance of good health and hygiene.

GROWING UP! FOR BOYS (5th grade boys)
This video eases some of the growing pains as boys try to cope with the physical and psychological changes that are a normal part of growing up. The information describes the basics of male anatomy and development and encourages boys to take pride in their individual uniqueness. The video provides useful advice on health, hygiene, and good grooming habits.

AIDS: CHOICE, NOT CHANCE: (5TH grade boys & girls)
This video presents factual information related to HIV/AIDS. The video discusses communicable diseases and how the immune system works. The animated diagrams and live action content are age and grade level appropriate.

AIDS: FACTS FOR KIDS (6th grade boys & girls)
This video presents the facts kids need to protect themselves from AIDS. Students learn about HIV and how it disables the immune system. The advice on this video is: Don't have sex, Don't use illegal drugs, Avoid any activities that may result in mixing blood.

NOTE: PARENTS/GUARDIANS ARE INVITED AND ENCOURAGED TO ATTEND THESE PROGRAMS. ANY PARENT OR GUARDIAN WHO CHOOSES ***NOT*** TO HAVE HIS/HER CHILD RECEIVE THIS INSTRUCTION MUST NOTIFY THE SCHOOL PRINCIPAL IN WRITING. THE FORM BELOW CAN BE USED FOR THIS PURPOSE.

✂-✂

PLEASE SIGN AND RETURN TO THE TEACHER AS SOON AS POSSIBLE

_____ Yes, my child may receive this instruction. (Check appropriate titles below)

_____ No, my child may NOT receive this instruction. (Check appropriate titles below)

Student Name: _____ Grade: _____

IT'S A GIRL THING (4th grade girls)	_____
GROWING UP! FOR GIRLS (5th grade girls)	_____
GROWING UP! FOR BOYS (5th grade boys)	_____
AIDS: CHOICE, NOT CHANCE: (5TH grade boys & girls)	_____
AIDS: FACTS FOR KIDS (6th grade boys & girls)	_____

_____ _____
Parent /Guardian Signature Date

MIS32729
Revised 2/19/03

HUMAN GROWTH AND DEVELOPMENT

Purpose: To articulate clear, instructional objectives throughout Clay District Schools by providing definite guidelines for human growth and development instruction in a program that will benefit the quality and longevity of the lives of the children of Clay County by promoting the establishment of sound health habits including the prevention of substance abuse and an awareness of the benefits of sexual abstinence and the consequences of early sexual involvement such as AIDS, other sexually transmitted diseases, and teenage pregnancy.

Focus: Focus shall always be on the whole person, including intellectual, physical, emotional, moral/spiritual, and social aspects such as those terms are defined in "Foundations for Family Life Education" published by the Educational Guidance Institute.

Key Objectives: The key objectives of instruction shall be 1) directive teaching method; 2) abstinence based; 3) family centered; 4) age appropriate. These concepts are defined more fully as follows:

- Directive Teaching Method:
  - Instruction involving decision making strategies, the teacher shall direct the pupil to choices of legal, ethical, and moral dimension that will promote health, abstinence, self control, character, self esteem and maturity.

- Abstinence Based:
  - Abstinence shall be the instructional approach to reducing destructive behaviors among student including early sexual involvement, and activities which result in sexually transmitted diseases, AIDS, and teenage pregnancy. Abstinence shall be presented in the classroom as a positive, practical and preferred lifestyle that promotes self-control, character and self-esteem.

  - When presented with a dual message such as "abstinence is best, but contraception works for those who do not choose abstinence", teens are confused and/or the abstinence message is undermined by the contraceptive message. As opposed to this message, teachers shall instruct students that sexual activity among teens is not inevitable, nor irreversible.

  - Teachers shall not initiate discussion or instruction of contraceptives. Student questions that deal with definitions of contraceptives may be answered, but include the documented deficiencies with the definitions. No further contraceptive information shall be given unless and until an individual student's parent or guardian provides written permission for further depth of instruction for the individual student. If further instruction is requested, the student involved shall be instructed individually, by another educator who is qualified to provide such information to the individual student.

Notwithstanding the provisions of the above paragraph, with parent permission, teachers may present factual information about contraceptives to be taught in the following high school elective courses: Health II, Family Living and Child Development.

The factual information shall cover deficiencies, failure rates, and negative side effects. Students shall be made aware that sex outside of a monogamous, heterosexual marriage is risky behavior and therefore, abstinence is the expected standard. Instruction shall direct students to risk "elimination" rather than "reduction".

- Family Centered:
  - The irreplaceable foundation of the family as the key unit of society, and parent/guardian involvement in the values formation of their children must be recognized by the instructor making the family central to human growth and development instruction.

- Instruction shall emphasize the positive value of sexuality within the context of marriage. Using the directive teaching method, the instructor shall include the value of marriage and the family to society, and shall assist the student to an understanding of the role played by marriage and the family to supporting society.

- Any instruction on homosexuality shall occur only in conjunction with education about sexually transmitted diseases.

- Age Appropriate:
  - All instruction, curriculum and any supplemental resources shall be appropriate to the grade level and consistent with the values of the community.

  - Curriculum objectives shall be implemented in a sequential program of instruction to meet the needs and developmental characteristics of the majority of students at any given grade level. Guidelines for age appropriateness shall be "Foundations for Family Life Education – Curriculum Objectives".

Teacher Role:

- Instructors of human growth and development shall transmit facts, and provide clear guidance and principles. These principles shall be based on core values such as integrity, self-control, fairness, honesty and respect for authority, themselves and others. Core values shall be taught as the basis for healthy behavior choices.

- Teachers shall recognize parents/guardians as the primary sex educators of their children and shall also recognize that parental guidance is essential and irreplaceable. All instructional materials, including teacher manual, films, tapes, or other supplementary instructional material shall be available for inspection by parents or guardians.

- Teachers shall recognize that values consistent with those of the Clay County community have been and will be considered as part of the guidelines for determining the subject materials and curriculum regarding the human growth and development instruction.

- Teachers shall encourage cooperation and communication among parents, community and schools.

- Teachers shall present age appropriate information about reproductive physiology and anatomy (in context with legal requirements, such as the statutory rape laws, directive decision making, interpersonal skills, parenting, and other critical influences in the student's life) in order to reduce early sexual activity and resulting consequences, such as pregnancy. Instruction shall include age appropriate information about fetal development in order to sensitize students to one of the consequences of sexual activity.

Grades K-6: Using the aforementioned guidelines, the focus of instruction in grades K-6, in accordance with age appropriateness, shall be:

- nutrition
- substance abuse prevention
- safety skills
- health
- family and relationships
- character development
- communication skills
- human anatomy and physical development

Grades 7-12: The curriculum adopted by the Clay County School Board for grades 7-12 is Teen Aid. It shall be taught in accordance with Teen Aid recommendations unless determined otherwise by the board following a public hearing on the matter.

Bannerman: Students enrolled in the Teenage Parent Program at the R.C. Bannerman Learning Center shall be allowed to be included in a Human Growth and Development curriculum /instructional program to include contraceptives. Parents/Guardians shall give written permission upon entrance to the program. Unmarried students in the Teenage Parent Program shall be encouraged to return to an abstinent lifestyle. Contraceptives shall be presented as risky behavior and their deficiencies stressed.

Amendments:
No changes shall be made to the comprehensive health education and substance abuse prevention curriculum until notice of such action has been published in accordance with the Florida Administrative Procedure Act (Ch.120, F.S.) and sufficient notice has been given to parents, teachers of the courses, the advisory committee at each school and any other concerned citizens at least 21 days prior to the Board meeting at which such changes are to be discussed or implemented. A public hearing shall be required for any and all deletions, additions or suggested corrections to the sex education curriculum.

Full Service School Program and Supplemental Health Clinics: All agencies or other service providers to the Clay County School System including but not limited to those participating in the Full Service Schools Program and the Supplemental Basic School Health Service Clinics, shall comply with the following:

- No counseling or referral related to abortion or to abortion services.
- No dispensing of contraceptives (including condoms).
- No female internal pelvic examinations.
- No dispensing of instructions or prescriptions for contraceptive availability or use, nor referrals for the aforementioned, unless a written parental consent has been received on a form approved by the Clay County School Board.

Should any employee of any agency or service provider to the Clay County School System mentioned above violate any of the foregoing provisions, said employee shall immediately be removed from the Clay County School System and may not return for a period of not less than three (3) years and reinstatement shall not be permitted until said employee thoroughly understands and has agreed to abide by the policy. Any repeated offense shall be considered sufficient cause for permanent dismissal of the employee. This condition shall be included in the contracts into which the Clay County School Board enters with all such agencies or service providers. (Adopted: 6/22/92).

Opt-Out Provisions: Parents shall be informed that they may decide to “opt-out” their child from participation in Human Growth and Development classes at any grade level. No child will be excused from Human Growth and Development classes without the written permission of the parent/guardian. Human Growth and Development classes will be scheduled in identifiable time slots.

Revised: 4/22/94

GENERAL GUIDELINES FOR STUDENT ILLNESSES OR EMERGENCIES

- Administrative Procedures for Dismissal of ill Students: (See individual school policy for dismissal of ill students.)

  NOTE: Please remember that a student's health situation is confidential. **Confidentiality is of the utmost importance**! A student's health situation should never be discussed with anyone other than school professionals who have a need to know. To do otherwise is a violation of the law.

- Contacting the School Nurse:
  For emergency situations the Code Red procedure will be followed. All schools should have continued to update and inservice with their faculty and staff regarding this procedure. A copy of each school's procedure and designated team should be placed in the school's teacher and health handbooks. It is the responsibility of the principal and/or designee, the school health designee, and the coordinator to follow up on this procedure as needed.

  - The secretary calls the room to get the child's name and pulls emergency card/forms.
  - Code Red response team reports directly to the location. See below for suggested assignments.

CODE RED MEDICAL PROCEDURES

Purpose:
To be called in the event of a life threatening injury such as cardiac and/or pulmonary arrest, some seizure activity, head injuries involving unconsciousness, major fractures or cuts, severe allergic reactions, shock and heat stroke.

Name	Personnel	Duties Assigned
School Health Nurse/Designee	_____	Bring clinic emergency box, make assessment, call 911
Administrator	_____	Call 911, pull emergency card, accompany student to hospital from school if parent is not available.
Custodial Staff	_____	Clean up body fluids, direct student and emergency personnel traffic.
Personnel Trained in CPR (See attached list)	_____	If assigned to team bring CPR face shield.
Teacher for designed area of code	_____	Offer any other needed assistance. Bring student runner.

- Management of emergency health needs for all students within the school setting is the responsibility of the Principal, Administrator, Teacher, School Nurse, School Health Aide, and other school personnel. The classroom teacher has the primary responsibility for early detection of illness and referral.

- Inventory of first aid equipment and supplies should be maintained by designated person in each school.

- Standards:
  - First aid should be administered as promptly as possible by the closest person knowledgeable in first aid.
  - All school personnel should know basic first aid procedures.
  - A minimum of two people certified in the administration of advanced first aid and cardiopulmonary resuscitation should be available in all school during student activities.
  - A list of all school personnel trained in First Aid and CPR will be posted in prominent places throughout the school (cafeteria, library, teacher lounge, portables, administrative office, clinic*).
  - First aid supplies should be kept in an easily accessible location that is known to all. In large schools, multiple locations should be designed.
  - Appropriate and current emergency data for all pupils, provided by the parents, should be kept in a special, easily accessible file at each school.
  - Parents should be notified of injury or sudden illness and action taken. In severe injuries or illness, Emergency Medical Services must be called immediately.
  - Emergency Medical Services telephone number should be prominently posted on all phones.

- When students come to the health room seeking relief for minor discomforts:
  - The student is tactfully questioned regarding the nature of the complaint.
  - Observe for visible signs of illness.
  - Check body temperature. If elevated, the parent or guardian should be notified to take the student home. If the temperature is not elevated, the student should be allowed to rest for ½ hour to 1 hour. If the student still does not feel well, the parent should be notified.
  - The student with a minor complaint should be encouraged to remain in school unless doing do would endanger the student's health or that of classmates.
  - No student is permitted to leave the school before the parent or an adult delegated by the parent is consulted except when a major emergency necessitates immediate transfer to the hospital or physician's office.

CLAY COUNTY SCHOOL HEALTH SERVICES
PROCEDURES FOR EMERGENCY CARE OF STUDENTS
IN THE EVENT OF INJURIES OR ILLNESS

To be in compliance with Florida Statutes and to be prepared for school each year:

POST IN PROMINENT PLACES: As stated in F.A.C. 64F-6.004 "all employees who staff school health rooms shall be currently certified in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency. A copy of this certification shall be kept on file in the health room or the school office, and a list of those persons currently certified in first aid and CPR shall be displayed in the health room, school office, cafeteria, gymnasium, home economics classroom, industrial arts classroom and all other areas that pose an increased potential for injuries."

1) The following emergency procedures according to the Clay County School Health Plan.

2) Reminder to update the list of personnel trained in CPR and/or First Aid and post with Emergency Plan.

3) List of the location of emergency equipment.

(Ref. School Board Policy, Page IV-24)
Attachment: Emergency Plan – School Health
Personnel Trained in CPR and/or First Aid
Location of Emergency Equipment

EMERGENCY PLAN – SCHOOL HEALTH

1. All principals will identify personnel who have First Aid and/or CPR training and current certification. It is recommended there be a minimum of two (2) qualified persons in each school. All RN, LPN, and School Health Designees will be currently certified in CPR and First Aid. All clinic RNs and LPNs will be CPR and First Aid certified upon hire and maintain current certification.
2. Appropriate phone numbers shall be posted by the telephones in the administrative office and in the health room. 911 shall be accessed for all emergency calls
3. Parents will annually fill out an emergency card for their children. Cards are to be maintained in the health room.
4. In case of an emergency, parents and the Rescue Squad should be called along with those persons qualified to administer needed first aid and/or CPR. Follow Code Red procedures. If the child is not transported by Rescue, parents/guardians and/or their designee may transport student to an emergency room or doctor's office. If any symptoms of shock or other possible life threatening injuries or illness are present – CALL RESCUE.
5. School Health Designees will maintain inventory of first aid equipment.
6. If a Public Health Nurse is in the school at the time an emergency arises, she will offer her services.

SCHOOL: _____

PERSONNEL TRAINED IN CPR / FIRST AID

STAFF MEMBER	CPR	FIRST AID	Current Certificate(s)?

LOCATION OF EMERGENCY EQUIPMENT

EQUIPMENT	LOCATION

PLEASE POST IN ALL AREAS OF SCHOOL CAMPUS

Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary, Department of Health

Policy & Procedure for the Handling of Allergic Reactions of Children in Schools

Many students present at the school with potential life threatening allergies to insect bites/stings, food or drugs. They may carry an Epinephrine injection medication syringe and orders from a physician to give the injection immediately if the student is stung or ingests an allergen. There is great risk and danger involved in allowing an unqualified person to administer such injections. Therefore, all these injections should be given only by an R.N., L.P.N., or paramedic on direct orders of a licensed physician. Any other personnel designated to administer must be approved by the School Health Coordinator along with signed permission from parents (See MIS 12477 & 12478).

A medical procedure authorization form (MIS 12478) should be filled out with physician's order specifying when the medication is to be given. The form must be signed and stamped by a physician and updated yearly. The medication must be kept current because it cannot be given if it has expired. Each order must then be reviewed by the Community School Health Nurse. For those schools without an R.N. or L.P.N., trained designated personnel must be identified. It may be a teacher, the child, or clinic aide.

A medication Procedure Authorization Form must also be filled out and signed by the parents each year.

In either instance, Rescue should be called immediately and parents notified as soon as possible.

Clay County Health Department
PO Box 578
Green Cove Springs, FL 32043-0578
Telephone: 269/284-6340 Suncom: 821-3000 Fax: (904) 269/284-6373

MEDICATION POLICY

Authority:

- Florida Statue 232.46 authorizes school personnel to assist the student in the administration of prescription medications.
- Clay County Schools also allow non-prescription medicines to be administered.
- Every effort should be made for hours of administering of medication to fall during non-school time so as to have as little medication in the school as possible.
- Training for school personnel designated by the principal shall take place initially during pre planning training time established by the Health Department.
- Training thereafter shall be ongoing as need arises.

Medication administration procedures will be as follows:
(Non-prescription medicines must follow same guidelines).

Delivery of Medication to School

- Parents will be responsible for delivery and retrieval of medications to the school nurse/health designee.
- No medications are to be transported via the school bus system. Only under unusual circumstances will a student be allowed to transport medication. This must be pre-approved by the school and the parent. In addition, a parent must contact the school and inform the nurse/designee of the date the child will be transporting the medication and number of doses being transported.
- All medications to be administered by school personnel shall be received and stored in the original containers and must have current ℞ date on bottle along with current dose.
- New bottles must be brought in by parents monthly when new ℞ is received. Medication cannot be given from an old ℞ bottle.
- All medication must be labeled with the student's name, dosage, frequency of administration and physician's name.
- A one week supply of medicine will be brought to the school at one time except for long term ℞'s such as Ritalin, Dilantin, etc. Then a 1-3 month supply may be kept.
- Medication should not be transported between home and school on a daily basis. Separate containers should be kept at home and school.
- No student will be allowed to carry prescription or non-prescription medications on their person with the exception of emergency medications (i.e., epi-pen and asthma inhalants).
- MIS form 12470 must be completed and returned to the school before the student is allowed to carry their emergency medication. All medications, including emergency medications, must be registered with the school nurse/clinic health designee.

Parental Permission

- For each individual medication administered, the student's parent or guardian shall provide to the school principal or designee a signed parent authorization (MIS 12470) which shall grant the principal or his/her designee their permission to assist in the administration of each individual medication to be provided during the school day, including when the student is away from school property on official school business. Any unusual circumstances outside of these guidelines will be processed with the doctor, parent, school nurse and principal. The school principal or his/her trained designee shall assist the student in the administration of such medication.

The statement should include:

  - Student's Name
  - Purpose of medication
  - Physician & phone number if prescribed medication

- Medication may be administered for two days with a written note from the parent/guardian and must be in its original package or container (no plastic bags). NO MEDICATION WILL BE GIVEN IF PRESENTED AT SCHOOL THIS WAY.

- The official form should be sent home with the student on the first day and returned to the school as soon as possible.
- The permission form should be kept in a folder in the area where the medication will be administered.
- When the administration of medication is terminated the permission form should be filed in the Cumulative Health Record (DH 3041).
- New permission slips may be required every three months when records are updated. If a student is receiving medication prescribed for more than a three-month period, the parent will supply updated notification from the physician.
- Records for students receiving medication will be reviewed every three months.

Storage

- Medication should be counted and stored in a locked cabinet.
- If medication must be refrigerated, it should be stored in a marked box within a refrigerator in a limited access area. The refrigeration temperature should be maintained at 38-42 degrees.
- Although the majority of all medications should and will be stored and processed through the clinic, there are unusual circumstances that could warrant medication being stored under lock and key in the classroom of a self-contained ESE program and medication being dispensed by the nurse/aide serving the student in the classroom. These unusual circumstances are addressed through close assessment by the LPN/RN in the school and the Clay County Health Department RN serving the school in close coordination with parents, doctors, and school principals.

Administration – Personnel

- Only school employees who have been trained by the Clay County Health Department may administer medication to students. The employee(s) will be assigned this responsibility by the principal. In most cases, staff members in the administrative suite will be assigned this responsibility.
- School Board approved volunteers should never administer medication unless cleared by the Clay County Health Department.
- There shall be no liability for civil damages as a result of the administration of medication where the person administering medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances.

Recording

- The school employee administering or supervising the administration of medication will initial the medication log after each dose of medication is given and put the time of administration on the medication log.
- The standardized form will be used for monitoring.
- When completed, the medication form should be filed in the Cumulative Health Folder for a two-year period unless otherwise noted by the Community Health Nurse.

Disposal of Unused Medication

- Medication unclaimed after a reasonable time should be disposed of via the preferred method of reversed distribution arrangement.
- If this option is unavailable, dispose of via the municipal sewer system.

Herbal Medications & Preparations

- When delivered to the school, herbal medication/preparations must be accompanied by a physician's (M.D. or D.O.) written prescription/order.
- Parents/guardians are encouraged to administer these medications/preparations prior to, or after school hours.

When schools register a student with special medical needs, which cannot adequately be addressed by the present School Health Handbook, the principal should contact their Community Health Nurse immediately.

GUIDELINES FOR THE ADMINSTRATION OF NARCOTICS FOR PAIN MANAGEMENT

- All medication must be labeled with the student's name, dosage, frequency of administration, and physician's name.

- Both parties (parent and nurse/health designee) shall sign the narcotics medication log to verify initial count.

- All narcotics shall be stored in a locked container. This container shall be secured by placing in a locked cabinet/drawer. The school nurse/health designee/principal shall retain possession of medication keys.

- Narcotics shall be counted and signed off each day to account for all doses given. This count shall be performed by two persons to include the nurse and designated school personnel.

- There shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances.

- Appropriate school personnel (i.e. teacher) should be advised that the child has been medicated and may exhibit adverse reactions to the drug. Specific possibilities of adverse reactions should be described according to the drug.

- All unused doses shall be disposed of as follows:
  - A dose that becomes contaminated or is otherwise rendered unusable shall be disposed of through a reversed distributor arrangement or a municipal sewer system. This will be documented in the narcotics medication log. Parent/guardian will be notified of wasted dose.
  - Medication unclaimed after a reasonable time should be disposed of via the preferred method of reversed distributor arrangement or a municipal sewer system. This will be documented in the narcotics medication log.

- Students who require administration of narcotics (used for pain management) during a field trip shall not be allowed to participate unless escorted by a parent or legal guardian.

MEDICATION ADMINISTRATION TECHNIQUE

Authority: Florida Statue 1006.062 authorizes school personnel to assist students in the administration of prescription medications. Clay County schools also allow non-prescription medicines to be administered. All effort should be made for hours of administering of medication to fall during non-school time so as to have as little medication in the school as possible. Training for school personnel designated by the principal shall take place initially during pre-planning training time established by the Health Department. Training thereafter shall be ongoing as need arises. Medication administration procedures will be as follows: (Non-prescription medicines must follow the same guidelines.)

*Note: See Medication Policy Guidelines on the bottom of the Parent Authorization Form (MIS 12470)

PROCEDURES FOR ADMINISTERING MEDICATION

- ORAL MEDICATIONS
  - Student should assume sitting or standing position.
  - Pour the tablet from the bottle into the container lid, then into the medicine cup, as necessary.
  - Pour liquid by setting medicine cup on a firm surface at eye level and read fluid level at the lowest point of the meniscus (curved upward surface of the liquid in a container). Place lid upside down to avoid contamination and pour with label facing up to avoid obliterating label. Wipe bottle off before replacing cap.
  - Return medication to cabinet or refrigerator. Lock cabinet.
  - Unless contraindicated, offer a fresh glass of water to aid in swallowing to camouflage the taste of bitter medication, and to assure that medication is washed into the stomach.
  - Make sure the student swallows the medication.
  - Discard used medicine cup.
  - Record the medication on the appropriate forms.
  - Observe student for any immediate medication reaction or side effects.

- INHALED MEDICATIONS
  - Observe the student to determine the proper administration of the medication and assist as indicated.

- TOPICAL MEDCIATIONS (ointments & salves)
  - Gather necessary equipment including gloves or tongue depressor as needed.
  - Squeeze medication from a tube, or using a tongue depressor, take ointment out of jar.
  - Spread a small, smooth, thin quantity of medication evenly on bandage to be placed on skin. Use a tongue depressor to facilitate the smooth application of ointment.
  - Protect skin surface with a dressing and use tape or gauze to secure in place.
  - Remove gloves and wash hands.
  - Return medication to the medication storage cabinet, lock cabinet.
  - Record medication on the appropriate forms.
  - Observe student for any immediate medication reaction or side effects.

- EYE MEDICATIONS – EYE DROPS
  - Explain procedure to student.
  - Give tissue to student for wiping off excess medication.
  - Have student tilt head slightly backward and look up.
  - Squeeze the prescribed amount of medication into the dropper. Hold dropper with bulb in the uppermost position.
  - Place eye-dropper ½ to ¾ inch above eyeball with dominant hand.
  - Stabilize the hand holding dropper as necessary. Place other hand on cheek bone and hand holding the dropper on top.
  - Expose lower conjunctival sac (mucous membrane that lines eyelids) by pulling down on cheek.
  - Drop prescribed number of drops into center of conjunctival sac.
  - Repeat procedure if student closes eye and drops fall on eyelid.
  - Ask student to gently close eyelids and move eye to assist in spreading medication under the lids and over the surface of the eyeball.
  - Remove excess medication with clean tissue.
  - Wash hands.
  - Replace medication in medication cabinet, lock cabinet.
  - Record medication on the proper forms.
  - Observe student for any immediate medication reaction or side effects.

- EYE MEDICATIONS – EYE OINTMENT
  - Same as above except for the following application.
  - Gently separate patient's eyelids with thumb and two fingers and grasp lower lid near the margin of the lower lid immediately below the lashes. Exert pressure downward over the bony prominence of the cheek.
  - Student should look upward.
  - Apply eye medication along the inside edge of the entire lower eyelid, starting at the inner corner.

- EAR DROPS
  - Position student on side, with ear to be treated in the uppermost position.
  - Fill medication dropper with prescribed amount of medication.
  - Prepare student for the instillation of ear medication as follows.
  - Infant: Draw the earlobe gently downward and backward.
  - Child: Lift ear upward and outward.
  - Instill medication drops, holding dropper slightly above the ear.
  - Instruct student to remain on side for 5-10 minutes following instillation.
  - Dispose of unused supplies and wash hands.

- NOSE DROPS
  - Student should be in a sitting position with head tilted back, or in a supine (lying on back) position with head tilted back over a pillow.
  - Fill dropper with prescribed amount of medication.
  - Place dropper just inside the nostril and instill correct number of drops.
  - Instruct student not to squeeze the nose and to keep head tilted back for five minutes to prevent medication from escaping.
  - Return medication to the medication storage cabinet. Lock cabinet.
  - Record the medication on the appropriate forms.
  - Observe student for any immediate medication reaction or side effect.

- INJECTABLE MEDICATIONS
  - Only RN's and LPN's are permitted to administer injections, except for those designated and trained by the Community Health Nurse to administer the Epi-Pen or Glucagon for students who need them in an emergency situation.
  - Parents must sign the Clearance for Non-Medical School Employee to perform Health Procedure form.

- MEDICATION ERRORS
  - If a student receives an incorrect drug or dosage, the Principal/designee, parent, County Health Department Nurse, and physician must be notified immediately so that appropriate intervention can be initiated.
  - Notation must be made on the student medication log and a school accident/incident report filled out.

- MEDICATION NOT ADMINISTERED
  - If the student fails to report to the clinic for his/her medication, the clinic designee will attempt to locate the student and give the medication, but if this fails, the clinic designee shall not be held liable for the missed dosage.

THE 5 R'S

- RIGHT CHILD
- RIGHT TIME
- RIGHT DOSAGE
- RIGHT MEDICATION
- RIGHT ROUTE

DO!!!!!!!!!!!!!!!!

1. Wash your hands

2. Work in good lighting

3. Concentrate on what you are doing when working with medications

4. Make certain you have a written order for every medication you give

5. Check record to make sure child has not already received medication for that time or day

6. Check label three (3) times:
    1) When taking medicine from storage
    2) When preparing/pouring medicine
    3) When placing medicine in storage

7. Make certain that the data on the medicine request sheet corresponds exactly with the label on the child's medicine

8. Never give medicine from an unlabeled container or from one which the label is not legible

9. Make proper identification of the child – ask for name, rather than "are you _____?"

10. Watch the child take the medicine

11. Never chart a medicine as having been given until it has been administered

12. Pour tablets/capsules into the bottle cap and then into the child's hand or medicine cup

13. Pour liquids opposite the label to prevent drips from obscuring the directions. Wipe the rim of the bottle before replacing the cap.

14. Do not leave medicine unattended

15. Store drugs as recommended:
    a) Refrigerate
    b) Store away from heat or light
    c) Keep tightly closed

MEDICATION ADMINISTRATION ON FIELD TRIPS

THE FOLLOWING POLICIES APPLY TO GRADES PRE-K – 6 & ALL SLD, EMH, PMH,TMH, SELF-CONTAINED AND EH STUDENTS. POLICY #5 APPLIES TO ALL OTHER STUDENTS.

- It will be the clinic designee's responsibility to prepare all medications for field trip administration. Therefore you will need to be aware of all field trip times, etc.

- All medication leaving the school campus during school hours or after school on a school-sponsored activity must be in its original container and accompanied by a medication form. One medication form per medication. The one already being used in the clinic for sign out is preferred for continuity.

- One person (preferably a teacher or principal's designee) will be responsible for issuing the medication at the appropriate time. This should not be a parent chaperone. The time of medication administration must be put on the medication form when the medicine is given, not before or at the end of the day upon return to campus.

- The medication must be transported in a locked container (tackle box, soft lunch box, bank bag, etc.) The container MUST be LOCKED! It cannot be transported in a purse or backpack.

- Any student in the Junior High and High School level who requires medication may be responsible for his own medication with signed permission from a parent. The medication must be carried in its original container, not in a plastic bag, envelope, etc. Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having any type of drugs on his person. The teacher will be responsible for administration of medications as mentioned for Pre-K – 6 grades. Any parent who does not feel his child is responsible enough to take his or her own medication at this level must consult with the school health designee so that an alternative can be arranged.

IT IS VERY IMPORTANT FOR CHILDREN WHO HAVE EPI-PENS ORDERED FOR THEM THAT THE PENS BE CARRIED ON THE TRIP AND APPROPRIATE PERSONS HAVE BEEN TRAINED FOR ADMINISTRATION. PLEASE NOTE EARLY SO THIS CAN BE DONE PRIOR TO THE LAST MINUTE BEFORE THE FIELD TRIP.

CLAY COUNTY PUBLIC SCHOOLS
PARENTAL AUTHORIZATION FOR ADMINSTRATION OF MEDICATION
(FILE IN CUMULATIVE FOLDER FOR TWO YEARS, ONE FORM FOR EACH MEDICATION)

***PLEASE INDICATE IF STUDENT IS ON MEDICAID OR MEDICARE ASSIGNED INSURANCE SUCH AS HEALTHY KIDS, MEDIKIDS, MEDIPASS, ETC. _____YES _____NO**

ADMINISTRATION BY SCHOOL PERSONNEL
(To be completed if parent desires school to be responsible for student's medication.)

STUDENT'S NAME: _____ DATE:_____ GRADE/HR_____
Last First M.I.

As parents/guardians of the student named above, we/I request the principal/principal's designee administer the medication described below to our/my child.

Name of Medication:_____ Amount/Dosage:_____

Time to be given:_____ Date to Start:_____ Date to End:_____

Health condition requiring medication:_____

Possible side effects/special instructions:_____

Name of Physician Prescribing Medication:_____ Phone:_____

We/I understand that under provision of Florida Statute 232.46, school personnel cannot be held liable for reactions or effects from the administration of the medication. We/I also grant permission for school personnel to contact the physician if there are questions or concerns about the medication. We/I have read the guidelines and agree to abide by them.

_____/_____/_____
Parent/Guardian Signature Home Phone Work Phone

SELF- ADMINISTRATION OF MEDICATION
To be completed by parent and physician. If any medication must be self-administered (inhalers, allergic reaction medication) a written order must be received by a physician stating the need for the medication.

STUDENT'S NAME: _____ DATE:_____ GRADE/HR_____
Last First M.I.

Name of Medication:_____ Amount/Dosage:_____

PHYSICIAN'S ORDER AND SIGNATURE:_____

**********GUIDELINES**********

NOTE: Whenever possible, medication schedules should be arranged so all medication is given at home. Only school employees trained by the Clay County Health Department may administer medications to students at school.

1. MEDICATION MUST BE DELIVERED TO THE SCHOOL BY THE PARENT IN THE ORIGINAL CONTAINER AND THE ABOVE PERMISSION FORM MUST BE SIGNED BY THE PARENT/GUARDIAN.

1a. ONLY UNDER UNUSUAL CIRCUMSTANCES WILL A STUDENT BE ALLOWED TO TRANSPORT MEDICATION. THIS MUST BE PRE-APPROVED BY THE SCHOOL AND THE PARENT. IN ADDITION, A PARENT MUST CONTACT THE SCHOOL AND INFORM THE NURSE/DESIGNEE OF THE DATE THE CHILD WILL BE TRANSPORTING THE MEDICATION AND NUMBER OF DOSES BEING TRANSPORTED.

2. A SEPARATE SUPPLY OF MEDICATION MUST BE KEPT IN A LOCKED CABINET AT SCHOOL. MEDICATION WILL NOT BE TRANSPORTED BETWEEN HOME AND SCHOOL ON A DAILY BASIS. A 1 TO 3 MONTH SUPPLY WILL BE ALLOWED FOR THOSE STUDENTS REQUIRING LONG TERM MEDICATIONS WITH A CURRENT PRESCRIPTION.

3. THE LABEL MUST INDICATE THE STUDENT'S NAME, EDICATION NAME, PHYSICIAN'S NAME, DOSAGE AND TIME TO ADMINISTER.

4. IF THE MEDICATION REQUIRES SPECIAL EQUIPMENT FOR ADMINISTRATION, THE PARENT WILL SUPPLY THE NECESSARY ITEM.

5. ANY GLASS CONTAINER OF MEDICATION MUST BE SECURELY WRAPPED.

6. NEW PARENTAL AUTHORIZATION FORMS WILL BE REQUESTED WITH ANY CHANGE IN MEDICATION OR DOSAGE AND AT THE BEGINNING OF EACH SCHOOL YEAR.

7. WHEN MEDICATION IS DISCONTINUED, AND AT THE END OF THE SCHOOL YEAR, MEDICATION THAT IS NOT PICKED UP BY THE PARENT WILL BE DESTROYED.

8. MEDICATIONS CAN BE GIVEN WITHIN ½ HOUR OF DESIGNATED TIME. IF A DOSE IS MISSED, PARENT SHOULD BE CONTACTED.

CLAY COUNTY SCHOOLS 2006-2007

MEDICATION RECORD – ADMINISTRATION – PHYSICIAN'S ORDER

SCHOOL:_____ SCHOOL YEAR: _____

STUDENT:_____ DOB: _____ GRADE: _____ TEACHER: _____

MEDICATION: _____ DOSE AND TIME: _____ PHYSICIAN: _____ PHONE _____

Signature/Initial _____ Signature/Initial _____ Signature/Initial _____

DATE	COUNT	BY	DATE	COUNT	BY

- = WEEKEND : **H** = HOLIDAY : **A** = ABSENT : **F** = FIELD TRIP: **D** = EARLY DISMISSAL : **W** = DOSE WITHHELD (See progress notes)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUGUST		-	-						-	-						-	-						-	-						-	-
SEPTEMBER	H					-	-						-	-						-	-						-	-			
OCTOBER				-	-					H	-	-					H	-	-						-	-					
NOVEMBER	-	-						-	-		H				-	-						-	-			H	H	H	-	-	
DECEMBER						-	-						-	-					H	-	-	H	H	H	H	H	-	-	H	H	H
JANUARY	H	H	-	-						-	-						-	-	H					-	-						-
FEBRUARY	-						-	-						-	-	H					-	-						-	-		
MARCH						-	-						-	-	H					-	-						-	-			
APRIL			-	-	H	H	H	H	H	-	-	H					-	-						-	-						
MAY	-	-						-	-						-	-						-	-						-	-	

OBTAINING MEDICAL AUTHORIZATION FOR SCHOOL HEALTH PROCEDURES AND TRAINING PROTOCOL

*This protocol is to be completed before any physician ordered procedure is instituted.

- School Health Nurse will obtain Physician's Medical Procedure Authorization form MIS 12478 meeting the following specifications:

  - Physician signed & dated
  - Physician should be a Florida physician, preferably practicing locally
  - Orders should be sufficient in detail so the unit nurse can develop the procedure for the student
  - It will be the School Health Nurse's responsibility to discuss the order with the physician if the order intent is not clear or if there are questions concerning the order's appropriateness

- The School Health Nurse will discuss the order with the school principal. Based on the physician's orders and the matrix of recommended responsibilities, the School Health Nurse and the principal will cooperatively select individuals to be trained as primary care giver and back up personnel to perform the designated procedures. The nurse will discuss concerns with selections immediately with the Supervisor of School Health Services.

- The School Health Nurse will discuss the procedure with the parent/guardian and obtain the following information on Parent Medical Procedure Authorization form MIS 12477:

  - Parent/guardians method for performing the procedure
  - Equipment used at home
  - Special considerations such as frequency, time, other care given with the procedure

- School Health Nurse will explain the following to the parent:

  - Nursing interpretation of the physician's order
  - Plans (place, time, etc.) for the procedure at school to include special adaptations and accommodations. Any intrusive procedure will be performed in the school specialty clinics only (i.e. glucometer testing, insulin administration, etc.).
  - Personnel to be trained to perform procedure
  - Equipment needed. NOTE* equipment to be provided by the family. Only in unusual cases will the school be involved in providing or maintaining special equipment.
  - Expectations for medical follow up.

- Nurse will provide and affidavit (MIS 12477/12478) for the parent to sign. The original will be kept in the student's cumulative health record.

- School Health Nurse will write specific procedure/Nursing Care Plan for the student, taking into consideration the physician's orders and the basic procedure outlined in this manual. If no basic procedure exists in this manual for the ordered procedure, the nurse will discuss the order with the School Health Services Coordinator. The original document will be placed in the cumulative health record.

- The School Health Nurse will arrange with the principal and the health designee for the training of personnel in the following:
  - Location and time
  - Assembly of equipment
  - Invitation to the parent to attend the training session
  - Determination of the number of training sessions will be at the discretion of the School Health Nurse.

- Training sessions should be continued until the School Health Nurse is comfortable with the performance of the individuals being trained. The nurse will discuss with the principal and the School Health Services Coordinator any problems encountered in the training process.

- The form titled “Clearance for Non-Medical School Employee to Perform Health Procedure” should be completed for each successfully trained designated person. This form should be filed with the Nursing Care Plan. At the discretion of the School Health Nurse, personnel trained to serve as back up to the health designee will perform the procedure or be retrained on a schedule determined by the School Health Nurse. This retraining will be noted in the “Clearance for Non-Medical School Personnel to Perform Health Procedures” form. School Health Nurse will monitor the procedure as appropriate.

- School Health Nurse will be responsible for obtaining a renewal of orders and updated affidavit at the beginning or each school year. Forms and Nursing Care Plan must be updated whenever new personnel are trained or orders are substantially changed.

- School attendance by students requiring special procedures will be contingent upon:
  - The completion of the above protocol
  - The parent assuming the responsibility for performing the procedure at school

- If at any time, for any reason, a scheduled procedure is not, or cannot be performed, the person designated to perform the procedure will immediately notify the school administrator, who will then notify the parent.

- The forms included in this handbook, MIS 12477 & MIS 12478, should be on file for each child who requires a medical procedure during the school day.

- The “Clearance for Non-Medical School Employee to Perform Health Procedure” form should be on file in all instances where non-medical school personnel have been properly designated and trained to perform a medical procedure.

CLAY COUNTY DISTRICT SCHOOLS

900 WALNUT STREET
GREEN COVE SPRINGS, FLORIDA 32043
TELEPHONES:
(904) 284-6500 272-8100 (353) 473-2011
FAX: (904) 284-6525
TDD: (904) 284-6584

DAVID L. OWENS
Superintendent of Schools

To: Principals

From: David L. Owens, Superintendent

RE: Medical Procedures & Authorization Forms
(Regular Ed. and ESE)

The attached forms are approved by the School Board as addendum to the Clay County Public Schools/Clay County Health Department Handbook for Procedures and Policies Regarding School Health Services.

These forms are to be used for unusual medical services (including medication) needs of our students. Schools are required to consult with the Clay County Health Nurse when considering the need to initiate these forms.

The Clay County Health Department and staff will use the HRS Pamphlet 150-7 School Health Nursing Services for Medically Complex Children* handbook for guidelines, procedures, and instruction to use with each of your unusual medical cases. Upon approval of the student's physician, the final copy of the medical procedures should be filed in the School Health Record of the student. These procedures should be reviewed annually or as recommended by the student's physician.

DLO/tao

Attachments

Cc: Curriculum Directors
Health Designees
Clay County Health Department

* Obsolete reference. Current reference is Clay County Public Schools Health Services Manual for Medically Complex Students.

CLAY COUNTY SCHOOL BOARD
MEDICAL PROCEDURE AUTHORIZATION
(PARENT)

I, the undersigned, _____ have enrolled my child,
(Parent Name)
_____ at _____
(Child's Name) (School Name)
It is necessary for my child to have a medical procedure performed during school hours. The procedure is:
_____
(Name of Procedure)

A PHYSICIAN'S ORDER FOR THE PROCEDURE IS ON FILE AT THE SCHOOL: COPY ATTACHED.

I specifically request that this _____
be administered by members of the school staff. With the signing of this document I affirm that the individual(s) listed herein have been trained to perform this procedure to my satisfaction and that the procedure used meets with my approval. Therefore, there shall be no liability for civil damages as a result of the administration of the above procedure where the person administering the procedure acts as an ordinarily responsible, prudent person would have acted under the same or similar circumstances.

I also understand that if there is special equipment needed to perform this procedure it will be maintained by me, delivered to the school in working order daily, and that the school personnel will assume **no** responsibility for the proper maintenance or delivery of the special equipment necessary for this procedure.

The following staff member(s) have been trained to my satisfaction and in accordance with a procedure established by the school under the orders of:_____.
(Physician's Name)

In the event the trained school board employee(s) cannot complete the above procedure as ordered and all efforts to secure a Clay County School Board substitute nurse have been exhausted:
I, _____(or my designee) will be requested to
(Parent's Name)
complete the procedure. If I,_____ (or my designee)
(Parent's Name)
Is unavailable, I agree that a substitute nurse will be hired from an approved agency to complete the procedure.

Name(s) of staff members trained:
_____
_____
_____

Equipment to be supplied by the parent:
_____
_____
_____

_____ _____
(Parent Signature) (Date)

_____
(Address) (Phone)

CLAY COUNTY PUBLIC SCHOOLS
MEDICAL PROCEDURE AUTHORIZATION
(PHYSICIAN)

Doctor:_____

The parents of _____ have requested the Clay
(Child's Name)
County School to perform the following procedure: _____ to
(name of procedure)
their child at school. Your help in this matter is appreciated.

Sincerely,

_____
Principal or Designee Signature

These procedure and orders will be renewed annually, or more frequently if applicable. Please include special recommendations such as:

Order and Special Guidelines
Specify type and amount of formula
Frequency of changing tubes, if required, etc.

_____
_____
_____
_____
_____

Please print or stamp:

Physician name:

Physician office address:

Physician phone number:

_____ _____
Physician Signature Date of order

MIS 12478
REV 9/14/01

CLEARANCE FOR NON-MEDICAL SCHOOL EMPLOYEE TO PERFORM HEALTH PROCEDURE

Part A: Registered Nurse Statement

On _____ , _____ was able to
(Date) (Employee Name)
demonstrate competence in _____ to my satisfaction.
(Health Procedure)

He/She exhibited an understanding of actual procedural measures, infection control, appropriate precautions for student safety, and criteria for consultation with a nurse/parent/physician.

Signed: _____ , RN
(Registered Nurse)

Date:_____

Part B: Employee Statement

On _____ , I was instructed as to the performance of _____.
(Date) (Health Procedure)

At that time a written procedure was made available to me, and I was given the opportunity to ask pertinent questions. I agree to perform the procedure, if assigned, according to written guidelines and to notify the appropriate medical person(s) or parent if difficulties arise.

Signed: _____
(Employee)

Date:_____

MEDICAL POLICIES

FOR

SCHOOL HEALTH

SERVICES

MEDICAL POLICIES FOR SCHOOL HEALTH SERVICES

These policies are written for the School Health Designees of Clay County.

CONTACT YOUR COUNTY HEALTH DEPARTMENT NURSE WHEN TRENDS OF ILLNESSES ARE NOTED *It should be noted that in many instances, the Health Designee is directed to notify the school principal.

BITES - ANIMAL TO HUMAN:

- Cleanse with soap and water
- Provide first aid as indicated
- Refer to principal for final disposition
- Notify Animal Control at 284-6342

STUDENT TO TEACHER:

- Wash site thoroughly with soap and water.
- Provide first aid as indicated.
- Assess Tetanus/Diphtheria immunization status.
- Report incident to principal and advise need for incident report.
- Notify parent/guardian of student.
- Refer to worker's compensation physician for recommended assessment per CDC guidelines.

STUDENT TO STUDENT:

- Wash site thoroughly with soap and water.
- Provide first aid as indicated.
- Assess Tetanus/Diphtheria immunization status.
- Report incident to principal & advise need for incident report as appropriate.
- Notify parent/guardian of student.
- Refer to private medical provider for recommended assessment per CDC guidelines.

BITES - INSECT:

- See if stinger is visible. Remove stinger if possible, rake it out, do not squeeze.
- Gently cleanse the site with soap and water.
- Apply ice pack.
- Observe for at least 30 minutes and monitor for signs of allergic reaction.
- Call 911 if there are signs of distress.
- Notify parent/guardian.

TICKS:

- Do not burn
- Remove only if not imbedded
- Notify parent

BLEEDING:

- NOSE
  - Wear gloves for procedure and for clean up
  - Have patient sit up and lean slightly forward
  - Pinch nostrils together – do not wipe or blow nose
  - Ice the forehead and/or bridge of nose
  - Call parent or physician if bleeding continues for more than 10-15 minutes
- OTHER
  - Apply pressure with sterile dressing to any severe bleeding
  - Notify principal and call rescue

BURNS:

- Notify principal immediately if burn is fresh and occurred at school
- First degree (redness only) – use cold running water (preferably ice water if available) or ice until discomfort is relieved

- Any burn more severe than first degree (redness) – notify the principal and parent. Observe for signs of shock.
- Call 911 if indicated.

COMMUNICABLE DISEASE SUSPECTED:
- Isolate and check temperature
- Bed rest
- Notify the principal and parent
- Be sure to change paper on bed after each child
- Refer to Communicable Disease Recommendation on page 23 and Common & Uncommon Communicable Diseases on page 112.

EARS:
- Aching - no treatment -
  - check temperature
  - assess severity of pain
  - return to class or call parent accordingly
- Discharging
  - Do not put anything in ear
  - Check temperature
  - Call parent

EYES:
- Chemical Burns:
  - Irrigate the eye thoroughly with eye wash or tap water immediately and direct away from unaffected eye (in most cases for 20 minutes or more)
  - Close and bandage eye
  - Notify principal and parent
  - Refer for immediate medical attention
  - Call 911 if necessary
- Foreign Bodies:
  - Irrigate the eye thoroughly with eye wash or tap water immediately and direct away from unaffected eye
  - Avoid rubbing
  - Notify parent & principal
  - Refer for immediate medical attention
  - Call 911 if necessary
- STY
  - Physical characteristics
  - Tiny abscess (0.5 – 1.0 mm) on edge of eyelid.
  - Slight redness around abscess.
  - Refer to physician
  - School exclusion not necessary
- Follow-up:
  - Watch for unusual spread; should heal in 3-5 days.If infection continues or a cyst develops, refer to an ophthalmologist.
- Inflamed or Discharging:
  - Isolate; Avoid light or usage; Refer to Communicable Disease Recommendations – Conjunctivitis
- Other Eye Injuries:
  - Close and bandage the eye; Notify the principal and parent; Call 911 if necessary

FAINTING:

- Check ABC (Airway, Breathing Circulation)
- If unresponsive, but breathing, place in recovery position (roll on side)
- Loosen tight clothing around neck and waste
- If has fallen, check for any sign of injury
- Cool/wet cloth to face may aid recovery
- Review emergency card and/or health record for medical history
- Notify principal/parent
- Call 911 if indicated

FEVER:

- The normal temperature range of a child can vary depending on activity, climate, and the child's metabolism. An oral temperature between 99º and 100º may constitute a low-grade fever for that individual child. A child who comes to the clinic with a temperature over 99º and with other symptoms of illness such as listlessness, head ache, muscle aches, and/or light sensitivity should be considered febrile and the parent should be notified as soon as possible. Check the student's health card for a history of febrile seizures.

- Purpose: Elevation of body temperature (fever) is frequently one of the first signs of an infectious disease, heat stroke, or dehydration.

- GENERAL INFORMATION AND RECOMMENDATIONS:
  If an electronic (digital) instrument is used for temperature measurement, instructions accompanying the thermometer should be followed. Always use plastic covers with a digital thermometer and plastic ear probes with ear thermometers. Follow manufacturer's instructions for cleaning.

  Rectal temperature should NEVER be taken.

  If oral measurement is to be taken, a glass thermometer should NOT be used.

  The ear thermometer should always be used under the following conditions.
  - The student is under five (5) years of age.
  - The student is over five (5), but has a physical or mental disability that prevents him/her from holding a thermometer under the tongue.
  - The student does not seem to understand instructions for holding a thermometer under the tongue.
  - The student has been vomiting recently.
  - The student has had a recent seizure.
  - The student is crying or upset emotionally.
  - The student has consumed hot or cold foods or liquids within ten (10) minutes.
  - The student is unconscious or does not respond to his/her surroundings.

- ELEVATED TEMPERATURE CONTROL:
  - Give small amount of fluids (water) frequently
  - Place a cool cloth on the neck and face
  - Contact parent for student's discharge as soon as possible

HEAT STROKE – SUN STROKE:

***THIS IS A SERIOUS EMERGENCY – CALL RESCUE IMMEDIATELY!**

- Signs and Symptoms:
  - High body temperature
  - Dry, flushed skin
  - No sweating
  - Dizziness
  - Nausea
  - Faintness

- Spots before the eyes
- Ringing in the ears
- Unconsciousness

- Treatment:
  - Act quickly. Move the student to an air conditioned or shaded area immediately and keep flat
  - Remove clothing, sponge with cool water to reduce temperature. Do not allow sponging to the point of shivering. This will increase temperature.
  - Keep the student quiet
  - Notify the parent/guardian and principal
  - These students are more susceptible to repeat episodes

HEAT EXHAUSTION:

- Signs and Symptoms:
  - Normal body temperature
  - Profuse perspiration
  - Nausea
  - Possible vomiting
  - Fainting, dizziness
  - Tiredness
  - Weakness
  - Headache
  - Abdominal cramps
  - Skin is pale, cool and moist
  - Rapid pulse, respiration is shallow and hurried

- Treatment:
  - Give small sips of liquids (Gatorade or similar product is recommended. Do not give iced or cold drinks)
  - Discontinue fluids if student vomits
  - Remove student to air conditioned or shaded area
  - Have student lie down with head and shoulders lower than trunk
  - Loosen clothing
  - Sponge face and neck with cool water
  - Notify parent/guardian and principal. If parent/guardian cannot be reached, call for Emergency Assistance if condition worsens
  - Record on health room log and student health record

HYDRATION: ADEQUATE MAINTENANCE OF

NOTE: School personnel must accept responsibility for seeing that the student has adequate hydration during the school day. School hours often comprise as much as 2/3 of a child's waking hours during the day. Parents may have difficulty in getting a child to drink early in the morning before school, or in the evening when the child is very tired and it is nearing bedtime.

Particular care should be taken that children have opportunities to drink water prior to, and after, strenuous activities such as P.E. and recess. This simple step can help prevent dehydration, heat exhaustion and heat stroke.

- Purpose:
  - To maintain adequate hydration in children at risk for fluid imbalance (i.e., children with oral motor dysfunction, frequent vomiting or diarrhea, and those taking certain medications).
  - To prevent dehydration.
  - To prevent fluid retention.

- To replace fluid loss (i.e., fever, excessive sweating, increased physical activity, vomiting, diarrhea).

NOTE: Care should be taken to supply adequate fluids to handicapped students who maybe unable to independently obtain and/or ask for fluids.

** For students with specific medical hydration needs, see Nursing Care Plan such as Sickle Cell.

PEDICULOSIS CAPITITS SUSPECTED:

- Keep the child in the clinic until parent picks up
- Refer to Guidelines Regarding Prevention and Control of Head Lice in Clay County Schools on pages 83-88

POISONING:

- If responsive – call National Poison Control Hotline at 1-800-222-1222
- If un-responsive – Call 911
- Notify Principal and Parent

RASHES:

- Most rashes should be assessed by a physician unless history has been provided indicating chronic non-contagious status
- Send home if open draining and/or concerned if contagious

  POISION IVY/OAK
  - Reaction begins 1-4 days after exposure.
  - Contents of blisters and weepy skin CANNOT cause rash in another individual or even in another location on patient.
  - Early; itching, redness, small pustules and vesicles.
  - Late; increase of all early signs plus larger blisters and generalized weeping of skin.
  - Healing; dryness, crusting and gradual shedding of crusts and scabs. May take 2-3 weeks.
  - Most common on hands, forearms and face.
  - No fever

SEIZURES: (Also see page 146 Seizure Disorders)

- If not already prone, gently lower to floor and roll on side to keep airway clear
- Cushion head (protect head from injury)
- Protect from nearby hazards
- Remove items that could cause injury if bumped against
- Loosen any tight clothing, especially around the neck
- Observe closely for maintenance of A,B,C (airway, breathing and circulation) and observe in order to report necessary information such as: type of movement, part of body involved, length of seizure, behavior on recovery
- Do not place any object between the teeth or in the mouth
- Do not restrain
- Give nothing by mouth
- Follow physician orders (as applicable to seizures)
- Call 911 if:
  - No documented history of seizures
  - If seizure lasts more than five (5) minutes (unless otherwise ordered by physician)
  - If has multiple seizures (unless physician order specific to multiple seizures)
  - If person is pregnant, injured, diabetic or any other sign of illness
  - If A,B,C (airway, breathing or circulation) are compromised

SHOCK:

- Signs and Symptoms:
  - Skin cool and clammy, may be pale or bluish
  - Feeling of weakness, faint and possible nausea
  - Pulse weak and rapid

- Breathing quick and shallow or deep and irregular
- Restlessness, anxiety and severe thirst

- Treatment:
  - Restore breathing and stop bleeding
  - Lay in supine position with feet 8-12 inches above head
  - Maintain body temperature at as normal as possible
  - Call rescue immediately
  - Notify principal and parent

TOOTHACHE / DENTAL EMERGENCIES

David Whiston, DDS of the American Dental Association, offered these temporary suggestions on the following emergencies:

- Toothache: Rinse mouth with warm water to clean. Use dental floss to remove any food that may be trapped. DO NOT place an aspirin on the tooth.

- Broken tooth: Rinse with warm water. Place cold compresses on the face in the area of the injured tooth and see a dentist immediately.

- Bitten tongue or lip: Apply direct pressure on the bleeding area with a clean cloth and apply a cold compress to minimize swelling. If the bleeding does not stop, go to doctor or hospital.

- Possible fractured jaw: DO NOT move the jaw. Immobilize the jaw and call dentist or transport to the hospital emergency room. Notify parent as soon as possible. Refer to family dentist.

- Lost tooth: Baby (temporary) teeth: Leave the tooth out of the mouth to prevent further injury.

- Lost tooth: Adult (permanent) teeth: Place the dislodged tooth back into its socket in its original position and seek a dentist. If the caregiver is not up to the task or the injury is too severe to do this, it is suggested that the tooth can be transported to the dentist in milk or saline. Keeping the tooth root moist will prevent the root cells from drying out and dying.

WOUNDS: - *If wounds are severe or life threatening call 911.*

- Puncture/Splinters
  - Wear medical exam gloves.
  - Wash gently with plain soap and water (do not scrub).
  - Do NOT try to remove a splinter or other foreign object unless it is small and obviously visible AND palpable on top of the skin surface and can easily be grasped with tweezers. (DO NOT attempt to dig object out with a needle.)
  - Apply sterile dressing (In case of an impaled object, place dressing around object)
  - Try to get a history of what punctured the skin (rusty nail, glass, wood, etc.)
  - Determine the date of last tetanus booster and advise parent accordingly.
  - Notify principal as appropriate. Notify parent.
  - Use nursing judgment regarding referral to physician. (If not a nurse, consult County Health Department Nurse.)

- Abrasions/Lacerations
  - Wear medical exam gloves.
  - Apply pressure to control bleeding if needed (unless eye injury, injury with an embedded object, or a fracture to the skull).
  - If bleeding controlled, wash gently with soap and water (Do not scrub. If wound is severe or very dirty, do not attempt to clean. Refer for further medical treatment.)
  - Cover the area with a sterile dressing.
  - Determine last date of tetanus booster and advise parent accordingly.

- Notify principal as appropriate. Notify parent.
- Use nursing judgment regarding referral to physician. (If not a nurse, consult County Health Department Nurse.)

* Follow up of wounds should include observation for the appearance of cellulitis, abscess, or lymphangitis.

HEAD INJURY - *Head injuries are one of the most common types of injury in children.*

- Signs and symptoms to watch for (can be immediate or delayed):
  - Loss of consciousness
  - Headache
  - Dizziness
  - Walking clumsily
  - Sleepiness
  - Nausea and/or vomiting
  - Unequal pupil size
  - Blurred vision
  - Bleeding or clear fluid from the nose and/or ears

- Treatment: Objective is to keep brain swelling to a minimum.
  - Elevate head if there is no evidence of neck injury and apply ice
  - Check vital signs
  - Look for symptoms listed above
  - Notify parents of head injury IMMEDIATELY
  - Check level of consciousness. May not develop immediately, watch closely
  - For hemorrhage or bleeding, apply clean dressing. Notify parents promptly
  - In case of severe bleeding, call rescue
  - Obtain history of accident and complete accident report

* EVEN IF INJURY MAY NOT APPEAR SERIOUS, PARENTS MUST ALWAYS BE MADE AWARE OF THE NEED TO CLOSELY MONITOR STUDENT FOR SIGNS & SYMPTOMS (SEE SIGNS AND SYMPTOMS LISTED ON PREVIOUS PAGE)

NECK AND BACK INJURY

- Suspect spinal cord injury if:
  - Weakness or numbness in arms and/or legs
  - Point tenderness
  - Loss of consciousness
  - Headache
  - Blurred vision

- Treatment: Objective is to protect the spinal cord.
  - DO NOT MOVE PATIENT
  - Call 911
  - Notify parents as soon as possible
  - Obtain history of accident and complete accident report

NEW STUDENT REGISTRATION

SCHOOL ENTRY IMMUNIZATION AND MEDICAL EXAMINATION LAW
FLORIDA STATUTE 1003.22

The school entry immunization and medical examination law (Florida Statue 1003.22) should be enforced when registering new students in Clay County.

For the current school year, form DH 680 and form DH 681 (Religious Exemption) are the only acceptable immunization certifications for admittance to a public or non-public school, grades Pre-K-12. These new requirements apply only to first time enterers into the Florida School System, grades Pre-K-12. There will be no 30-day grace period allowed for first time enterers.

Students who are currently enrolled with proper documentation are not affected by these changes (i.e., students who transfer from one school to another; from public to private school; from one county system to another within the State of Florida, etc., do not need new certification, but will be requested to present a copy of their old DH 680 prior to entering). These old DH 680 forms will be screened by the Clay County Health Department for proper documentation. There will be selected cases that will require the parent to contact their private physician, NAS Jax, or the Clay County Health Department for correction or completion of the DH 680. THESE REQUIREMENTS APPLY TO SUMMER SCHOOL ENTRIES ALSO.

Students transferring from counties with the State of Florida can be granted the thirty (30) day grace period in which to receive a copy of the records from the transferring school if immunizations entered on the computer data system meet the State requirements. This must be checked as the child enrolls. If there is a problem or question about immunizations, no thirty (30) day grace period will be allowed. All new students must present a form DH 680 upon enrollment or the school must receive the hard copy transferred from the previous school. We have requested all school districts to give duplicate copies of each student's immunization record (DH 680) to the parents or the student.

If the family has a copy of the student's immunization record (DH 680), they can ensure that their child will not be delayed in enrolling in a new school because of the lack of immunization certification.

CLAY COUNTY SCHOOL HEALTH SERVICES

PROCEDURES FOR SCHOOL ENTRY MEDICAL EXAMINATION FLORIDA STATUTE 1003.22

- All initial entry students to a Florida public or private school must present certification of a medical examination within twelve (12) months prior to the date of Florida school entry.
- Certification of an examination during the past twelve (12) months by certified medical provider will be valid. The exam must be comparable to the Florida DH form 3040 with the review of systems, etc. Out of state physical exams will be accepted as long as it complies with the above.
- Prior to beginning school, all students who are new Florida entries must confirm their doctor's appointment if not in compliance. Each school should compile a list of all new Florida entries (K through 12) noting grade level and date of doctor's appointment.
- Exceptions: as noted in the law, exemption is permitted for religious reasons.
- The continued use of DH form 3040 for recording the examination findings was recommended by the Department of Education. This form 3040 should not be reproduced and distributed to parents. All physicians and Navy Hospitals have copies.
- Schools are to follow procedures for temporary exclusion for non-compliance.

PROCEDURES FOR CARRYING OUT TEMPORARY EXLUSION POLICY FOR NON-COMPLIANCE WITH HEALTH RECORDS REQUIREMENT

- Immunizations – Florida Transfer and New Students:
  - The Public Health Nurse will first send out a 10-day letter notifying parent of violation. If there is no response, the superintendent's 3-day letter will be sent home. The Principal will be notified of this. If no response is noted, an exclusion letter will be sent out by the Principal in compliance with FS 1003.22 .
  - Florida Transfers: Students transferring from another county in Florida will be given a temporary thirty (30) day exemption in order to allow time for transfer of records. The Public Health Nurse will review the records if needed and notify parents. See the attached Superintendent's letter.
- Physical Examinations: All first time entries in Florida schools must present proof of physical examination or appointment slip reflecting date for physical.
  - If the child does not comply within the thirty (30) day grace period for obtaining a physical, the Public Health Nurse will notify the parent with a 10-day letter. In case of non-compliance after this letter it will be up to the individual Principal to determine if the child will be excluded from school.
  - It is requested that all children have a copy of their school physical in their school record.

MODIFICATIONS TO PROCEDURES AND CONSEQUENCES OF SUSPENSIONS ISSUED FOR NON-COMPLIANCE.

- Grade point penalties for unexcused absences due to suspensions:
  - Students may receive up to one half the regular penalty for an unexcused absence.
  - Principal's discretion on special hardship cases and those situations that would create grave consequences on pass/fail, progression through grades, honor roll status, etc. will have to be addressed.

SCHOOL DISTRICT OF CLAY COUNTY
900 Walnut Street
Green Cove Springs, Florida 32043
Telephones:
904/284-6500 (GCS) 904/272-8100 (OP)
1-888-663-2529 (KH)
FAX 904/284-6525 TDD 904/284-6584
DAVID L. OWENS
SUPERINTENDENT OF SCHOOLS

To: Parents of _____

Date: _____

RE: Notice of Non-compliance with Immunization Law and/or School-entry Health Examination

Dear Parent:

Florida Statute 1003.22 states that children must be administered immunizations and have on file certification of a school-entry health examination in accordance with the law in order to attend school. The Clay County Health Department has checked the health records of your child and the immunization record and/or record of health examination is not in compliance with the law.

Our records indicate that your child is delinquent in the following immunizations:

____DTaP	5 doses (4 if last dose given after age 4)
____Td Booster	1 dose (prior to entering 7th grade)
____Polio Series	4 doses (3 if last dose given after age 4)
____MMR	2 doses Measles, 1 dose Mumps, 1 dose Rubella Usually given as MMR (on or after 1st birthday)
____Hepatitis B	3 doses
____Varicella	1 dose (or provider documentation of chickenpox)

____School entry health examination needed

If the school does not receive record of immunizations/health examination by _____, your student will not be allowed to attend school. Any days missed because of failure to have proper immunizations/health examination will result in un-excused absences from school.

You may have your student's immunizations documented by your private physician or obtain free immunization services given by the Clay County Health Department. The Clinics located in Green Cove Springs, Orange Park (Bear Run) and Keystone Heights have walk-in immunization services. For information regarding clinic days/hours in your area, please contact the Clay County Health Department at (904)269-6340, between 8:00 a.m. - 5:00 p.m.

Should you need any additional information, please contact the Clay County Health Department School Health Division, (904)284-6340 or (904)269-6340, Ext. 101.

Sincerely,

David L. Owens

David L. Owens, Superintendent

NOTE: Please take this letter with you when you go to the clinic for immunizations/school physical.

"An Equal Opportunity Employer"

SCHOOL DISTRICT OF CLAY COUNTY
900 Walnut Street
Green Cove Springs, Florida 32043
Telephones:
904/284-6500 (GCS) 904/272-8100 (OP)
1-888-663-2529 (KH)
FAX 904/284-6525 TDD 904/284-6584

DAVID L. OWENS
SUPERINTENDENT OF SCHOOLS

To: Parents of _____

Date: _____

RE: Exclusion Notice due to Non-compliance with Immunization Law and/or School-entry Health Examination

Dear Parent:

Florida Statute 1003.22 states that children must be administered immunizations and have on file certification of a school-entry health examination in accordance with the law in order to attend school. At the time of this letter the school has not received a response to prior notices and your child's immunization record and/or record of health examination is not in compliance with the law.

Your child, _____, may not return to school until the immunizations are brought up to date and proof of the immunizations and/or health examination are presented to the nurse's office on his/her campus. Any days missed because of failure to have proper documentation will result in unexcused absences.

Our records indicate that your child is delinquent in the following immunizations:

____DTaP	5 doses (4 if last dose given after age 4)
____Td Booster	1 dose (prior to entering 7th grade)
____Polio Series	4 doses (3 if last dose given after age 4)
____MMR	2 doses Measles, 1 dose Mumps, 1 dose Rubella Usually given as MMR (on or after 1st birthday)
____Hepatitis B	3 doses
____Varicella	1 dose (or provider documentation of chickenpox)

____School entry health examination needed

Should you wish to discuss this issue, please contact your child's principal or school nurse. Thank you for your prompt attention to this matter.

Sincerely,

NOTE: Please take this letter with you when you go to the Clay County Health Department clinic or your physician.

David L. Owens David L. Owens
Superintendent

CLAY COUNTY HEALTH DEPARTMENT SCHOOL TEAM SERVICES

- Provide inservice training for school personnel and parents on the detection and control of pediculosis.
- Provide special inservices to schools having chronic head lice problems through student groups, faculty, PFA, etc.
- Participate in direct inspections at schools when unusual problems occur
- Respond to requests from principals for assistance or advice on unusual problems. Nurses will instruct parents of students with continuous head lice infestation on proper preventive measures through parental conferences, home visits, etc.
- Upon the request of parents, provide advice on the treatment of head lice for students who have been identified by the school as having head lice.

CALLING ALL PARENTS: JOIN THE LICE SQUAD!!

As children return to school after vacation activities such as summer camps, trips to other areas, slumber parties, etc., the occurrence of head lice is usually increased. Head lice are very contagious. They are spread through the sharing of personal items such as combs, brushes, hats, scarves, sleeping bags, or even stuffed animals. Major outbreaks can be avoided if each parent will check his or her child now, and on a regular basis throughout the year.

Although the lice are small and difficult to see with the naked eye, the eggs (nits) are fairly visible, especially at the back of the head behind the ears. They appear as small grayish-white bodies attached to the hair and can be mistaken for dandruff. Itching and scalp irritation are symptoms of an active case.

If you suspect your child has head lice, please consult your family physician or school nurse. Positive cases should be reported to the school so that other parents may be notified. Every effort is made to keep the child's identity confidential.

You are urged to check your child now and at least several times monthly thereafter. Let's keep lice out of our schools!

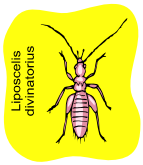
School Nurse

Dear Parent:

I am writing to tell you that your child has head lice. *This has absolutely nothing to do with the kind of parent you are*. It has nothing to do with cleanliness at all. In fact, lice prefer a clean, healthy head to a dirty one. Anyone, adult or child, can get head lice.

Head lice are passed from person to person by direct contact or on shared objects like combs, towels, barrettes, headphones, hats, etc. Every member of your family should be checked. The most common symptom of infestation is intense itching on the back of the head or neck. Head lice cannot survive without a human host. They also cannot live on family pets. There is little evidence to support that they carry any diseases. So don't panic – just follow the steps below to take care of the problem.

1. CHECK EVERY MEMBER OF YOUR FAMILY



Lice are hard to spot, so look for the tiny white eggs (nits) on hair shafts, near the scalp. Look closely at the nape of the neck and behind the ears. Head lice are small, wingless, grayish-tan insects. Any family member with lice or nits must be treated.

2. USE AN EFFECTIVE HEAD LICE TREATMENT

You may use an approved treatment product for headlice. Follow the directions on the label. ***The nits must be removed!***

3. REMOVE ALL NITS

Nits must be pulled off the hair shaft with your fingernails or a very fine- toothed nit comb. For easier nit removal, you may apply ½ water and ½ vinegar to the hair and leave on for 20 minutes or you may purchase products to aid in removal from the store. CLAY COUNTY REQUIRES ALL STUDENTS BE NIT FREE BEFORE THEY CAN RETURN TO SCHOOL!

4. WASH CLOTHES, BED LINENS, TOWELS

Use HOT water and dry on the HOT cycle for at least 20 minutes. Items such as stuffed animals, headphones and hats that are not machine washable must be dry cleaned or stored at room temperature in a tightly sealed plastic bag fro at least two weeks.

5. SOAK COMBS, BRUSHES, ETC. IN HOT WATER

The hotter the water, the better. The temperature should be at least 130° F. Items should soak for at least 10 minutes in lice shampoo.

6. VACCUUM EVERYWHERE

To make sure the rest of your home is lice free, you should vacuum carpets, pillows, mattresses, upholstered furniture and even the car seats.

Parents must bring the child to the school clinic to have the hair checked before the child can be readmitted. Unless there are extenuating circumstances children should be treated and clear of all nits within 2-3 days. The school attendance assistants will be notified of excessive absences which could result in a home visit from the school social worker/public health nurse. If you have any questions or concerns, please call your child's school.

HEAD LICE: DETECTION, TREATMENT AND PREVENTION INFORMATION FOR PARENTS

WHAT ARE HEADLICE?
Head lice are tiny, wingless, grayish-tan insects that live and breed in human hair. They are about the size of a sesame seed with 6 claws that attach it to the hair shaft. The eggs, called nits, are easier to see than the lice themselves and are usually found attached to hair shafts close to the scalp behind the ears and on the back of the head. Nits cannot be washed away like dirt or dandruff; they must be removed with a special comb designed for that purpose. Head lice can only survive for about half a day without a human host and cannot live on family pets. The eggs hatch in 8-10 days and then in another 8-10 days the young will mature and lay eggs of their own. Viable (live) eggs are usually seen from the scalp up to ½ inch up on the hair shaft. Headlice do not jump or fly and hardly even crawl. If your child has been infected, that means their hair has been in close contact with someone who is infected or they have shared the earphones, hat, comb, brush or other item of an infected person.

HOW DO THEY SPREAD?
Head lice are very contagious. They are spread through close contact and the sharing of personal items such as combs, brushes, scarves, hats, headphones, sleeping bags, stuffed animals, etc. To minimize the risk of repeated outbreaks, remind your children *not* to share these items.

HOW ARE THEY DETECTED?
The first clue that a child has head lice is frequent scratching of the scalp. To check for infestation, carefully examine the hair around the back of the neck and behind the ears. Since head lice shy away from light, you may only see their eggs (nits). The nits are small whitish ovals of uniform size attached to the hair shaft.

HOW ARE THEY TREATED?
Head lice infestation can be treated with a head lice medication called pediculicide. There are several pediculicides on the market. They come in a variety of forms such as shampoo, crème rinse, and lotion.

GUIDELINES FOR THE PREVENTION AND CONTROL OF HEADLICE

- WHAT ARE HEAD LICE? A small wingless insect that infects the scalp of both children and adults. They are only about 1/30th of an inch long and have a life cycle of 30-35 days. During this time a female will lay approximately 90 to 150 eggs (nits). They are attached to the hair shafts on the back of the head, around the ears and nape of the neck. In 7 to 9 days the eggs will hatch and the immature lice will reach maturity, ready to mate and start the life cycle over.

- TRANSMISSION – HOW DO LICE GET FROM ONE PERSON TO ANOTHER?

  - Directly, through direct contact with an infected person's head/hair (example, children playing closely together).
  - Indirectly, by placing the clothing of an infected child with the clothing of an uninfected child (example, lice will travel from one piece of clothing to another in search of a new host (victim) by crawling. LICE DO NOT HOP OR FLY).
  - Indirectly, by sharing personal items such as combs, hair brushed, hats, etc.

- SIGNS OF INFESTATION – Head lice are hard to see but some signs to look for include:

  - Scratching the head or back of the neck
  - White specks in the hair. Look for whitish eggs, which can be mistaken for dandruff. Dandruff is easily removed but nits (eggs) are glued to the hair shaft and are difficult to remove.

- TREATMENT- Use an approved head lice treatment as directed. Family members should also be treated.

  PRECAUTION: Prior to treatment of children two (2) years old or younger or pregnant women, check with your private physician or health clinic for special instructions.

  - Apply medicated product. Follow directions on the label. The shampoo kills the lice and some nits in four (4) minutes, but does not remove the nits.
  - Rinse the hair with warm water.
  - To help loosen nits, pour a solution of ½ vinegar and ½ warm water over the hair. Wrap the head with a towel and allow solution to remain for 20 minutes.
  - Rinse hair thoroughly with warm water.
  - Use an electric hair dryer at the hottest setting to dry the hair.
  - Following the shampoo and drying of hair, nits must be pulled out with fingernails or a very fine-toothed nit comb. Part the hair into small sections to remove the nits. Nit removal is essential for successful treatment. A gooseneck lamp or sunlight will aid in the detection of nits.

THE SCHOOL WILL NOT RE-ADMIT CHILDREN AS LONG AS NITS ARE PRESENT.

A PARENT/GUARDIAN MUST ACCOMPANY THE CHILD ON RETURN TO SCHOOL FOR CLEARANCE BY THE NURSE

- WHAT ELSE SHOULD BE DONE? – Head lice will live off the body for about 48 hours. Nits will live until they hatch. This could be several days. The following steps are equally as important as the treatment:

  - Wash all clothes worn by infested individual over the past three (3) days in **hot**, soapy water. It is preferred that you dry your laundry in a clothes dryer on the **hot** setting, but if you are unable to do this, hang laundry on a clothesline in direct sunshine. Any clothes that cannot be washed should be dry-cleaned or placed in a tightly sealed plastic bag for two weeks.
  - Bedding should also be washed in **hot**, soapy water.
  - Personal items such as combs, brushes, hair ribbons, etc., should be soaked in a mixture of **hot** water and medicated lice shampoo for ten (10) minutes.

- Vacuum all furniture, rugs, mattresses, pillows and stuffed animals. When finished vacuuming, seal the vacuum bag tightly in a plastic bag and remove from the house.
- Car upholstery must also be vacuumed. When completed, seal vacuum cleaner bag tightly in a plastic bag and dispose of properly.

These procedures should completely eliminate the chances of re-infestation in your home. If you have any questions, please call your County Health Department at 284/269-6340 or your child's school. Parents of students found to have head lice will be notified. However, since head lice spread rapidly, we request that you inspect your child's hair and scalp weekly. If head lice are found, treatment is required. Your cooperation in this effort to control the problem of head lice in your child's school will be greatly appreciated.

The olive oil treatment seen on page 86 is also effective for the treatment of head lice. This treatment is a good alternative to prevent excessive use of chemical pesticide shampoos.

- TRANSPORTATION GUIDELINES FOR MONITORING PEDICULOSIS (HEAD LICE)

  - The school will notify the bus driver of students that should be excluded from the bus routes. The students must be cleared to ride the bus again.
  - The school will have the responsibility of notification to parents prior to exclusion from school transportation.
  - The school will notify the bus driver when the child has been cleared for return.
  - ANY STUDENT WHO'S PARENT DISREGARDS THE PRINCIPAL'S LETTER AND IS PRESENT AT THE BUS STOP WILL NOT BE DENIED TRANSPORTATION.

**Mass head lice screenings are to be discouraged as they promote low self esteem in the student and encourage dropouts.

FIVE STEP PLAN FOR HEADLICE CONTROL

(OLIVE OIL TREATMENT)

Lice are not life threatening!

If you suspect head lice are present, check your child's hair using a magnifying glass in natural light (sunlight). The National Pediculosis Association reports that headlice have recently become more resistant to pediculicide products. Therefore, you should follow this five-step plan to completely eliminate headlice.

1. Use a pediculicide shampoo. Read the label carefully and follow instructions.
NOTE: ***DO NOT*** use pediculicide shampoo on children under the age of 2, if the child has cuts or abrasions on the scalp, if the child has any seizure disorder, or if you are pregnant or nursing.

2. Massage olive oil into hair and scalp. Be sure to saturate completely. Leave olive oil on child's hair for up to 8 hours (or overnight). Use a shower cap to cover the hair and tie a bandana over it to hold it in place. The oil works by means of suffocation. The oil cuts off the oxygen supply in a few minutes and the lice will not move. You MUST leave the oil on for at least 8 full hours to completely kill the lice. The olive oil treatment will aid in making nit removal easier and moisturizing/conditioning the hair after the use of harsh pediculicide shampoo.

3. Clean the environment thoroughly. Vacuum carpet, upholstery, stuffed animals, etc. Use a lint removal brush for hard to reach areas. Soak combs, brushes and other hair accessories in HOT water and a bit of the shampoo for at least 20 minutes. Wash clothing and bedding in HOT water and dry them in a HOT dryer for at least 20 minutes.

4. Comb/pick out all nits. Use a regular comb to remove tangles, then use a nit comb. Section the hair in lengths no longer than the width of the comb. Concentrate on one section at a time and comb through a small amount of hair. If you find a nit, remove it with your fingernails by sliding it off the hair shaft.

5. Shampoo the hair with regular shampoo, preferably over a sink instead of the bathtub or shower. Use a clarifying shampoo and work the shampoo into the hair without wetting it. This will help break down the oil for easier removal. You may need to shampoo more than once to completely remove the oil. Check the hair for nits after drying. Repeat the sectioning process described above.

IMPORTANT!

Repeat the olive oil treatment (not pediculicide shampoo) and nit removal every 4 days **for** 3 weeks**. This will kill all newly hatched lice before they mature and lay more eggs. Inform the parents of other children that your child has been in contact with that their child has been exposed. This will help prevent re-infestation.**

TIPS:

1. Wear hair up.
2. Check the child's hair every week.
3. Don't share combs, brushes, hats, etc.

CLAY COUNTY SCHOOL HEALTH SERVICES
PROCEDURES FOR NON-INVASIVE HEALTH SCREENINGS IN THE SCHOOL

Non-invasive screenings do not require parental consent. All Student/Parent Handbooks will notify parents of the screening program, immunizations laws, and physical requirements. Each school should have an audiometer, eye chart, Titmus machine, and scales. Any student that misses screening dates can be rescheduled on an individual basis to be re-screened by the School Health Designee. All screening results are to be recorded in he school health record by the School Health Designee or a trained volunteer. All elementary schools will continue to utilize the PREP Parent Questionnaire to comply with mental health screening requirements.

HEIGHT & WEIGHT: **All Pre-K – K – 1 – 2 – 3**

To be done by the School Health Designee and/or volunteer. Results to be recorded on graph sheet by the School Health Designee and/or volunteer and entered into health record.

HEARING: **All Pre-K – K – 1 – 7 and Special Education**

Initial screenings to be done by School Health Designee, Public Health Nurse and/or volunteer(s). Special Education referrals to be done by the School Health Designee at his/her convenience. Please attach a copy of the screening results to SLD referrals.

Screen at frequencies of 1000, 2000, and 4000. Failures re-screened by Public Health Nurse. Pure-tone criteria for failure is two frequencies in one ear or the same frequency in both ears. Hearing results to be recorded by the School Health Designee in the school health record. Referral letter is signed by the Public Health Nurse and sent by the school. Students entering Florida schools for the first time in grades Pre-K – 5 shall be screened for vision and hearing. All results to be entered in the health record.

VISION: **All Pre-K – K – 1 – 7 and ESE Testing**

Initial screenings to be done by School Health Designee, Public Health Nurse and/or volunteer(s). Failures re-screened by Public Health Nurse. Referral letter is signed by the Public Health Nurse and sent by the school. Vision results to be recorded by the School Health Designee in the school health record. Students entering Florida schools for the first time in grades Pre-K – 5 shall be screened for vision and hearing. Special Education referrals to be done by the School Health Designee at his/her convenience. Please attach a copy of the screening results to SLD referrals.

SCOLIOSIS: **Grade 7**

Initial screenings done by Public Health Nurse in the school. Failures may be re-screened by a volunteer physician and Public Health Nurse in the school. Letters sent home after re-screening to advise parents of outcome and recommend visit to physician if failure.

DENTAL*:* **All Pre-K – K – 1**

Initial screening to be done by Public Health Nurse. Failure is any deviation from normal at any of four points checked. Referral letters to be signed by the Public Health Nurse and sent by the school. Dental results to be recorded by the School Health Designee in the school health record.

BMI (Body Mass Index): **K – 3 – 6- 9**

Height & weight recorded for BMI calculation and charting in Full Service Schools.

*Screenings will be provided to, but not limited to, the above indicated grade levels.

GROWTH AND DEVELOPMENT SCREENING

- Purpose:
  - The measurement of height and weight over a period of years may be a valuable indication of potential health problems in children.
- Equipment:
  - Accurate scale and measuring device (scales should be checked at least once a year).
  - Growth charts.
- Procedure:
  - Height:
    - Measure with student standing straight with head up and feet together.
    - Record inches and fractions of an inch to ¼".
  - Weight:
    - Have student remove shoes & heavy clothing.
    - Balance scale before weighting child.
    - Have student stand still in center of scale.
    - Record weight in pounds and fractions of a pound to ¼ lb.
- Referral Procedure:
  - Refer students to the Public Health Nurse who:
    - Show weight loss
    - Show excessive gain
    - Show no gain
  - Document referral on cumulative health record.

HEARING SCREENING GUIDELINES

A. Purpose:

The purpose of hearing screening and threshold testing is to identify student with educationally or medically significant hearing loss, which may affect their educational, emotional, social, speech or language development. The purpose of this section is to provide school health personnel with guidelines for a hearing screening program and the regulations that govern it. These guidelines will facilitate the planning and implementation of hearing screening programs so that all children in school may benefit from optimal use of their sense of hearing throughout their school year.

B. Objective:

1. To identify students who may have hearing problems.
2. To inform parent of students who fail the threshold testing, and recommend audiological or medical examinations be obtained when indicated.
3. To refer students for special services as indicated.
4. To inform the teachers of students with hearing difficulties.
5. To maintain records of students referred to insure that the needed services are obtained.
6. To maintain records of the hearing screening program and complete required reports of findings.

C. Requirements:

1. Auditory Acuity Testing – screening of all students in grades Pre-K – K – 1 and 7.
2. Exceptional Student Education – students are enrolled in ESE for a condition associated with a high prevalence of hearing loss. Al students referred for initial ESE evaluation and 3 year re-evaluations.
3. New students and all those re-entering the district.

D. Procedures:

1. Preparations:

a. Plan an educational program for students participating in the screening procedure.
b. Coordinate quiet locations and times for screenings with the appropriate staff. To determine if a room is quiet enough for screening, check your own hearing if known to be normal.

2. Equipment:

a. Audiometer, calibrated yearly.
b. Table and chairs.
c. Electrical outlet(s).

3. Arrangement:

a. Place students so that the examiner's hands are not visible while manipulating controls.
b. Position students to minimize visual distractions.

4. Pure-Tone procedure:

a. Use a standard testing procedure for all students. Allow machine to warm up for 5 minutes.

b. Perform quick field check for calibration of the machine by testing your ability to pass the test at each frequency, using both earphones. If your responses do not agree with a prior test, select another normal hearing person to verify your findings. If it appears the audiometer is not functioning properly, do not use it to test. Send the machine to Student Services for re-calibration with a note explaining the problem.

c. Set the Hearing Threshold Level (HTL) to 25 dB and the frequency to 1000Hz.
d. Be sure the masking dial is OFF.
e. Position the student. Earrings and glasses should be removed.

f. Give directions to the student before beginning. This may be done with the entire class. Direct the student to raise his/her hand when the tone is heard and to lower the hand when the tone disappears. Raising either hand is an acceptable response.
g. Place earphones on each ear (red on right, blue on left). Be sure earphones fit snugly and that nothing interferes with the passage of sound.
h. Present the tone at 1000Hz for 1 to 2 seconds, right ear first. Tone may have to be presented twice to make sure the student hears and understands.
i. By depressing the interrupter switch, present the tones in the following order:
RIGHT: 1000 – 2000 – 4000 LEFT: 1000 – 2000 – 4000
j. Vary the length of the tones and pauses to prevent establishing a rhythm. A desirable length of tone presentation is 1-2 seconds. Try not to look at the student each time you present a tone. This visual clue may give the student an indication when the tone is being presented.
k. If a student fails to hear any one tone, it may be repeated.
l. When a student fails the initial screening, a second screening test should be done 2 - 8 weeks later. This is the recommended standard and will help minimize over referrals.
m. If the student fails to hear 1000 –2000 –4000 Hz at 25dB in either ear, the screening should be discontinued and the child re-screened.
n. Record the date of the test and results as PASS or FAIL.

5. Re-screening by Public Health Nurse:

a. Follow the steps for the Pure-Tone screening.
c. Second screening tests should be done 2-8 weeks from initial test.
d. If the student passes the second screening test, no further action is necessary.

6. Referral by Public Health Nurse:

a. The PHN will conduct initial hearing screening.
b. The PHN will conduct re-screening.
a. The PHN will refer students who fail the re-screening via letter to parents/guardian.

SIGNS AND SYMPTOMS OF HEARING DIFFICULTIES

A. Variations in Speech:

1. Substitution of sounds. Common errors include: T for K, S for Z, K for SK, and TS for S.
2. Omission of sounds, chiefly of final consonants.
3. Careless and inaccurate production of all sounds.

B. Voice Qualities:

1. Abnormally high-pitched voice.
2. Very soft voice.
3. Dull, monotonous tone.
4. Harsh, rasping tone.

C. Physical Mannerisms:

1. Turning the head to catch sounds with the better ear.
2. Frowning constantly.
3. Straining or leaning forward to hear.
4. Eyes constantly on the lips of the speaker rather than looking at eyes.
5. Listlessness, frequent inattention to speaker.

D. Health Factors:

1. Mouth breathing.
2. Severe illness with communicable disease.
3. Draining ear(s).

4. Extreme fatigue early in the day.
5. Severe and continued respiratory infections.
6. Earache (may notice cotton in ear(s).

E. Personality:

1. Lack of confidence.
2. Extreme antisocial behavior.
3. Extreme introversion.
4. Frequent nervousness and irritation over minor details.
5. Constantly on the defensive.
6. Great changes in attitude following an illness.

F. Achievement:

1. Behind age level in school.
2. Academic failure following severe illness.

VISION SCREENING GUIDELINES

A. Purpose:

The purpose of this section is to provide school health personnel with guidelines for a vision screening program and the regulations which govern it. These guidelines will facilitate the planning and implementation of vision screening programs so that all children and youth in school may benefit from optimal use of their sense of sight throughout their school year.

B. Objective:

1. To prevent the development of a vision difficulty that may affect the pupil's health and potential for learning.
2. To identify students with certain vision problems through administration of selected vision screening tests and planned procedures of observation.
3. To notify parents of each student identified as having a possible vision problem and to encourage further examination through a professional vision evaluation.
4. To establish follow up procedures which will ensure that each identified student will receive appropriate care.
5. To acquaint teachers with students who have vision problems, inform them about vision specialists' recommendations, and assist in planning for needed adjustments in the educational program.
6. To maintain records of the vision screening program activities and complete required reports of this activity.
7. To increase student knowledge of eye safety, visual function, and the screening process.

C. Requirements:

1. Distance Visual Acuity Testing
    a. Grades: Screening of all students in grades Pre-K, 1, and 7.
    b. Special Education: Students enrolled in special education for a condition associated with a high prevalence of vision loss. Vision testing is also required for all initial evaluations for special education and three year re-evaluations.
    c. New or Re-entering the District: All students new to the district.
2. Muscle Balance Testing
    a. Grades: Screening of all students in grades Pre-K, K, and 1.
    b. Special Education: Students enrolled in special education for a condition associated with a high prevalence of vision loss and any students referred for special education under seven years old.
    c. New or Re-Entering the District: All students new to the district.
3. Color Vision Testing Recommendation
    a. Minimum requirement should be at least once before completion of the sixth grade. Recommendation is to complete color vision testing during the first grade.

D. Procedures:

1. Preparations:

a. Coordinate screening dates and location with principal and staff (PREP Specialist).
b. Prepare students for screening procedure or teach a lesson on vision or the eye.
c. Plan for volunteers.
d. Begin planning for follow up procedures.

2. Equipment:

a. Titmus machine and 10 or 20 foot eye chart, depending on the size of the room.
b. Occluders
c. Tape measure

3. Facilities:

a. Use a room large enough to give 10 or 20 feet of testing space.
b. Ensure normal classroom lighting for the screening room.
c. Inspect room for light sources that may produce glare on the chart(s). These light sources may include window light, wall reflections, or light above or behind the chart.

4. Arrangement:

a. Place the Snellen Chart at one end of the room with 10 or 20 feet of unobstructed floor space directly in front of the chart.
b. Mark a line of either 10 or 20 feet away from the chart.
c. Place the chart so that the center is approximately at the student's eye level.
d. You must have a table and wall outlet for the Titmus Machine.

5. Procedure:

a. Use a standard testing procedure for all students.
b. Place the student 10 or 20 feet from the appropriate chart. The student's eyes must be parallel and directly above the testing line. Adjust the chart height as necessary.
c. Tell the student to keep both eyes open during the test. Teach the student how to hold the cover over the eye, close to the nose, to occlude vision in one eye at a time. An assistant may have to hold the occluder for younger children. Take care that the occluder does not press on the eye.
d. Use caution in the sharing of eye occluders to prevent infection from being spread.
e. Test those students wearing glasses with the glasses on. Test these students without glasses when nursing assessment indicates a need.
f. Test both eyes first, then the right eye, then the left. A standardized routine avoids confusion and facilitates recording. Observe the student for squinting or turning the head during screening. Document these observations if a referral is indicated.
g. Use the alphabet chart, the "E" chart, or the apple chart for kindergarten students and for non-reading or non-English speaking students. When using the "E" chart or the letter chart, follow these guidelines:
    1. Indicate by hand which way the "E" points or by stating the alphabet letter or symbol.
    2. Avoid fatigue by having the student start reading the 20/40 line if no vision difficulty is suspected.
    3. Check the student's performance on the 20/20 line if the student responded readily and correctly to the 20/40 line.
    4. Move promptly from one symbol or line to another. Do not isolate the symbols one at a time. Encourage the child to do his or her best to read the symbols. Suggest guessing when the child falters. If strain is apparent, do not pressure the child for responses.

6. Recording of Test Results:

a. Record visual acuity of both eyes, the right eye, and the left eye separately.
b. Record visual acuity as a fraction. The numerator is the distance from the chart and the denominator is the lowest line read. To pass a line on the chart, the child must correctly identify a majority of the symbols on the line. If the child reads the 20/20 line from 20 feet

away, the fraction 20/20 is recorded for that eye. If the 20/40 is the lowest line read, then 20/40 is recorded on the screening sheet. The right eye is indicated by on the sheet by "R" and the left eye by "L".

c. Compile a list containing names of children who need to be retested /referred. Recording test results directly on the cumulative health record saves time and reduces errors that may occur in transferring results from a worksheet to the health record.
d. The Public Health Nurse must rescreen students suspected of having a vision problem found during initial screening. Students with performance demonstrating obvious vision problems may be rescreened promptly and referred.
e. Record the results on the student's cumulative health record.

7. Referral Procedures: All referrals must be done by the Public Health Nurse. See vision form for referral guidelines.

8. Counseling and Follow-up:

The focus of a follow-up program includes interpretation and communication of finding among school personnel, parents, and eye specialists. The Public Health Nurse is responsible for coordinating follow-up.

a. Notify the parents of students with suspected visual problems.
b. Notify the parents in writing, by telephone, or parent – nurse conference. A conference must be supplemented by a written notice to the parents regarding their child's vision difficulty.
c. Advise the parent to take the referral form to the eye specialist.
d. Advise the parents of the need to have the referral form returned to school after obtaining a professional examination. The information on the form is needed by the school as a basis for making any adjustments to the student's educational program.
e. Avoid making any recommendation to a specific individual or type of specialist (ophthalmologist or optometrist) for examining or correcting any defect the student may have.
f. Maintain contact with the parents until the student has received the recommended examination and care.
g. Assist parents needing financial assistance by referral to appropriate community resources.

E. Glasses or known vision defect: If the student wears glasses or has a known vision defect, the school nurse should:

a. Provide health counseling regarding eye health and safety.
b. Help the student understand the reasons for regular examination by an eye specialist.
c. Inform the student regarding the importance of keeping glasses clean and properly adjusted.
d. Assist the student having difficulty adjusting to corrective lenses.

F. Procedure for Non-correctable Vision Loss:

a. Counsel parent or gather health history information regarding vision loss. Record non-correctable vision loss in health records to prevent continued referral for non-correctable vision loss.
b. Examine they eye specialist's reports for information that can be used to individualize the student's educational program.
c. Refer the students to visually handicapped programs according to eligibility criteria.
    - Visual acuity is 20/70 or worse in the better eye with correction as determined by an eye physician.
    - An eye physician recommends special services requiring non-standard instructional materials.

SIGNS AND SYMPTOMS OF VISION DIFFICULTIES

1. **Behavior:**
    a. Holds work too close or too far away.
    b. Asks for special seating arrangement.
    c. Squints or thrusts head forward to see distant objects.
    d. Holds body tense when reading or looking at distant objects.
    e. Frowns when reading.
    f. Rubs eyes frequently.
    g. Blinks continually when reading.
    h. Tilts head.
    i. Covers one eye.

2. **Complaints:**
    a. Eyes are sensitive to light.
    b. Eyes or eyelids burn/itch.
    c. Images appear as blurred or doubled.
    d. Letters and lines run together.
    e. Words seem to jump.
    f. Frequent headaches occur.

3. **Appearance:**
    a. Lids are crusted, red-rimmed, or swollen; frequent styes.
    b. Eyes water or appear bloodshot.
    c. Eyes are crossed or wander.

4. **Performance:**
    a. Exhibits slowness in leaning to read.
    b. Exhibits poor achievement demonstrated by reduced quality or quantity of work and slow rate of leaning.

5. **Physical Activity:**
    a. Performs poorly at games.
    b. Exhibits poor eye-muscle coordination.
    c. Stumbles or trips over small objects.

DENTAL SCREENING GUIDELINES

A. Purpose:

The purpose of dental screening is to identify student with possible dental problems which may affect their educational, emotional, social, speech or language development. The purpose of this section is to provide school health personnel with guidelines for a dental screening program and the regulations that govern it.

B. Objective:

1. To identify students who may have possible dental problems.
2. To identify students who have poor dental hygiene habits.
3. To inform parents of students who have problems.
4. To refer students for special services as needed and assist families with receiving these services.
5. To maintain records of those in need of dental care.
6. To promote dental health teaching during screenings.

C. Procedures:

Each child will open their mouth and the Public Health Nurse will shine a light into the mouth and inspect for cavities, improper dental alignment and dental hygiene. No other equipment is used. The child is questioned and instructed about brushing, flossing and general dental care.

D. Referral Process:

Referrals will be made by a Public Health Nurse only. A letter will be sent home to parents notifying them of possible dental problems. Follow-up will be made and referrals provided as necessary.

DENTAL ASSESSMENTS:

1. Ask if student has any problems or pain with his/her teeth or mouth
2. Ask if they have been to a dentist
3. Ask if they brush and if so how often
4. Ask if they floss and if so how often
5. Check for swelling, malformation, lesions of the face or neck
6. Have them open and close, look for abnormal movements, noises of temporal mandibular joints, locking open or closed
7. Ask if he/she has problems chewing
8. Look for malpositioned teeth and refer to a dentist for any of the following:

- Buck teeth – these students are more prone to dental injuries
- Tilted and crooked teeth – these teeth are more difficult to clean
- Crossbite – a form of dental malocclusion in the buccolingual direction

9. Look for decay – refer to dentist for any of the following:

- Nursing bottle syndrome
- Cavities (large holes in teeth)

10. Look for gum disease:

- Gum tissue may be inflamed, swollen and bleed easily
- Bad odor
- Presence of tartar
- Purulent discharge
- Loose teeth

11. Look for lesions

- Ulcers (Apheous) – flat, cratering appearance on gingiva
- White patches – possible cancer (lukoplakia)
- Swelling about roots of the teeth indicates possible abscess, observe for white raised pimple-like bump over root of tooth
- Swelling in gums between teeth indicates possible gum abscess
- Red spots on palate may indicate systemic disease
- Sores and open wounds of lip, tongue or any soft tissue

12. Look for oral habits which may cause problems

- Thumb sucking causes flared teeth
- Pencil chewing causes flared teeth and uneven bite
- Tongue thrust causes flared teeth and speech impediment

13. Smokeless tobacco use causes:

- Dirty stained teeth
- Wrinkled cheek tissue
- White layer of tissue
- Ulceration

14. Look for signs and symptoms of child abuse – see dentist

- Frequent bruising around mouth
- Severe chipping/broken front teeth and bruising
- Cuts on/around lips (possibly from a fall)

SCOLIOSIS SCREENING GUIDELINES

A. Purpose:

The purpose of scoliosis screening is to identify student with possible abnormalities of the spine. Scoliosis is a lateral or sideways curvature and rotation of the spine. The onset of idiopathic scoliosis is gradual and usually coincides with the adolescent growth spurt between the ages of nine and sixteen years. Scoliosis tends to run in families. When a student has a spinal deformity other siblings in the family should be screened, regardless of their age or grade level. Scoliosis screening is a visual assessment of the spine.

B. Objective:

1. To identify the development of progressive spinal deviations that may affect the student's health.
2. To notify the parents of each student having a possible spinal deviation and to encourage further professional spinal evaluation.
3. To establish follow-up procedures that will ensure the student receives appropriate care.

C. Procedures:

1. Scheduling of screenings will be arranged with the school health nurse and the school health designee. Coordinate at least four volunteers to assist.
2. The room must be large enough to provide privacy for students who must partially remove shirts to expose the back. Cover all windows with dark paper or fabric. A small screen is also helpful.
3. All students in the 7^{th} grade will be screened unless an exclusion note is received from the parents. Notes will not be accepted on the day of screening. See parent information letter for details.
4. The initial screening will be conducted by the Public Health Nurse. Re-screening may be done by volunteer physicians.

D. Referral Process:

Referrals will be made by a Public Health Nurse only. A letter will be sent home to parents notifying them of possible spinal abnormalities. All pertinent information relative to scoliosis screening, evaluation results, and the monitoring process is recorded on the student's health form.

REFERRAL PROCESS

The primary responsibilities of school personnel is to exercise sound judgment in assisting students and their parents in accessing appropriate health care resources. It is the policy of the Health Services Department that all referrals for health care are to the family physician. Families with limited financial resources may be referred to the appropriate community agencies offering free or reduced fee health care to the public.

Parents may request the names of physicians, eye specialist, or dentists. Regardless of the fact that this may be a reasonable request, it is not the purpose of this department or its representatives to refer families to an individual or specialty.

CHILD ABUSE OR NEGLECT REPORTING POLICY

Employees of the district are required by law to report to the abuse hotline of the Department of Children and Families instances where in the performance of their professional duties, they have cause to believe that a child has suffered harm as a result of abuse or neglect.

SUMMARY OF FLORIDA STATUTES 39.201: Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.
(1) Any person, including, but not limited to, any:
(a) Physician, osteopathic physician, medical examiner, chiropractic physician, nurse, or hospital personnel engaged in the admission, examination, care, or treatment of persons;
(b) Health or mental health professional other than one listed in paragraph (a);
(c) Practitioner who relies solely on spiritual means for healing;
(d) School teacher or other school official or personnel;
(e) Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker;
(f) Law enforcement officer; or
(g) Judge,
who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).
(2)(a) Each report of known or suspected child abuse, abandonment, or neglect pursuant to this section, except those solely under s. 827.04(3), shall be made immediately to the department's central abuse hotline on the single statewide toll-free telephone number, and, if the report is of an instance of known or suspected child abuse by a noncaretaker, the call shall be immediately electronically transferred to the appropriate county sheriff's office by the central abuse hotline. If the report is of an instance of known or suspected child abuse involving impregnation of a child under 16 years of age by a person 21 years of age or older solely under s. 827.04(3), the report shall be made immediately to the appropriate county sheriff's office or other appropriate law enforcement agency. If the report is of an instance of known or suspected child abuse solely under s. 827.04(3), the reporting provisions of this subsection do not apply to health care professionals or other persons who provide medical or counseling services to pregnant children when such reporting would interfere with the provision of medical services.

PENALTY:
A person required to file a report, who willingly or knowingly fails or refuses to report, is guilty of a class B misdemeanor.

ACTIONS:
A local government health or social services agency receiving a report of abuse and neglect shall, for each report received, investigate and take action in accordance with the law.

CONFIDENTIALITY:
Investigation reports of harm filed under this chapter are considered confidential and are not subject to public inspection and/or copying.

DESCRIPTION OF CHILD ABUSE:
Early identification of child abuse and neglect is essential for the prevention and treatment of child abuse and neglect. Everyone is responsible for reporting actual or suspected abuse. Child abuse is the omission or commission of that which endangers or impairs a child’s physical or emotional health and development by other than accidental means. Such acts include sexually molesting a child, willfully causing or permitting a child to suffer, inflicting unjustifiable physical pain or mental suffering on a child, with respect to all persons having care or custody of the child, willfully causing or permitting the child to be placed in a situation such that the physical person or health of the child is endangered.

CRITERIA FOR IDENTIFCATION OF ABUSE:

The infliction of injury rather than the degree is the determining factor for intervention. Detecting initial small injuries and intervening with preventative action may save a child from future permanent injury or death. Inflicted physical injuries, physical neglect, and malnutrition are more readily detectable than the subtle and intangible injuries that result from emotion maltreatment or deprivation. The following may be observed.

1. Physical Abuse:
   - Deliberate assault such as biting, cutting, poking, twisting of limbs.
   - Unexplained bruises or welts of various colors and sizes often in definite shapes.
   - Burns in unusual places that are clearly defined.
   - Unexplained fractures, abrasions or lacerations.
   - Overreaction or extreme nervousness in parents/guardians.
2. Physical Neglect:
   - Unsanitary conditions in the home, fire hazards.
   - Lack of heating in the home.
   - Inadequate clothing.
   - Chronic uncleanliness.
   - Lack of adequate medical or dental care.
   - Young child left at home unsupervised for long periods of time.
   - Numerous and lengthy absences from school.
3. Emotional Abuse:
   - Extreme withdrawal, apathy, and depression.
   - Acting out. A continual behavior problem.
   - Inappropriate reactions to authority, overly submissive or rebellious.
   - Unreasonable or impossible demands by parents.
   - Child used as battleground for marital conflicts.
4. Emotional Deprivation:
   - Refusal to eat or eats little, very frail.
   - Anti-social behavior such as aggression, vandalism, drug abuse.
   - Excessive seeking out of adult attention and affection.
5. Sexual Exploitation:
   - Loving gestures by parents/guardians that become too lingering and seductive, continued into adolescence, or centered on the sex organs.
   - Presence of urogenital and/or anal injuries, pain or irritation.
   - Sexually transmitted diseases (oral, anal, or urogenital).

REFERRALS TO THE DEPARTMENT OF CHILDREN & FAMILIES:

Once the determination of suspected child abuse has been made: Call the Florida Hotline at 1-800-96-ABUSE. Information in this report must include:

a. The names and addresses of the child, parents, and other siblings in the family. The child's social security number and phone number.
b. The child's age, nature of and extent of neglect or injury including evidence of previous injury or neglect if known.
c. Information that might assist in determining the cause of the injury or neglect and the identity of the person or persons responsible.

TELEPHONE: 1 - 800 - 96ABUSE (1-800-962-2873)
TDD (Telephone Device for the Deaf): 1-800-453-5145

NOTIFICATION OF REPORT:

- Telephone reporters will always be told prior to concluding your conversation, whether the information provided has been accepted as a report.
- The hotline cannot provide telephone confirmations.

MEDICAL REFERENCE INDEX

ABDOMEN
BLUNT INJURY

Student: _____
Grade:_____
Date: _____

Description:

Following a hard blow to the abdomen (by a fist, rock, bicycle handlebar, etc.), internal organs such as the spleen or liver may be ruptured and bleed into the abdominal cavity slowly but continuously and the patient may loose enough blood to develop signs of shock.

Physical Findings:

1. History of blow to abdomen.
2. Symptoms may appear following the blow or as late as the next day.
    a. Possible bruise visible.
    b. Gradual onset of apprehension.
    c. Pain and tenderness to mild pressure.
    d. Abdominal distention.
    e. Vomiting.
    f. Rapid, weak pulse with low blood pressure.
    g. Gradual onset of shock and coma.

Management:

1. Keep in the clinic for 15 minutes after blow to abdomen.
2. Allow to rest in position of comfort.
3. Monitor pulse and blood pressure.
4. If student has none of the above symptoms, may return to class. Tell to return if symptoms occur. Notify parent of incident.
5. If any symptoms ensue, refer to emergency room or physician.

Follow-up:

1. Check with teacher 15-20 minutes after student returns to class.
2. Check student at the end of the school day.
3. Check student again on following day.

Instructions: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

_____
_____
_____

ALLERGIC REACTIONS TO STINGING INSECTS
(BEES, HORNETS, WASPS, YELLOW JACKETS, ANTS, ETC.)

Student: _____
Grade:_____
Date: _____

Condition:

Reactions to stinging insects such as bees, hornets, wasps, yellow jackets and fire ants may vary from mild to severe. Mild reactions will be manifested by redness, swelling and itching at the sting site. More severe reactions usually occur very rapidly and are manifested by difficulty breathing, throat and chest tightness, flushing, giant hives, swelling of the lips and/or eyes, hoarseness, sneezing, itching of the eyes, abdominal pain, diarrhea, and possible loss of consciousness. On examination the victim may be hypotensive and heart may sound feeble with possible arrhythmia. Cardiopulmonary arrest and death may ensue.

Treatment:

For mild reactions apply cool compresses to the sting site and observe 15-20 minutes. For more severe reactions administer the Epi-Pen if prescribed and contact rescue immediately. The school personnel trained in cardiopulmonary resuscitation and first aid should be called to aid the student prior to the arrival of rescue.

Limitations:

Children with known sensitivities to stinging insects should not be restricted from normal activities. They should, however, be alerted to avoid areas that might attract stinging insects such as brightly colored or dark/rough clothing, scented hair products, perfumes and other cosmetics seem to attract bees.

Management:

Report acute reactions immediately to the principal or appropriate designee after administering the appropriate treatment. For students with known sensitivities to stinging insects, ask parent to describe past reactions so school personnel will know what kind of reaction to expect. Medication must be immediately available at all times. A parent or guardian should be notified as soon as possible.

Instructions: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

ARTHRITIS
JUVENILE RHEUMATOID

Student: _____
Grade:_____
Date: _____

PHYSICAL CHARACTERISTICS:

1. Monoarticular: Only one joint involved.
2. Pauciarticular: Four or fewer joints involved.
3. Polyartcular: Five or more joints involved.
4. Knee most commonly involved followed by ankle, wrist, fingers and elbow.
5. Pain, stiffness, swelling, of joints.
6. Fever, fatigue, listlessness, mild rash.
7. Characterized by symptom-free periods.

MANAGEMENT:

1. Physical therapy during symptomatic periods.
2. Adaptive PE during symptomatic periods.
3. When symptom-free, may participate in any activity allowed by physician.
4. Non-steroid anti-inflammatory drugs now thought to be preferable to aspirin. The major serious side effect of non-steroid anti-inflammatory drugs, when they are taken for longs periods, is bleeding in the stomach. In large amounts, this will cause vomiting of material that resembles coffee grounds or it will color the stool black. In small amounts it may cause no symptoms, but the child will become anemic.
5. Steroids are prescribed only in severe cases.
6. Refer eye complications to an ophthalmologist. See sample standing orders.

FOLLOW-UP:

1. Watch for eye complications such as iridocyclitis (redness, burning, sensitivity to light, vision problems and tearing). May be seen in children with very mild arthritis who have not been diagnosed. More common in Pauciarticular cases. Requires prompt treatment to prevent vision loss.
2. Establish liaison with PE teacher, family and physician.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses, and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

ASTHMA

Student: _____
Grade:_____
Date: _____

CONDITION:

Asthma is a chronic condition of the airways that produces chest tightness, shortness of breath, and/or wheezing. Common triggers of asthma include upper respiratory infection, the “common cold”, allergies, exposure to certain irritants such as cigarette smoke, strong odors, gas, paint fumes, perfume, hair spray, cleaning agents, changes in climate, emotional stress and certain medications.

TREATMENT:

Some children may need medication only occasionally or when an episode occurs. Others may require daily medication.

ACTIVITIES:

Most children with asthma can participate in regular activities most of the time. Do not begin activities when a child has noticeable symptoms. Discontinue activities if asthma symptoms develop.

MANAGEMENT:

Report acute attacks to the principal or his/her designee to obtain appropriate medical management. Know your student and the factors that are likely to precipitate an asthmatic episode. If the student has been identified as having asthma and requires medication, school personnel should follow current policies regarding the administration of medication to relieve asthma. If relief is not seen, you should notify a parent or guardian immediately. If there is difficulty breathing it may be necessary to call rescue. Children must have immediate access to medication especially during P.E. Warm water may be given. Patient may prefer the sitting position to improve dyspnea.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

ATHLETE'S FOOT
(TINEA PEDIS)

Student: _____
Grade:_____
Date: _____

CONDITION:

A fungal infection that causes scaling and/or cracking of the skin, usually worse between the toes and on the soles of the feet. In severe cases, blisters may form and a rash may occur on other parts of the body. This usually represents an allergic reaction rather than widespread infection.

USUAL CONTAGIOUS PERIOD:

As long as rash or live fungus spores are present.

METHOD OF CONTROL:

Showers, benches & dressing rooms of gymnasiums should be cleaned with an anti-fungal agent. Students with athletes foot should not be allowed to walk barefoot in the locker room, take showers, or use swimming pool facilities.

TREATMENT:

Over the counter anti-fungal preparations are available for treatment. Careful drying of the feet and between the toes is important.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

ATTENTION-DEFICIT / HYPERACTIVITY DISORDER

Student: _____
Grade:_____
Date: _____

CONDITION:

Children with ADHD differ in symptoms, cause, prognosis, and response to treatment.

DIAGNOSIS:

Using current established criteria, diagnosis is made by a physician, parent, and teacher evaluation.

SYMPTOMS:

The following behaviors may be observed:

- Fidgets and squirms
- Can't stay seated
- Easily distracted
- Can't wait for turn in games, etc.
- Blurts out answers before question is finished
- Can't sustain attention
- Difficulty following instructions, fails to finish tasks
- Doesn't' seem to listen
- Can't play quietly
- Talks excessively
- Interrupts, butts in
- Shifts from one uncompleted activity to another
- Loses things like pencils and assignments
- Engages in dangerous activities (not thrill seeking) without considering the consequences, like running into the street without looking

MANAGEMENT:

a. Educational: special class placement, teacher instruction, and modification of lesson plans. Many strategies are available in educational manuals. Any child with possible diagnosis of ADHD should be assessed by child study team at his/her school to rule out learning or emotional problems.
b. Psychological / Behavioral: counseling in group, individual and family, behavior modification techniques.
c. Medications: As prescribed.

Parental Concerns:

_____
_____
_____

CAT SCRATCH FEVER

Student: _____
Grade:_____
Date: _____

CONDITION:

Cat scratch disease (fever) is a bacterial infection that can occur as a result of a scratch, bite, or lick from a cat (usually a kitten).

SYMPTOMS:

Redness and possible pus at the site of infection. Possible fever, malaise, swollen lymph glands (usually in the armpit if the scratch or bite is on the hand or arm.

INCUBATION PERIOD:

Three (3) to Fourteen (14) days. Not contagious from person to person.

TREATMENT:

The infection usually clears on it's own. Keep the area clean and use antibiotic ointment on scratch site. May take medication for fever or discomfort. See a physician if the infection becomes more severe or if the fever continues for more than a few days.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

CEREBRAL PALSY

Student: _____
Grade:_____
Date: _____

CONDITION:

Cerebral Palsy is a disorder of movement (muscle action) or posture caused by brain damage. The muscle deficiency is a permanent disability, but it can change over time in quality and intensity. The kind of brain damage that leads to C.P. has many causes, among them excessive jaundice in the newborn, deprivation of oxygen at birth, head injury and infections of the brain. Damage is irreparable but improvement in spastic muscle control is possible.

TREATMENT:

Minimizing contractures is a major objective of medical treatment. This entails moving the joints through a full range of motion to stretch the tendons and keep them supple. Physical Therapy and sometimes surgery is necessary). Braces give support to weakened legs and thereby permit walking.

LIMITS:

Cerebral Palsy ranges in severity from barely noticeable clumsiness to obvious crippling that requires braces and wheelchair. Some children with C.P. cannot totally control their movements. Grimacing and a peculiar posture are common. The muscles used in talking may be impaired and consequently the victim's speech may be indistinct and halting. Limitation would be dependant on severity. Parent and/or physician input would be necessary for determination.

MANAGEMENT:

Although C.P. may affect intelligence, often it is normal. Until a thorough assessment has been made, teachers should never assume that the intelligence of C.P. victims is defective or that they will have learning problems. Educators should be aware of other abnormalities that commonly accompany C.P. such as mental retardation, seizures, visual impairment, and auditory and speech abnormalities.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

COMMON AND UNCOMMON COMMUNICABLE DISEASES

Following are the communicable diseases that affect, or can affect school children in Florida. Some are more common than others. General recommendations for uncomplicated cases are included. Contacts without symptoms need not stay home from school. Students may return to school earlier than noted below with written approval of the family physician.

If undiagnosed communicable disease is suspected, isolate and check temperature, notify the principal/parent/Community Health Nurse and be sure to change paper on bed after use.

A. **Acquired Immune Deficiency Syndrome** (AIDS): See Immunocompromised Policy.

B. **Boils, Abscesses, Carbuncles, Furuncles**: A boil or abscess is an infection of the skin and underlying soft tissues. Skin is red, raised with a yellow or white center from which pus may drain. A carbuncle is a cluster of boils that have formed a larger area of infection. A furuncle is an infected hair follicle with the formation of a boil. The infectious agent, Staphylococcus Aureus, is spread through drainage from lesions or the nasal discharge of an infected person.

Incubation Period: 4 to 10 days.

Period of Communicability: As long as the lesion continues to drain.

May Return to School: Upon recommendation of the family physician. Lesions should be covered.

C. **Acute Bacterial Conjunctivitis**: (Pink Eye) Spread by contact with discharges from the eyes, contaminated fingers, clothing or other articles.

Incubation Period: 24 to 72 hours.

Period of Communicability: During course of active infection.

May Return to School: After acute stage is over or 24 hours after antibiotic treatment by a physician.

D. **Cutaneous Larva Migrans**: (Creeping Eruption) Skin infection with characteristic corkscrew lesions. Dog and cat hookworm larvae are the infectious agents. Disease is spread through contact with sandy soil contaminated with dog and cat feces. Larvae enter the skin and migrate for long periods forming corkscrew lesions (tracks) that itch intensely.

May Return To School: No exclusion from school is necessary after initiation of treatment.

E. **Cytomegalovirus**: See Policy Statement on page 139.

May Return To School: Upon recommendation of the family physician.

F. **Diarrhea, Acute**: Diarrhea is a clinical syndrome of many different causes associated with loose, watery stools and often vomiting and fever. Students who develop acute diarrhea while in school should be isolated and the parent/guardian should be contacted to take the child home and contact the family physician.

May Return To School: Upon recommendation of the family physician.

G. **Fifth Disease**: (Erythema Infectiosum) A mild viral illness that produces a characteristic rash in children. It is exaggerated by exposure to warmth or sunlight and increased physical activity. Illness occurs in epidemics among school age children and is most often misdiagnosed as measles or child abuse due to red "slapped cheek" appearance.

Incubation Period: 6 to 14 days.

Mode of Transmission: Presumably through direct contact with infected droplets.

Period of Communicability: Uncertain, 1 week before rash appears.

Student Complaints of Observable Signs:

a. Brief febrile period with headache.
b. Rash first appears on the face and cheeks, giving a slapped face appearance.
c. After first day effervescent maculopapular, red spots appear on extremities with a lace like appearance.

Prevention and Control:

a. Immunization – None
b. Measures to control the spread by droplet infection are recommended.
c. Pregnant women should contact their physicians if exposure has occurred.

May Return To School: Exclusion from school is not indicated.

H. **Food Poisoning**: Acquired through the consumption of contaminated food or water. A variety of germs, chemical contaminants, or organic substances that may be present in food or water can cause food poisoning.

Incubation Period: 2 to 4 hours after ingestion of contaminated substance.

Period of Communicability: Non-applicable.

Modes of Transmission: Occurs most frequently in foods that have been inadequately cooked, refrigerated or maintained warm but not over 140 degrees.

Student's Complaints or Observable Signs:

a. Outbreaks are recognized by the occurrence of vomiting and diarrhea within 2 to 6 hours among individuals who have consumed the same food.
b. May complain of severe abdominal cramps.

Prevention and Control:

a. Immunization – None
b. Strict food hygiene and holding temperatures.

May Return To School: Upon recommendation of the family physician or Health Department.

I. **Genital Herpes**: Very similar to the cold sore (see herpes simplex), except the site of infection is the genitals. Since the disease is sexually transmitted, sexual abuse of the child should not be ruled out. The infection can persist for a lifetime and tends to have periodic flare-ups followed by asymptomatic, non-communicable periods.

Modes of Transmission: Sexual or intimate contact.

Period of Communicability: While lesions are present, generally about 2 weeks.

May Return To School: There is no reason to exclude child from school, since the genitals are covered.

J. **Gonorrhea**: Infectious disease of the sexual organs. The infectious agent, Neisseria Gonorrhea, is spread by contact with mucous membranes of infected persons, almost always as a result of sexual activity.

Incubation Period: 2 to 7 days.

Period of Communicability: May extend for months if untreated, especially in females who frequently have no specific symptoms. Treatment usually ends communicability within hours.

May Return To School: Upon recommendation of the family physician.

K. **Hepatitis A**: (Yellow Jaundice) Spread from person to person by the fecal – oral route. Infectious agent, Hepatitis A Virus, is found in the feces. Symptoms usually include fever, malaise, loss of appetite, nausea and abdominal discomfort, followed within a few days by jaundice (skin and whites of eyes turn yellow).

Incubation Period: 15 to 50 days, average 28 to 30 days.

Period of Communicability: During the latter half of the incubation period and continuing for a few days after the onset of jaundice. Vaccine immunization is available. Immune Globulin (I.G.) should be given as soon as possible after exposure to all household contact. IG is not indicated for contacts in the usual office, school or factory environment.

May Return To School: Upon recommendation of the family physician.

L. **Hepatitis B**: A viral infection of the liver that can become chronic. The virus is present in the blood and body fluids. Symptoms are similar to Hepatitis A, but asymptomatic infections also occur. Transmission is primarily sexual and from exposure to blood or body fluids. Hepatitis B is a very common infection in developing countries.

Incubation Period: Usually 45 to 160 days, average 60 to 90 days.

Period of Communicability: During the incubation period and acute stage of the disease, some persons become chronic carriers of the virus and may be infective for years. Immunization is available.

May Return To School: Upon recommendation of the family physician. Any skin lesions should be covered. Blood spills (i.e. from injuries) should be handled with caution as per OSHA guidelines.

M. **Hepatitis C**: A viral infection that typically produces a liver infection without symptoms that can lead to severe liver disease, including cirrhosis and liver cancer. Although initial infection may be asymptomatic or mild, a percentage will develop a chronic infection. Transmission is primarily bloodborne. No vaccines are currently available.

Incubation Period: Average 6 to 9 weeks, Range 2 to 24 weeks

Period of Communicability: From one or more weeks from onset of the first symptoms, may persist in most persons indefinitely.
May Return To School: Upon recommendation of the family physician.

N. **Herpangina**: (Viral Sore Throat) Acute, self-limited viral disease characterized by sudden onset, fever, sore throat, and small discrete lesions seen in the throat that progress into tiny ulcers. Spread by direct contact with nose and throat discharges and droplet spread of infected persons.

Incubation Period: 3 to 5 days.

Period of Communicability: During the acute stage of the illness.

May Return To School: When student has been afebrile for 24 hours and feels well enough to attend.

O. **Herpes Simplex**: (Fever Blisters) Virus is spread by contact with saliva of an infected person.

Incubation Period: 2 to 12 days.

Period of Communicability: Generally 2 weeks, but may be s long as 7 weeks.

May Return To School: Students with herpes simplex should not be excluded from school.

P. **Impetigo**: (Pus Pimples, Sand Sores) Spread by contact with the drainage from sore or nasal secretions.

Incubation Period: Variable and indefinite, commonly 4 to 10 days.

Period of Communicability: While sores are draining.

May Return To School: 24 hours after initiation of treatment.

Q. **Influenza**: This is an acute disease of the respiratory tract caused primarily by influenza viruses A, B and C. The disease tends to occur in epidemics every 2 to 3 years in the winter months.

Mode of Transmission: The virus is spread by airborne droplets and direct contact.

Incubation Period: 1 to 2 days.

Period of Communicability: From the first to the fifth day of the disease.

May Return To School: Upon the recommendation of the family physician.

R. **Meningitis**: Infectious disease of the central nervous system. Bacteria and viruses are infectious agents. Disease is spread through direct contact including discharges from the nose and throat of an infected person.

Incubation Period: Variable, depending on causative organism.

May Return To School: Upon recommendation of the family physician.

S. **Meningitis, Meningococcal**: This is the most severe type of bacterial meningitis. It requires early diagnosis and prompt aggressive antibiotic treatment in the infected individual in order to prevent serious complications or death.

Mode of Transmission: The meningococcal organism first invades the nose and throat then spreads into the blood stream and finally invades the central nervous system via the spinal fluid. There is no seasonal pattern.

Incubation Period: 3 to 7 days.

Period of Communicability: From the onset of symptoms until the initiation of antibiotic therapy.

Exposed Contacts: Household and intimate contacts of the infected person may develop the disease. Appropriate antibiotics should be given to such contacts prophylactically. School contacts do not require antibacterial therapy unless an epidemic situation exists.

May Return To School: Upon recommendation of the family physician.

T. **Mononucleosis**: (Glandular Fever, Kissing Disease) Virus is spread from person to person via saliva. Kissing facilitates the spread among young adults.

Incubation Period: 4 to 6 weeks.

Period of Communicability: Prolonged. May be for up to one year.

May Return To School: Upon recommendation of the family physician. Return to active physical activity should also be under the supervision of a physician.

U. **Parotitis**: (Mumps) Virus is spread by contact with salivary secretions of infected people. Prevention by immunization.

Incubation Period: 12 to 26 days, with an average of 18 days.

Period of Communicability: 6 days before swelling and until 9 days thereafter.

May Return To School: 9 days after onset of swelling or earlier if swelling has subsided.

V. **Pediculosis**: (Head Lice/Body Lice) See Clay County School Board Policy starting on page 80.

Period of Communicability: As long as lice remain alive on the infested person or in his clothing, and until the eggs (nits) in the hair and clothing have been destroyed. Keep child in clinic until parent pickup. Refer to guidelines for prevention & control of headlice in Clay County Schools on page 86.

May Return To School: As per Clay County School Board “No Nit Policy” which mandates children/adults be nit free before returning to school.

*Note- There is no need to spray pesticides in the classroom to prevent lice.

W. **Pinworms**: A very common, not serious, parasitic infection that occurs in all types of families and has no stigma attached as far as parenting abilities or cleanliness is concerned.

Mode of Transmission: Ova are swallowed by the child with normal hand to mouth activity.

Mechanism of Infection: Mature worms inhabit the large intestines and the female migrates to the anus and lays eggs around the rectal area.

Clinical Findings: The child may awaken during the night complaining of itching around the anal are. The itching causes scratching which contaminate the hands with eggs. Girls may also develop irritation around the vulva or vagina.

Diagnosis: Scotch tape test. Press a strip of clean tape on the skin around the anus. Transfer the tape to glass slide and look for ova under a microscope.

May Return To School: Only after treatment.

X. **Ringworm**: (Scalp, Beard, Nails, Groin, Athlete's Foot) Spread by direct contact with lesions or contaminated articles.

Incubation Period: 10 to 14 days.

Period of Communicability: As long as lesions are present. **Lesions do not need to be covered.**

May Return To School: Only when under treatment – Local medication or Rx medication from a physician.

Y. **Rubella**: (German 3-day Measles) Virus is spread by contact with nasal secretions or by indirect contact with articles freshly soiled. Highly contagious. Preventable by immunization.

Incubation Period: 14 to 21 days, usually 16 to 19 days.

Period of Communicability: 1 week before and at least 4 days after the onset of rash.

May Return to School: 4 days after onset of rash.

Z. **Rubeola**: (Red Measles) Virus is spread by secretions of the nose, throat and urine of infected persons. Preventable by immunization.

Incubation Period: 8 to 13 days, with an average of 10 days.

Period of Communicability: From slightly before the beginning of cold symptoms until 4 days after the appearance of rash.

May Return To School: 6 days after the appearance of rash.

AA. **Scabies**: (Itch Mite) See Scabies Control Program and Scabies overview on page 104.

BB. **Sore Throat**: May be caused by a variety of bacteria and viruses.

Mode of Transmission: By direct contact with droplets via sneezing and coughing.

Incubation Period: Will vary depending on the infecting organism.

Period of Communicability: Will vary depending on the infecting organism.

Seasonal Patterns: Some bacterial sore throats (strep throat) are more common in the fall and spring, while some of the viral sore throats are more common in the summer.

May Return to School: When symptoms are resolved.

CC. **Strep Infections**: (Scarlet Fever, Strep Throat) Spread by direct contact with an infected person or carrier, rarely by indirect contact through objects or hands. Can induce Rheumatic Fever, which is not known to be communicable.

Incubation Period: 1 to 3 days.

Period of Communicability: 10 to 21 days in uncomplicated cases.

May Return to School: 24 hours after treatment begins with antibiotic drugs.

DD. **Tuberculosis**: The infectious agent is spread through the sputum of persons with infectious tuberculosis of by breathing air contaminated with the airborne bacteria.

Incubation Period: 4 to 12 weeks.

Period of Communicability: As long as the infectious tubercle bacilli are being discharged.

May Return to School: Upon recommendation of the family physician.

EE. **Varicella**: (Chicken Pox) Virus is spread by secretions of the respiratory tract or indirectly via soiled material. Scabs are not infective. Highly contagious disease.

Incubation Period: 13 to 17 days and sometimes up to 3 weeks.

Period of Communicability: From 5 days before to 6 days after the appearance of skin blisters. The School Nurse will notify parents of immunocompromised students of the exposure potential. Pregnant women with significant exposure potential will also be notified.

May Return to School: 1 week after the eruption first appears or when all lesions have crusted over. Vaccine is available at 12 months – 11 years of age.

FF. **Whooping Cough**: (Pertussis) This is an acute infection of the respiratory tract characterized by a prolonged period of respiratory symptoms progressing to repetitious paroxysms of coughing that end with a spasmodic aspiratory “whoop”. No seasonal pattern. Preventable by immunization.

Mode of Transmission: Direct contact with an infected person via coughing and/or sneezing.

Incubation Period: From 5 to 21 days but usually within 10 days.

Period of Communicability: From 7 days after exposure to 3 to 4 weeks after the onset of paroxysms.

May Return to School: Upon recommendation of the family physician.

SCABIES CONTROL PROGRAM

The Clay County School Board and the Clay County Health Department personnel have jointly agreed on the following standard system-wide procedure for the control of scabies.

Responsibility of the School Principal

- Detect cases of scabies via reports from teachers or parents.
- Contact the parent of the child present at school with scabies and refer to medical provider for evaluation/diagnosis/treatment.
- Consult with County Health Department nurse to determine the need to send notification letters to parents of all children in classrooms where scabies have been discovered. If scabies are discovered in two or more classrooms, it is recommended that the letter be sent to the parents of all students in the school. Consult with the School Health Supervisor before sending out any letters.
- May return to school after treatment by physician.

Responsibility of the Health Department

- Provide advice about treatment of scabies.
- Respond to requests from principals for assistance and/or advice for unusual problems

Responsibility of Parents

- The knowledge of good hygiene practices and the early detection of scabies are needed for rapid and effective control. Please contact your family doctor or the Health Department for advice about treatment.
- Send a letter to the school from a medical provider indicating that the child has been treated.

Scabies Overview

Definition: An infectious disease of the skin caused by a mite (Sarcoptes Scabiei) which burrows beneath the skin and lays eggs. With good personal and family hygiene practices, the problem can be taken care of easily and is not of importance in the transmission of disease.

Detection: Penetration by the mite is visible as tiny blisters or line-like burrows usually around the finger webs, front surfaces of wrists and/or elbows, belt line, front of armpits, chest, abdomen and buttocks. Itching is intense, especially at night, but complications are few. Rash may become secondarily infected by scratching.

Spread: Transfer of parasites is by direct contact and to a limited extent by contact with undergarments or bedclothes freshly contaminated by an infected person. The parasite can be acquired during sexual contact. It is occasionally transmitted from child to child in a school situation through body contact such as wrestling or holding hands.

Preventive Measures: Provide education on the need for maintaining cleanliness of persons, garments, bedclothes and proper hot water laundering of undergarments and bedclothes. Exclude child from school until the parent sends a note indicating that the child has received a recognized form of treatment from a medical provider. Inspection of other household members as a single infection in a family is uncommon.

Treatment: Patient takes a bath or shower and allows the body to cool off one to two hours before applying a medically approved lotion to the whole body. The following day a cleansing bath is taken and a change made into fresh clothing and bedclothes. Clothing and bed linens should be changed for at least three consecutive nights to help prevent re-infestation. In perhaps 5% of cases a second course of treatment is necessary in 7 to 10 days.

CYSTIC FIBROSIS (CF)

ONSET:

Cystic Fibrosis is the most common inherited disease of children. In some cases symptoms are not apparent until several years have passed.

INCIDENCE:

The affected child inherits the defective genes from both parents with an overall incidence of 1:4. It occurs in approximately 1:1600 births in predominantly white population, equally divided between the sexes.

ETIOLOGY:

The gene responsible for the disease is located on chromosome 7. The basic biochemical defect in cystic fibrosis is unknown. It is assumed, however, that it is probably caused by alteration in a protein, perhaps an enzyme.

MAJOR PROBLEM:

- Symptoms include:
  - an elevation of sweat electrolytes
  - an increased viscosity of mucus gland secretions
  - an increase in sodium and chloride in the saliva, and abnormalities in autonomic nervous system function
- The thickened mucus obstructs small passages in the organs such as the pancreas and the bronchioles. Because pancreatic enzymes are unable to reach the duodenum, digestion and absorption of nutrients – particularly fats, proteins, and to a lesser degree, carbohydrates, are markedly impaired.
- Due to interference with salivation, the child's mouth becomes dry and susceptible to infection.
- Stools are full of undigested food, which increases frequency and their size by two to three times. They are often unformed, frothy, and extremely foul smelling. Because so little is absorbed from the intestine, the child has a voracious appetite, but loses weight drastically.
- Wheezing and a dry non-productive cough eventually lead to serious respiratory problems.

DIAGNOSIS:

- Diagnosis is established on the basis of the following:
  - A history of the disease in the family.
  - Absence of pancreatic enzymes.
  - An increase in electrolyte concentration in sweat.
  - Chronic pulmonary involvement.

MEDICAL THERAPY:

- The goal of care is aimed at promoting a normal life for the affected child, including good nutrition, prevention and control of pulmonary infections and promotion of a satisfactory psychological adjustment to the disease.
- Pancreatic enzyme replacement is given in conjunction with meals and snacks and is regulated in order to obtain normal bowel movements, nutrition and growth. The dosage is determined by the degree of enzyme deficiency, the destruction of the exogenous enzymes by gastric hydrochloric acid, and food intake.
- Physical therapy, postural drainage, and breathing exercises are used to maintain good pulmonary hygiene by encouraging coughing and assisting in removal of mucus and exudates.

PROGNOSIS:

- Pulmonary involvement determines the ultimate outcome of the disease.
- Pancreatic enzyme deficiency is less of a problem if adequate nutrition is insured.
- No exact figures are available regarding the life expectancy of a child with cystic fibrosis. However, more than 50% of patients now live into adulthood.

NURSING IMPLICATIONS:

- The nurse may be responsible for educating the child and family about medication use, the importance of physical therapy and good nutrition and what can be done to provide the best possible care for the child.
- The child will need frequent skin care, especially over bony prominences and in the diaper areas where irritation will occur from contact with frequent stools.
- The child and family will need support and encouragement to work through daily problems, such as remembering to take medication and plan for the future when health may have deteriorated.

EDUCATIONAL IMPLICATIONS: There are several things that the teacher can do to improve the quality of the child's experience at school.

- The child may cough frequently and should be encouraged to do so as much as necessary to remove the mucus that is in the lungs. The disease is not communicable, therefore, isolation from others is not needed except to minimize the child's exposure to infection.
- The child may be on a low fat diet or require servings two or three times the amount that other children eat. This should be accepted.
- Due to an increased number of stools, the child may need to visit the bathroom more often than other children.
- The child may require medications for pancreatic or lung involvement.
- The child should be encouraged to engage as fully as possible in all physical activities. However, in very hot weather, play should not be so energetic that it causes excessive perspiration unless the child received adequate quantities of added salt per physician/parent instruction.
- Intelligence is not affected and the child should be treated like other children as much as possible.

CYSTIC FIBROSIS (CF)

Student: _____
Grade:_____
Date: _____

CONDITION:

Cystic Fibrosis is a chronic, congenital disease. It causes a widespread change in the mucus secreting glands of the body. These include the pancreas, lungs, salivary and sweat glands. Symptoms of the disease are respiratory difficulties and problems maintaining adequate nutritional status due to the production of abnormally thick mucus by the organs mentioned above. This thick mucus can clog bronchial passages and block ducts that deliver pancreatic enzymes needed in the intestines fro digestion. Cystic Fibrosis is not contagious.

TREATMENT:

Treatment involves maintenance of good nutrition and prevention of infection. High caloric, high protein foods are essential because the child can lose up to 50% of all calories through bowel movement. Prevention of upper respiratory infection is imperative.

A child with Cystic Fibrosis requires the following to reach and maintain optimum health.

1. Good hygienic practices geared toward prevention of infection.
2. Well balanced diet, tailored to meet special needs.
3. Adequate rest.
4. Regular medical checks.
5. Receive medications as ordered.

LIMITS:

If all the above needs are met, the child can usually participate in regular activities. In some cases a lack of stamina will restrict playground activities. Attempts should be made to include the child in group activities to prevent the feeling of being different or left out.

MANAGEMENT:

It is important to recognize the first sign of an impending infection. Such signs may include listlessness, loss of appetite, fever, cough, shortness of breath and/or pallor. Parents should be notified immediately if any of these symptoms arise.

INSTRUCTIONS: Precipitating factors and/or complications (for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

DIABETES

CONDITION:

Diabetes occurs at all ages and affects millions of people in the United States alone. Symptoms may include frequent urination, increased thirst, weight loss, weakness, irritability, increased hunger, nausea and fatigue. Diabetes is not contagious. The diabetic body cannot process food normally because the pancreas does not produce enough, or no, insulin. Without insulin, sugar that the body normally uses for fuel cannot enter the cells and therefore the blood sugar level rises and eventually the kidneys pass the excess sugar into the urine. The result of this is frequent urination and excessive thirst.

TREATMENT:

Diabetes cannot be cured, but it can be controlled. Treatment may consist of daily injections of insulin, a prescribed food plan and regular exercise.

LIMITS:

Children with diabetes can participate in all school activities and should not be considered different from other students. With regard to food, check with parents for any dietary restrictions.

MANAGEMENT:

Of the utmost importance to school personnel is the ability to recognize the two most serious emergencies for diabetic children. Low blood sugar (Insulin Reaction or Hypoglycemia) and high blood sugar (Hyperglycemic with Acidosis). It is important to distinguish between the two because each condition requires completely different, but immediate, actions.

	LOW BLOOD SUGAR	HIGH BLOOD SUGAR
CAUSES:	Too much insulin Not eating enough Unusual amount of exercise Delayed meal	Too little insulin Failure to follow diet Infection or fever Emotional stress
SIGNS:	Cold, clammy, pale skin Excessive sweating, faintness Headache Hunger Irritability, personality change Confusion, disorientation Eventual stupor or unconsciousness	Drowsiness Extreme thirst Very frequent urination Flushed skin Vomiting Fruity breath Eventual stupor or unconsciousness
TREATMENT:	Give any food or beverage containing sugar if the child can swallow without choking as per prescribed plan. Contact Parents. If the child does not feel Better in 10-15 minutes, parents should Be advised to contact their physician. If Symptoms are severe, call 911.	Contact parents immediately. The child needs medical attention as soon as possible. If you are uncertain if the child is suffering from high or low blood sugar, give a food or beverage containing sugar. Do not give food or drink if the child cannot swallow.

INSTRUCTIONS: Precipitating factors and/or complications (for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

SYMPTOMS:

- Excessive thirst
- Frequent urination
- Increased appetite
- Weight loss

COMPLICATIONS:

- DIABETIC ACIDOSIS (high blood sugar)
  - Cause: Insufficient or omitted insulin dose
  - Signs: Gradual onset
    - Flushed face
    - Dry skin
    - Odor of acetone on breath
    - Disorientation
  - Management: Contact parents for immediate transport to hospital emergency room.

- HYPOGLYCEMIC REACTION (insulin shock)

  General Guidelines:
  - Hypoglycemic reactions (insulin reactions) should be treated according to current nursing and medical recommendations.
  - Periodic communication should be maintained between the school nurse and parents of students with diabetes to determine current condition and treatment regimen.
  - Student taking insulin may require care for hypoglycemic reactions resulting from:
    - Not enough food or delayed meal
    - Too much exercise
    - Nervous tension
    - Illness
    - Too large a dose of insulin
  - Hypoglycemic reactions occur most frequently:
    - Just before meals
    - After strenuous activity
  - Hypoglycemic symptoms include:
    - Trembling of body
    - Sweating
    - Cold, clammy, pale skin
    - Extreme hunger
    - Headache
    - Personality change
    - Inability to concentrate, drowsiness
    - Dizziness and confusion
    - Poor coordination, possible slurred speech
    - Unconsciousness or convulsions (these may occur if the person with the preceding symptoms has not been treated)
  - Personnel Recommendation: All personnel should be knowledgeable about hypoglycemic reactions and cooperate in performing appropriate activities.

PROCEDURE:

Purpose: To provide sugar for relief of symptoms caused by low blood sugar.
To prevent severe reactions that may require emergency medical treatment, such as the intravenous administration of glucose.

Supplies: Provided as needed by the family

GLUCOSE MONITORING LOG

STUDENT : _____

PHYSICIAN'S ORDER: _____

DATE ORDERED: _____

_____

SIGNATURE & INITIALS OF PERSON AUTHORIZED TO TEST BLOOD SUGAR

DATE	TIME	GLUCOSE	ACTION TAKEN (IF REQUIRED)	BY

HYPERGLYEMIA
(High Blood Sugar)

Here are some of the symptoms of hyperglycemia:

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

Onset: Gradual, may progress to diabetic coma.

Blood Sugar: Above 200 mg/dL
Acceptable Range: 115-200 mg/dL

EXTREME THIRST

FREQUENT URINATION

DRY SKIN

HUNGER

BLURRED VISION

DROWSINESS

DECREASED HEALING

TEST BLOOD GLUCOSE

If over 200 mg/dL for several tests or for 2 days, CALL YOUR DOCTOR

HYPOGLYCEMIA
(LOW BLOOD SUGAR)

Here are some of the symptoms of hypoglycemia:

Causes: Too little food, too much insulin or diabetes medicine, or extra activity.

Onset: Sudden, may progress to insulin shock.

Blood Sugar: Below 70 mg/dL
Normal range: 70-115 mg/dL


SHAKING


FAST HEARTBEAT


SWEATING


DIZZINESS


ANXIOUS


HUNGER


IMPAIRED VISION


WEAKNESS, FATIGUE

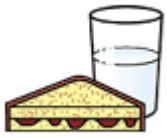

HEADACHE


IRRITABLE

What can you do?

Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).

Within 20 minutes after treatment, **TEST BLOOD GLUCOSE** If symptoms don't stop, call your doctor.



Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

DISLOCATION OF JOINT

Student: _____
Grade:_____
Date: _____

PHYSICAL FINDINGS:

- Visible lack of symmetry compared to other side, usually following a trauma.
- Localized pain and swelling.
- Most common in distal phalanx (tip) of finger. Shoulder is next in frequency, followed by the elbow and knee.
- May be associated with a chip fracture, especially in finger.

MANAGEMENT:

- Ice pack, applied with as little pressure as possible.
- Do NOT compress.
- Do NOT try to put back into place.
- Elevate injured area if possible.
- Evacuate to physician or emergency room.

FOLLOW UP:

- Protect from further trauma.
- Inspect any casts, splints, and dressings periodically.

INSTRUCTIONS: Precipitating factors and/or complications (for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

DOWN'S SYNDROME
(TRISOMY 21 SYNDROME)

ETIOLOGY AND ONSET: Down's Syndrome is a genetic imbalance caused by the presence of an extra gene on the 21st chromosome. This genetic imbalance is commonly due to a fault in chromosome distribution that occurs in the development of the egg or the sperm, or in the first division of the fertilized egg.

DIAGNOSIS: Diagnosis is made on the basis of clinical appearance, including typical dermatoglyphic patterns. A chromosomal study confirms the diagnosis.

CHARACTERISTICS:

- Physical: As infants the muscle tone is floppy, nose is small with low bridge (flat face appearance), eyes are upwardly slanted with inner canthal fold, ears are small but prominent, tongue protrudes, mouth is small with a short roof, teeth are small and abnormally shaped, voice is deep with delayed speech, neck is slightly shortened, heart defect appears in about 40%, hands are small with short fingers (especially the fifth, which is curved inward), palm crease is single, feet may show a short crease on the sole of the foot between the first and second toes which are gapped, skin is dry and often mottled, hair is sparse, fine and straight. The height and weight are usually low in infancy, but obesity is often apparent in the older child and adolescent.

- Mental: Children with Down's Syndrome have some degree of mental retardation. A preschool Down's child may score as high as 60 I.Q. but the average I.Q. for the older child and adult is between 25 and 50. This means the I.Q. does not drop with age but that the child does not maintain the early pace of intellectual development.

- Social: Down's Syndrome children usually take great pleasure in their surroundings, family, toys, and playmates. Happiness comes easily and they usually maintain a childlike good humor throughout life.

MEDICAL THERAPY AND INTERVENTIONS: Children with Down's are more susceptible to infections. Therefore, prompt treatment for even minor illness is advocated. An exercise program combined with a low calorie diet may help control weight and strengthen muscle tone. Atlantoaxial instability (cervical vertebrae mobility) should be evaluated before participating in activities that place stress on the neck. Staff should be alerted to any heart defects and any precautions necessary during school hours.

PROGNOSIS: There is no cure for this birth defect.

NURSING IMPLICATIONS: Nursing may need to be involved in preventing upper respiratory tract infections, preventing skin breakdown, facilitating self care, promotion of optimum development, supporting family and helping them prepare for the future care of the child.

EDUCATIONAL IMPLICATIONS: School staff should be aware of any heart defects and concurrent precautions that may be necessary during school hours. Since these children are more susceptible to infection, good infection control needs to be practiced in the classroom. The parent may wish to be notified of any illnesses in the classroom. The teacher should be aware that there is an increased incidence of visual problems and be alert for squinting, daydreaming, etc. While an exercise program may help poor muscle tone, Down's children should be evaluated for atlantoaxial instability (cervical vertebrae mobility) before participating in activities that place stress on the neck, e.g.; somersaulting, football, tumbling, etc. Visual screening should be done at a young age because of the high incidence of sight problems with Down's Syndrome.

DRUG USE (SIGNS AND SYMPTOMS)

Signs and symptoms of drug use can also be signs and symptoms of serious diseases. Use caution.

PHYSICAL SYMPTOMS:

- Change in activity level. Periods of lethargy or fatigue (common with marijuana, alcohol, sedatives, cocaine, heroin, and PCP). Periods of hyperactivity (common with marijuana, alcohol, amphetamines and other stimulants).
- Change in appetite varying from increase to decrease and cravings of certain foods (sweets are common with marijuana). Increase or decrease in weight.
- Lack of coordination. Staggering gate, slow movements, dropping objects, clumsiness, falling.
- Altered speech patterns. Slurred, or garbled speech, flat or expressionless speech, pressured speech (fast talking), forgetting thoughts and ideas, incomplete sentences.
- Shortness of breath, hacking cough, peculiar odor to breath and clothing (common with marijuana).
- Red eyes, watery eyes, drooping eyelids.
- Runny nose, increased susceptibility to infections and colds.
- Change in sleeping habits, staying up all night, sleeping all day, insomnia, excessive sleeping, refusal to wake up.
- Change in appearance, change in style of clothing, less concern about appearance, may become sloppy and unkempt.
- Severe agitation, lack of concentration, shaking, tremors of extremities, nausea, vomiting, sweats, chills, (may be early withdrawal symptoms from drugs).
- Distortion of perception of time, short times may feel much longer and reaction time becomes sluggish.
- "Needle Tracks" that may lead to wearing long sleeve shirts in all weather to hide needle marks from intravenous injection of drugs. Tracks may be in hidden areas such as the back of legs. Absence of tracks does not preclude abuse or addiction.

<u>SOCIAL AND EMOTION SYMPTOMS:</u>

- Changes in mood, swings in mood from euphoria and gregariousness to irritability, anxiety, violence, bizarreness, depressed, outbursts of anger.
- Thought pattern alteration, lack of thoughts, strange and bizarre thinking, hallucinations, paranoid delusions, suspiciousness, and suicidal thoughts.
- Withdrawal, secretive, devious, vague, hypersensitive, declaring their room off limits to family.
- Sudden changes in friends, disdain for old friends, new people calling, frequenting new hangouts, people stopping by for very short periods of time.
- Drop in school performance, truancy, resentment toward teachers, avoiding schoolwork (not bringing home books), lack of interest and concentration san in school and in general (amotivational syndrome).
- New idols (such as older kids) and musical tastes (songs with drug glorifying lyrics).
- Legal problems such as traffic violations, assaults, possession of drugs and/or paraphernalia, keeping late hours and disrespect for authority.
- Presence of paraphernalia such as incense, room deodorizer, eye-drops, seeds, pipes, etc.
- Flagrant disregard of all rules at home, school, and legal.

❖ With permission from Jason D. Baron, M.D. author of KIDS & DRUGS, a Parent's Handbook
❖ Further information can be obtained from the Guidance Office.

EATING DISORDERS
(ANOREXIA AND BULIMIA)

Bulimia is a severe eating disorder or compulsive binging and purging. People with bulimia rapidly eat tremendous amounts of food and then purge themselves of the food by vomiting or other means. Bulimia symptoms are found in 40 – 50% of patients with another potentially life- threatening disorder called anorexia nervosa.

Anorexia Nervosa is a compulsion to inflict self- starvation. People of all races can develop bulimia and anorexia, but the vast majority of patients are white. This may reflect social-economic, rather than racial, factors. The illnesses are not restricted to females or those with certain occupational or educational backgrounds. The disorders are obsessive. Most victims cannot stop their self-destructive behavior with professional medical help.

Left untreated, either disorder can become chronic and can result in severe health damage or even death.

Bulimia: Signs & Symptoms:

- Recurrent episodes of binge eating, or the rapid consumption of large amounts of food in a short period of time, usually less than two hours.
- During the eating binges there is a feeling of total lack of control over the eating behavior.
- The individual regularly engages in either self-induced vomiting, use of laxatives, diuretics, or strict dieting or fasting and vigorous exercising in order to prevent weight gain.
- A minimum average of two binge eating episodes per week for at least three months.
- Overly concerned and disturbed with perception of body weight.

Bulimia usually begins in conjunction with a diet. Once the binge & purge cycle becomes established, it can get out of control. Some bulimics may be somewhat underweight and a few may be obese, but most tend to maintain a nearly normal weight. In many cases the menstrual cycle becomes irregular. Bulimics may exhibit impulsive behaviors such as shoplifting and alcohol and/or drug use. Many appear to be health and successful, perfectionist in everything they do. Actually most bulimics have very low self-esteem and are often depressed.

Anorexia Nervosa: Signs & Symptoms:

- Refusal or inability to maintain body weight over a minimum normal weight.
- Intense fear of gaining weight or becoming fat, despite being underweight.
- Disturbance in perception of boy shape.
- In post menarcheal females, absence of three (3) consecutive menstrual cycles.

Anorexia causes peculiar behaviors and bodily changes typical of any starvation victim. Some functions are often restored to normal once sufficient weight is regained. Meanwhile, the starving body tries to protect itself (especially the two main organs, the brain and heart) by slowing down or stopping less vital body processes. Menstruation ceases, often before weight loss becomes noticeable, blood pressure and respiratory rate slow, thyroid function diminishes, resulting in brittle hair and nails, dry skin, slowed pulse rate, cold intolerance and constipation. With depletion of fat, the body temperature is lowered. Soft hair

called lanugo forms over the skin. Electrolyte imbalance can become so severe that irregular heart rhythm, heart failure and decreased bone density occur. Other physical signs can include mild anemia, swelling of joints, reduced muscle mass and lightheadedness.

Exactly what causes anorexia nervosa and bulimia is a puzzle for researchers. They are just beginning to uncover clues, and not all experts agree with all theories. One theory about anorexia and bulimia is that may females feel excessive pressure to be as thin as some “ideal” perceived by the media in magazines and on television. Some suggest that a certain biological factor linked to clinical depression may contribute to the development of anorexia and bulimia. In fact 7- 10 anorectics and bulimics are prone to depression, as are many of their relatives. Anorexia and bulimia may be triggered by an inability to cope with a life situation, puberty, first sexual contact, ridicule over weight, and death of a loved one or separation from family.

Several approaches are usually used to treat both disorders, including motivating the patient, enlisting family support, and providing nutritional counseling and psychotherapy. A realistic body-image concept is a pre-condition for recovery from anorexia nervosa. Considering the anorectic’s tenacious denial of being too thin or eating too little, convincing them that they need to gain weight is no small task. Bulimics usually cooperate with medical staff and may even seek treatment voluntarily. Behavior modification therapy and drug therapy may be used. Hospitalization may be required for patients who have life threatening complications or extreme psychological problems. If the patient’s life is not in danger, treatment for either disorder is usually on an outpatient basis. Treatment may take a year or more. Approximately 80% of patients with bulimia respond to antidepressant drug therapy within three to four weeks. For anorectics, however, it should be noted that the benefits of antidepressants must be regarded as tentative and that precautions should be taken to determine whether the patient’s undernourished body can handle the drugs.

Psychotherapy may be in many forms. In individual session the patient explores attitudes about weight, food and body image. Then as she/he becomes aware of the problems in relating to others and dealing with stress, the attention is centered on feelings that they may have about self esteem, guilt, anxiety, depression or helplessness.

Behavior modification therapy focuses on eliminating self- defeating behaviors. Patients may improve their stress management by learning skills in relaxation, biofeedback and assertiveness. Family therapy is designed to improve overall family functioning.

Places to seek help in finding a therapist include the psychiatry department of a nearby medical school, local hospitals, family physician, church leader, county or state mental health or social services departments, and private welfare agencies. Self- help, or support, groups are an adjunct to primary treatment.

HEART DISEASES / CONDITIONS

Student: _____
Grade:_____
Date: _____

CONDITION:

Heart disease in children can be congenital or acquired. The majority are asymptomatic, though a small majority may exhibit symptoms of easy fatigability, blueness, or occasional fainting spells. The latter is an ominous sign and should be reported if it occurs secondary to heart disease. A heart murmur does not necessarily imply the presence of heart disease, per se.

TREATMENT:

Most children are on no medications and those who are usually receive their medication at home. Occasionally a child, particularly after heart surgery, may need medication during school hours. Children who are cyanotic (blue) are at risk from complications of dehydration and should be allowed to drink water frequently, especially in warm weather.

LIMITS:

Most children have no limitations placed and should be encouraged to participate normally. Those with more significant lesions should be allowed activity to their tolerance and given the benefit of the doubt when they say they are fatigued.

Note that children so designated should avoid those activities from which they cannot withdraw gracefully. This is particularly true of adolescents who may deny the existence of a problem.

MANAGEMENT:

Except as outlined above, most students need no special consideration. Should confusion arise regarding activity status, clarification should be sought from the physician caring for the child's heart condition.

Should fainting or near fainting spells occur, ease the child to the floor and loosen clothing. Elevate legs above the level of the heart. Obtain heart rate. Allow the child to rest and contact parents immediately.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

HEMOPHILIA

Student: _____
Grade:_____
Date: _____

CONDITION:

Hemophilia is a hereditary blood disease in which a vital blood-clotting factor is missing. This causes abnormal bleeding. Common bleeding sites are knees, ankles, and elbows, but bleeding may occur from any site. Painful, swollen, or warm joints may be indicators of bleeding.

TREATMENT:

There is no known cure. Hemorrhages can only be healed with transfusions of fresh whole blood, plasma, or clotting factor concentrates.

LIMITS:

Hemophiliacs should avoid trauma.

MANAGEMENT:

Any moderate or severe trauma to the head, abdomen, or throat warrants immediate attention. Treat any bleeding episodes promptly. Keep the student at rest. Notify parents immediately. Apply lightweight ice pack to the area. To avoid gaps in the student's education due to time spent in the hospital or at home, school personnel should maintain close contact with the parents to arrange special educational provisions. Maintain up-to-date information regarding emergency contacts and authorization for emergency treatment.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

HEPATITIS B VIRUS

GENERAL INFORMATION:

- Hepatitis B is caused by a virus found in blood, and to a lesser degree, saliva and other body fluids. The purpose of maintaining good hygiene is to reduce the chance that drops of blood, saliva or other body secretions from an infected person will enter a susceptible person's bloodstream through a break in the skin or by absorption through mucous membranes such as the mouth or eye. If infected body fluids enter a susceptible person's bloodstream in one of these manners, an exposure has occurred and there may be transmission of the disease.

- Children with Hepatitis B carrier status should not be excluded from school.

- Good personal hygiene is the basis for protection against hepatitis B infection as well as other contagious diseases.

- CAREFUL AND FREQUENT HANDWASHING IS THE SINGLE MOST EFFECTIVE PERSONAL HYGIENE PRACTICE.

- Cleanliness of surfaces such as floors, doorknobs, counter tops and desks must be maintained.

- If a suspected exposure occurs in spite of precautions it should immediately be reported to the school nurse, principal, or health services supervisor.

PERSONAL CONACTS:

- Mouth to mouth sharing of food and other objects between students is unhygienic and should be discouraged.

- Personal toiletry items such as washcloths and toothbrushes should never be shared.

- Items 1 and 2 are restrictions that apply to all students but are especially important for students who are carriers of hepatitis B virus.

CONTACT WITH BLOOD AND SALIVA:

- Skin breaks:
  - Bleeding or oozing cuts or abrasions (in either a susceptible person or hepatitis B carrier) are hazardous and should be covered with gauze, bandages, etc., where possible. Fingernails should be kept trim and clean. If breaks are properly covered and protected, students need not limit their usual activities.

- Soiled Items:
  - Items soiled by a carrier's blood or saliva should not be used by others. These items should either be discarded or thoroughly cleaned with disinfectant and water (see below) before re-use.
  - Susceptible personnel should avoid direct skin contact while caring for nosebleeds, bleeding or oozing wounds, or menstrual accidents.
    - Disposable gloves should be used in these situations.
    - Gloves, sanitary napkins, gauze pads, or any other materials that are soiled should be carefully and promptly discarded in sealed bags or containers.
    - Environmental surfaces soiled in these types of episodes should be thoroughly cleaned with detergent and water and disinfected (see below).

- In the case of carrier children who smear menstrual blood or who cannot properly change sanitary napkins, appropriate toilet supervision by a responsible adult should be provided.

- Vomitus must be cleaned in the same manner as blood or saliva. Clothing soiled with vomit, saliva, or other secretions must be exchanged for clean clothing. Send soiled clothing back to the home in a sealed, labeled plastic bag.

HAND WASHING:

- Since **HAND WASHING** is the key to good hygiene, **HAND WASHING** facilities should be readily available. Carriers with inconsistent **HAND WASHING** or poor toilet habits should be thoroughly supervised to ensure good **HAND WASHING**.
  - Soap must be available via dispenser.
  - Bar soap should not be shared.
  - Paper towels must be accessible.

- Persons who come into close contact with carriers should observe scrupulous **HAND WASHING** with plenty of soap and water. This is especially important:
  - After caring for bleeding or open draining wounds.
  - After handling items which have been soiled with blood, serum, or saliva.
  - Before eating or handling food.

ENVIRONMENTAL CONTROL MEASURES:

- General cleaning:
  IT IS OF UTMOST IMPORTANCE TO THOROUGHLY SCRAPE AND CLEAN ADHERENT MATERIALS FROM OBJECTS AND SURFACES AND WASH WITH DETERGENT BEFORE DISINFECTING.

- Disinfectants:
  - The most commonly suggested effective disinfectant is a solution of sodium hypochlorite (bleach). The recommended strength is one cup of sodium hypochlorite per ten cups of water. This solution should be prepared daily or each time it is to be used.
  - Spilled blood or other body fluids should be cleaned up quickly with soap and water and then a disinfectant should be used.
  - Surfaces such as tabletops and floors should be kept clean and washed daily with detergent, warm water, and disinfectant.

- Laundry and dishes:
  There is presently no evidence that hepatitis B has been transmitted by food or utensils. Customary hygienic practices that prevent the spread of any infectious disease should be all that are necessary.
  - Dishes:
    - Washing of dishes with plenty of hot, soapy water followed by a thorough rinsing is recommended. An electric dishwasher can also be utilized for dishwashing with the final rinse water temperature of at least 180 degrees Fahrenheit.
  - Laundry:
    - No special procedures need be observed for laundering clothing or linens, although all blood contaminated items should be handled with appropriate precautions (gloves, etc.). As with dishes, washing with soap and water followed by thorough rinsing is suggested. If available, a washing machine and dryer can be used.
- Buses:
  - If a carrier is known to have contaminated any surface in the bus with vomit, saliva, blood or other secretions, notify the transportation department. They will immediately disinfect the contaminated area(s) using bleach solution.

HERPES AND CYTOMEGALOVIRUS INFECTIONS

POLICY:

Children with cytomegalovirus should not be excluded from school. Children with herpes simplex should not be excluded from school.

BACKGROUND:

- The herpes virus family includes: herpes simplex (2 types), varicella-zoster virus (causes chicken pox and shingles), Epstein-Barr virus (infectious mononucleosis) and cytomegalovirus (CMV). All members of the family share the ability to reactivate following recovery from the primary infection. Triggers for reactivation include sunlight, fever, local trauma and stress. Reactivation may occur years after the initial one and may be subclinical (asymptomatic), although still potentially infectious.

- Herpes simplex virus (HSV) infections are among the most common of man. There are two primary types (1 and 2). Type 1 is usually associated with oral infections (cold sores) and type 2 with genital infections. However, either type may be found at either site. Direct contact with infectious oral, genital, or lesional secretions is the principal means of spread.

- Primary HSV-1 infections is common in childhood and often asymptomatic. It may present as a pharyngitis, conjunctivitis, finger infection, encephalitis, or cold sore. Primary HSV-2 infection is common in sexually active persons. In females, particularly, the genital infection may be asymptomatic.

- The occupational risk of teachers acquiring HSV infection is probably no different than the risk outside of the work environment.

- Since herpes may cause skin lesions, pharyngitis, cold sores, etc., carriers of the virus are probably in school every day (e.g. asymptomatic oral lesions) and may, via their hands or secretions, pass the virus on to others. To focus on one known case is to lose sight of the fact that risk is still present from undetected cases of herpes infection. In fact, knowing of a case probably lessens the risk, since one is more cautious and more attentive to hand washing.

- Cytomegalovirus is also a very common infection of children. This virus may be intermittently shed for long periods of time by children who have no apparent signs of illness (i.e. asymptomatic excretions). The virus may be recovered from saliva and urine of infected persons. Studies have shown that nurses working with CMV cases are no more likely to be infected than other women of similar age. Therefore, the risk of infection in a classroom setting would appear to be low. Furthermore, many adults were probably previously infected in childhood. A blood test can tell if someone has had this infection previously. If so, they are not at risk of getting it again, although it may reactivate like all herpes viruses.

- With regards to pregnancy, genital herpes virus infection is the type that puts a newborn at risk as the disease is contracted during passage in the birth canal. Pregnant women who could be at risk of infection should contact their OB/GYN.

HYPERTENSION
(HIGH BLOOD PRESSURE)

Student: _____
Grade: _____
Date: _____

CONDITION:

Hypertension is one of the most common medical problems affecting the entire population. About 15-20 percent of adults are believed to have blood pressures in excess of normal. The percentage in children is somewhat less, but is probably more common than we realize. There are a number of recognized causes for hypertension. These include congenital or acquired heart disease, kidney disease, and occasionally in children with sickle cell anemia. A large group of children may have essential hypertension, which means the exact cause is unknown. Most children who are hypertensive have no symptoms. However, with excessively high blood pressure, some children may have unexplained severe headaches, dizziness, or chest pain.

TREATMENT:

Treatment consists of correcting the underlying condition, if possible. A low salt diet is generally recommended. Some children may require daily medications to control high blood pressure. These usually need to be taken regularly throughout the day. These medications are effective only if they are taken every day.

LIMITS:

In general there need not be limitations on a child with hypertension. In some individuals, it may be recommended that strenuous competitive sports be avoided.

MANAGEMENT:

Symptoms in hypertensive patients are unusual. However, should a known hypertensive patient have an unusual or severe headache or unusual or unexplained dizziness, these symptoms should be reported.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

The following is as reproduced from American Academy of Pediatrics Website http://www.aap.org/policy/re9715t1.htm. For information only.

TABLE 1. Classification of Hypertension[2]

Age, y	High Normal, mm Hg*	Significant Hypertension, mm Hg†	Severe Hypertension, mm Hg‡
6-9			
Systolic	111 - 121	122 -129	>129(129)§
Diastolic	70 - 77	70 - 85	>85(84)
10-12			
Systolic	117 - 125	126 - 133	>133(134)
Diastolic	75 - 81	82 -89	>89(89)
13-15			
Systolic	124 - 135	136 - 143	>143(149)
Diastolic	77 - 85	86 - 91	>91(94)
16-18			
Systolic	127 - 141	142 - 149	>149(159)
Diastolic	80 - 91	92 - 97	>97(99)
>18			
Systolic	Not given	[140 - 179]||	>(179)
Diastolic		[90 -109]	>(109)

* 90th to 94th percentile for age, boys and girls combined.
† 95th to 98th percentile for age, boys and girls combined.
‡ 99th percentile for age, boys and girls combined.
§ The values in parentheses are those used for the classification of severe hypertension by the 26th Bethesda Conference on cardiovascular disease and athletic participation.[1] See text for explanation.

|| Because the Second Task Force did not discuss youth older than 18 years, the values in brackets are those for mild and moderate hypertension given by the 26th Bethesda Conference.[1]

INFECTIOUS MONONUCLEOSIS

(Mono, Kissing Disease)

Student: _____
Grade:_____
Date: _____

GENERAL INFORMATION:

- Infectious mononucleosis (IM) is a common infection of childhood characterized by fever, fatigue, sore throat and swollen glands. It is caused by the Epstein-Barr virus (EBV) which is related to the viruses that cause chickenpox and fever blisters.

- EBV spreads from one person to another when infected saliva comes in contact with the mouth and possibly the nose or eyes. Although kissing is one way to catch IM, the virus can also be passed on cups, utensils or other objects, as well as in droplets coughed or sneezed into the air. It is believed that anyone who has been infected with EBV will continue to shed virus into the saliva for life. They usually remain immune to future attacks. The time between exposure to IM and the first signs of illness is usually 4 to 7 weeks.

THE ILLNESS:

- Most young children who become infected with EBV either remain perfectly well or have only a slight cold. Teenagers and young adults, on the other hand, are most likely to develop infectious mononucleosis. A larger dose of virus is transferred by kissing than by sneezing or cough.

- A typical case of “mono” begins with weakness and fatigue, sore throat, fever and lack of appetite.
  - Tonsils may be fiery red, swollen, and covered with pus.
  - When excessively large they can interfere with swallowing and breathing. Lymph glands all over the body, but particularly in the neck, are enlarged as are organs in the abdomen such as the liver and spleen.
  - A blotchy red rash appears in some cases.
  - Complications are uncommon.
  - Illness lasts 2 to 3 weeks.
  - Some individuals remain weak and tire easily for several months.

TREATMENT:

- No specific treatment is available for infectious mononucleosis. For relief of pain and fever it is helpful to give analgesics. If you feel that stronger pain medication is needed, speak with your doctor.

- Fatigue and weakness are best treated by resting. A diet containing nutritious foods and plenty of fluids should be offered.

- Your doctor may prescribe medication or recommend hospitalization for severe illness, dehydration or a complicating problem.

CONTAGION:

- Contagion of IM is low and second cases in a family are uncommon.

- Although no specific precautions are indicated, contact with infected saliva through kissing or sharing of cups, utensils, toys or washcloths should be avoided.

RETURN TO SCHOOL:

- Patients with IM may return to school as soon as they feel well and have no fever.

- Patients with an enlarged spleen must avoid activities such as contact sports, biking, skiing, etc., that could result in injury to the abdomen. Rupture of the spleen, a serious complication, can occur. Once the spleen returns to normal size, usually in 3 to 4 weeks, full activity can be resumed.

- The school nurse will want a physician's clearance for children to engage in contact sports.

COMMON CONCERNS:

- There is no way to prevent IM after exposure has occurred. Relapses and second attacks of IM, though rare, do occur. Illness is usually milder than it was the first time.

- Ampicillin, amoxicillin and other penicillins will cause a blotchy red rash in about 3 out of 4 patients with IM. The rash is harmless and disappears shortly after the medicine is stopped. In most cases it does not represent penicillin allergy.

- Mild EBV infection of the liver (hepatitis) is common in patients with IM and is rarely of concern. The relationship between EBV infection and "chronic fatigue syndrome" is controversial and still under study.

INSECT STING REACTION

RECOMMENDATIONS FOR EMERGENCY FIRST AID PROCEDURES

INTRODUCTION:

- An emergency situation may occur any time a hypersensitive student is exposed to an insect sting or bite, or other allergen, to which the student is allergic. Allergic reactions (anaphylaxis, anaphylactic response) can be fatal within minutes. Hypersensitive students identified for school authorities by their parents and/or guardians and physicians require the availability of emergency medication as well as policies and instructions for its use. The following treatment and the administration of this treatment was recommended by the Florida Medical Association School Health Medical Advisory Committee.

MOST COMMON ALLERGENS THAT MAY CAUSE ANAPHYLAXIS:

- Stingers such as bees, hornets, yellow jackets, wasps and ants.
- Biters such as deer flies, black flies, yellow flies.
- Animals such as cats and dogs.
- Foods such as nuts and fish.
- Medications such as penicillin.

SYMPTOMS OF ANAPHYLAXIS:

- Initial symptoms may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms appear gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possibly fatal shock. Usually, symptoms occur immediately following exposure to the allergen. Death may occur within minutes. Symptoms, which often vary according to individual response, may include the following:
  - Itching around the eyes
  - Dry, hacking cough
  - Widespread hives
  - Feeling of constriction in the throat and/or chest
  - Anxiety
  - Wheezing
  - Nausea
  - Dizziness
  - Abdominal pain
  - Vomiting
  - Difficulty breathing
  - Hoarseness and/or thick speech
  - Difficulty swallowing
  - Confusion
  - Feeling of impending disaster

These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence and unconsciousness.

IMMEDIATE EMERGENCY MEASURES FOR ANAPHYLACTIC REACTIONS:

- Injection of a pre-measured dose of epinephrine (1:1000) just under the skin of the upper , outer arm or in the outer thigh just above the knee. Recommended dosages depend on the child's weight and will be specified by the ordering physician.

- Epinephrine is the only drug that will stave off potentially fatal and rapidly intensifying symptoms. The sooner it is administered to the child, the more likely the child will recover from the allergic reaction. Epinephrine is effective approximately 20 minutes, therefore, a repeat dosage may be necessary if symptoms return prior to the arrival of EMTs (911).

- Summon an emergency vehicle immediately, or simultaneously with step 1 if another person is present, to transport the student to the nearest emergency care facility.

- Provide continuous monitoring of the student until the emergency vehicle and further medical assistance arrive.

- Reassure the child – do not leave him/her alone.

NOTE: If the student can perform self-injection, this is preferable, as a trained designee may not be immediately available. Also, counseling by a nurse should be initiated for the known hypersensitive student and his/her family to inform them of the symptoms of allergic reaction and how to avoid and/or manage such a reaction. The student and his/her parents/guardians should be encouraged to take advantage of available desensitization.

INSECT STING KITS:

- Pre-measured epinephrine is available in hand kits that are primarily designed for self-injection. Such kits are equally handy for those non-medical personnel who may have to take emergency measures to treat anaphylaxis.
- The student's family is responsible for providing the school with the epinephrine administration kit. There are several kinds of kits available on the market. It is recommended that the kit contain 1cc (mil) of epinephrine 1:1000 in measured doses.

NOTE: These kits contain a pre-measured dose of either 0.15 or 0.3 cc of epinephrine (1:1000 *see insert). To assure that the full dose is administered, the injector unit should be held in contact with the skin for 10 seconds. * The child's physician will prescribe the dosage based on the child's weight.

The injection procedure including dosages and the use of the administration kit is recommended by the School Health Medical Advisory Committee of the Florida Medical Association.

SIDE EFFECTS OF EPINEPHRINE:

- Possible side effects of epinephrine administration may include the following:
- Nervousness
- Tremor of hands
- Temporary increase of heart rate
- Temporary increase of blood pressure
- If there is any contraindication for administering this drug to a student, it should be reflected in the physician's medical orders.

POLICIES AND CONSENT:

- A physician's medical order must be obtained prior to administration of this treatment. The order should be kept on file in the student's cumulative health record. The medical order should include pertinent information concerning the administration of treatment for insect sting reaction.
- In addition, the student's cumulative health record must include a parental consent form authorizing school personnel to administer the medication in an emergency, according to the physician's orders.

TRAINING OF NON-HEALTH PERSONNEL:

To assure its availability, training will be given only to those designated by parent/guardian on form MIS12477, this may be School Health Designee, teacher, or other school personnel. These exceptions to the nurse administering the injection must be cleared by the School Health Coordinator. Again, if the affected student can administer his/her own dose of epinephrine, this is preferable, as there is always the possibility that the trained designee may not be immediately available.

INSECT STING REACTION QUESTIONNAIRE
TO BE FILED IN STUDENT CUMMULATIVE HEALTH FOLDER

Student Name

Your child's school record indicates a health history of "bee sting allergy". There are two different types of allergy; 1) **LOCAL**, with intense swelling and itching and a raised bump; or 2) **SYSTEMIC**, in which hives cover other body areas, fever, trouble breathing and/or severe drop in blood pressure occur.

In order to provide the appropriate response in the event of a bee sting, please indicate which reaction is typical in your child and provide a description of symptoms, then sign and return this form to the school.

1) LOCAL -

_____

2) SYSTEMIC -

_____

Does your child take medication for this? Yes_____ No _____
If yes, please give name of medication and dosage:

Can your child administer his/her own medication (self injection)? Yes_____ No _____

How many times has your child had an anaphylactic (allergic) reaction?

Physician's name and phone number:

_____

_____

*Please read the attached Policy & Recommendations for Emergency First Aid Procedure for Insect Sting Reaction.

Thank You,
School Health Designee:_____ Date: _____

KIDNEY DISEASE

Student: _____
Grade:_____
Date: _____

CONDITION:

Kidney disease in childhood rarely presents a problem in the classroom unless the disease has progressed to a point where there is evidence of chronic renal failure. The most common types of kidney disease may only require an awareness on the part of the teacher that more frequent trips than usual to the restroom may be necessary. This need should be documented, however, by a doctor's statement.

TREATMENT:

A child with severe kidney disease may require continuous medication some of which may need to be given during the school day. Under some circumstances it is extremely important that these medications be given at an exact time, which may be ordered by the physician.

LIMITS:

As with most chronic disease, it is important to attempt to include students with chronic renal disease in the mainstream of student activities including physical education. Occasionally physical education will be an impossibility and limitations will be prescribed by the physician on an individual basis.

MANAGEMENT:

If a child known to have chronic renal disease describes unusual symptoms with which you may not be familiar these should be reported to the parent.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

LEUKEMIA

Student: _____
Grade:_____
Date: _____

CONDITION:

Leukemia is a cancer of the tissues of the bone marrow, which is the soft, spongy center of the bone. The bone marrow produces red and white blood cells and platelets. In leukemia, most of the symptoms result from the failure of the bone marrow to function adequately. There are several types of leukemia, depending on the kind of white cell multiplying. Millions of abnormal, immature white blood cells called leukocytes are released into the circulatory system. Normally, these white blood cells fight infection, but because these leukocytes are immature, they cannot carry out their basic function. In advanced leukemia, the uncontrolled multiplication of abnormal cells results in crowding out the production of normal white blood cells to fight infection, of platelet to control clotting, and or red blood cells to prevent anemia. As the disease progresses, these children become increasingly susceptible to a variety of infections, anemia, and hemorrhage. The complications are most often the cause of death.

TREATMENT:

Chemotherapy is by far the most effective current method of treating the leukemia. It is combined with radiotherapy to bombard cancer cells with rays that damage or destroy the tissues. Chemotherapy may increase the child's changes of remission.

LIMITS:

Hopefully, the student will be well enough to lead a normal life at home. Talk with parents to determine activity level recommended by the family physician. Do not be over protective. Do not alter disciplinary measures or overindulge the child as this may lead to an unrealistic situation. All children need certain limits and boundaries and are usually happiest when treated in a normal, consistent manner.

MANAGEMENT:

If the following symptoms are present: extreme fatigue, massive hemorrhages, pain, high fever, swelling of the gums, and various skin disorders, the parent should be notified to obtain appropriate medical management. Know your student and the symptoms that are likely to be present. Some students have vomiting, fever, behavior change, and/or weakness during brief periods of intensive therapy.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

MARFAN SYNDROME

ONSET:

Symptoms may be severe or mild, and may be present at birth or show up in adult life. The disorder sometimes causes sudden death in adults who were unaware that they had the syndrome.

ETIOLOGY:

Marfan's results from the presence of a single abnormal gene. This gene causes a weaker form of one of the proteins that normally makes the connective tissue strong and resilient. This gene is usually inherited from one parent. It is a dominant gene, which means that each child of a parent with the gene has a 50/50 chance of inheriting it. In about 15% of cases, a genetic accident (new mutation) occurs in a sperm or egg cell of an unaffected parent and is then passed on to an offspring.

DIAGNOSIS:

There is no single, conclusive test for this condition. A doctor may diagnose it after examining the heart, blood vessels, lungs, eyes, bones, ligaments and other body parts. All the possible symptoms and signs rarely appear together in one affected person.

MAJOR PROBLEMS:

Affected individuals are often tall, slender and loose jointed. Arms and legs may be unusually long in proportion to the torso. The spine may have a spiral curve (scoliosis) and the breastbone may protrude or look caved in. the face may be long and narrow, with high roof of the mouth and crowded teeth. Damage to blood vessels (especially the aorta) and heart valves usually occurs. Detached retinas, dislocated eye lens, and nearsightedness are common, along with long fingers and thumbs and flat feet.

BEHAVIORAL ASPECTS AND FAMILY IMPLICATIONS:

The patient is faced with many problems such as medical expenses, activity restrictions, knowing they have an incurable disease, fear of sudden death of aorta rupture, numerous physical abnormalities, decisions regarding marriage/children and physical appearance.

MEDICAL THERAPY:

A team of specialists may be needed to treat this condition. A cardiologist may monitor the condition of the aorta and may order drugs to calm heart activity and/or restrict the patient's physical activity.
Prophylactic antibiotics may be used before dental surgery. An orthodontist may adjust crowded teeth. An orthopedist may be needed to monitor spinal curves that may arise. An ophthalmologist may be able to lessen eye problems through early and regular exams. An endocrinologist may help with overall growth. A psychologist may also be needed for emotional problems. Affected women who become pregnant are considered high risk and need close monitoring by a cardiologist and a gynecologist. Genetic counselors can answer questions a patient may have about offspring.

EDUCATIONAL IMPLICATIONS:

There are several problems that appear to affect these children and will be evident in their school behavior. They are often depressed and angry. They are usually inhibited, shy, and introverted. On occasion, their anger is wild and unacceptable. It is important for them to have a person with whom they can ventilate their feelings. Medical personnel, despite frequent contacts, rarely can serve this purpose because they are seen as controlling power figures. Physical therapists, occupational therapists and teachers must be willing to help the child cope with fear, pain and depression.

The child may be active and happy following a comfortable night, but following a night of pain, he will be fatigued, irritable and unreachable. Due to joint stiffness, especially early in the morning, a plan for frequent classroom movement is suggested. The child may not be able to transfer from class to class on time. He may require frequent rest periods. The teacher should be aware of possible hearing and vision problems and report any changes immediately so that further evaluation can be scheduled.

MUSCULAR DISTROPHY (MD)

DEFINITION:

MD is a progressive inherited disease characterized by weakness of all muscle groups. Boys are mainly affected (sex-linked recessive trait). Prognosis is poor, with death occurring from respiratory infections (poor breathing muscles) or weakened heart muscles.

ONSET:

Age of onset is from birth to adolescence and in some types of MD, it may be even older.

INCIDENCE:

The muscular dystrophies constitute the largest and most important single group of muscle diseases of childhood. They are characterized by a gradual degeneration of muscle fibers with replacement by fat and fibrous tissue.

ETIOLOGY:

MD has a genetic origin with the defective gene being transmitted by the mother. Some are inherited in an X-linked fashion and only affect males, while others are dominant and recessive, and affect both sexes. The basic defect in muscular dystrophy is unknown. Although it appears to be caused by a metabolic disturbance unrelated to the nervous system.

DIAGNOSIS:

The disease is confirmed by serum enzyme measurement, muscle biopsy, and electromyography.

MEDICAL THERAPY:

Treatment consists mainly of providing supportive measures, including physical therapy, orthopedic procedures to minimize deformity, and assisting the affected child in meeting the demands of daily life. Corticosteriods are used in ocular myopathy and phenytion (Dilantin) and procainamide in myatonic dystrophies. Genetic counseling is recommended for parents, female siblings and maternal aunts and their female offspring.

COMPLICATIONS:

The major complications of muscular dystrophy include contractures, disuse atrophy, respiratory infections, obesity from poor diet and lack of exercise, and cardiac manifestations. Cardiac failure is difficult to control in advanced cases, but when treated with digoxin and diuretics in early stages, benefit is often seen. Avoid contact with infections, especially respiratory.

NURSING CONSIDERATIONS:

The child and his family need a great deal of support. The child may appear “normal” for years and then as the disease progressed, symptoms appear. The child’s whole life changes and adjusting to these changes is difficult. As activities become more and more difficult, the child may need encouragement to remain as active as possible. Early use of a wheelchair accelerates deconditioning and promotes the development of lower extremity contractures. Working closely with other team members, nurses help the family in developing the child’s self-help skills to give the child the satisfaction of being as independent as

possible for as long as possible. Many mothers feel particularly guilty because of the mother-to-child

transmission of the defective gene. Not only dealing with this guilt, but having to provide or plan for the child's care may be overwhelming. Physical limitations of housing and arranging for transportation become problems when the child becomes confined to a wheelchair. Most children are in wheelchairs by the age of

10-12 years and this adds to the anger, frustrations, and depression of child and family as this is the age when most children are becoming more independent, and the MD child no starts a downhill course. Must of the anger exhibits itself in verbal aggression. Since about 70% of MD victims have IQs in the 80s, they will also start to fall behind academically. The child cannot be left with an ordinary teenaged babysitter, but requires a specially trained person. Consequently, parents too tend to lead more isolated lives. When the child becomes increasingly helpless, the family may consider a skilled nursing facility to provide the needed care.

EDCUATIONAL IMPLICATIONS:

Because the prognosis is so hopeless, professionals concerned with the care of the child may be disheartened. To sustain a positive attitude, one may fist hope that a cure will be found during the child's lifetime. Secondly, one may hold to the principal that he shortened life span of the child may be a life filled with enjoyment and creativity, as opposed to the life of treatment. As the child ages, fatigue becomes more common. A rest period may be necessary. Mild intellectual retardation is common in many of these children.

PRADER-WILLI SYNDROME

ONSET:

Congenital abnormality.

ETIOLOGY:

Unknown. An interstitial deletion in the number 15 chromosome has been found in close to ½ of cases. It is possible the syndrome is caused by an early defect in the hypothalamus and/or pituitary functioning. It is characterized by small stature, obesity, poor muscle tone, mental retardation, and retarded sexual development in males.

CHARACTERISTICS:

The mother may have noted feeble fetal activity and the baby is often born in the breech position. Hypotonia is most severe in early infancy, along with respiratory tract and feeding problems. The child is cheerful and good-natured, but behavioral problems ten to become more frequent in later childhood. Although birth weight is low and failure to thrive is frequent in early infancy, obesity present at one to three years of age, especially over the lower abdomen, buttocks and thighs. The child has blonde to light brown hair with blue eyes and fair skin that is sun sensitive. The face is almond shaped and may be slanted up around the eyes, which are crossed. The hands and feet are small. IQ ranges from 20 to 80 but most commonly 40 to 60.

MEDICAL THERAPY:

In order to control the progression of obesity, the number of calories consumed must be decreased to approximately 60% of usual. This can be achieved only be full family cooperation and by making food inaccessible to the patient. Occasionally, patients develop diabetes mellitus during childhood. Due to inadequate testosterone production, males may need testosterone therapy to enlarge the penis to normal size. Also, these children often develop scoliosis and can have seizures.

NURSING IMPLICATIONS:

The nurse may work closely with the family, dietician, and teaching staff to coordinate efforts to reduce the child's caloric intake. The nurse may be asked to monitor the child's weight.

EDUCATIONAL IMPLICATIONS:

The teacher should be encouraged to avoid tempting food posters, candy or other food items as rewards, and opportunities for overeating. Participation in physical education should be encouraged in an effort to burn calories and improve muscle tone unless medically contraindicated.
Because of the insatiable appetite of the child with Prader-Willi, close observation during meals is necessary, as young children are know to steal other children's food or eat crumbs from the table or floor.

SEIZURE DISORDERS

*Also note: Seizures under Medical Policies for School Health Services on page 67.

Seizures are more common in the first two years of life than during any other period of childhood. Major causes of seizures in children are:

- Young Infants: Most frequent causes are birth injuries such as intracranial trauma, hemorrhage, anoxia, and congenital defects of the brain.
- Late Infancy and Early Childhood: Major cause is acute infections.
- Children older than 5 years: Most common factor is idiopathic epilepsy.

Other contributing factors are fatigue, undue excitement, and stressful situations at home or school.

The following things are important for a physician to know to aid him/her in diagnosing the type of seizure a child has.

- age of onset
- description of child's behavior during the attack(s)
- time at which seizure occurs
- any factors that may have precipitated the event, including fever, infection, falls that may have caused trauma to the head, anxiety, fatigue, and activity (such as bright lights or loud noises)
- duration and progression of the seizure
- postictal (period following a seizure) feelings and behavior (such as confusion, inability to speak, amnesia, headache, and sleep)

CLINICAL MANIFESTATIONS:

1. Sensory – Hallucinatory Phenomena
   An aura may be experienced by some persons just before the onset of a seizure. Most common is the sensation of dizziness.
2. Motor Effects:
   a. Eye movement – eyes may move to the side, upward or straight ahead.
   b. Muscle contraction- may involve entire body, one side, or one or more body parts.
3. Sensori-Motor Effects:
   May include a tingling or prickling sensation, hallucinations or light flashes, tastes, smells, or sounds. Autonomic activity may include pallor, sweating, flushing, piloerection, and papillary dilatation.
4. Alteration of Consciousness:
   Consciousness may be unaffected, lost completely, or altered but not lost. Loss of consciousness results in amnesia for the attack and indifference to the environment with no response to stimuli. Loss of consciousness results in manifestations such as incontinence or injury.
5. Other Observations:
   Manifestations during the postictal state (the period following a seizure) are varied. The patient may be drowsy, uncoordinated, confused, and display some sensory or motor impairment.

THERAPEUTIC MANAGEMENT: The objective of treatment is to control the seizures or reduce their frequency, discover and correct the cause when possible, and help the patient with recurrent seizures live as normal a life as possible.

DRUG THERAPY:

- Therapy is started with a single drug know to be effective for the patient's particular type of seizure. The dosage is gradually increased until the seizure is controlled, or the patient develops signs of tonicity. If the drug is effective, but does not sufficiently control seizures, a second drug is added in gradually increasing doses. Once seizures are controlled, the drug(s) are continued.
- Periodic re-evaluation of the drug is needed to assess the effectiveness of the medication and to make any necessary changes. The dosage needs to be increased as the child grows. Blood levels are valuable in determining the optimum dosage levels. Repeat EEG's are usually done every 1½ to 2 years.

- When medication is discontinued, the dosage should be reduced gradually over one to two weeks. Sudden withdrawal of a drug can cause an increase in the number and severity of seizures.

SEIZURE PROCEDURE:

- While a child is having a seizure:
- Remain calm and stay with the child and prevent him/her from sustaining any harm during the attack.
- Do not put anything in the child's mouth.
- Loosen restrictive clothing.
- Child should be eased to the floor immediately.
- Move furniture and other objects out of the way.
- Do not attempt to restrain the child or use force.
- Observe the seizure and note pertinent features such as:
- Child's behavior before, during, and after the attack.
- Any unusual behavior. Even seemingly inconsequential behavior such as a momentary interruption of activity, staring, or mental blankness should be noted.
- The time the seizure began and the duration of the attack.
- Allow seizure to end without interference.
- When seizure has stopped, check for breathing and heartbeat. If not present, resuscitate.
- If possible, the child should be isolated from the view of others with a screen or closed door.
- If others are present, they should be assured that the child is in no danger. After the attack a simple explanation can be provided.
- After the attack the child should be placed on his/her side on a soft surface to allow sleep. If at school, parents should be contacted so they can take the child home to rest.

Seizure Recognition
by Epilepsy Foundation of America

Generalized Tonic-Clonic (also called Grand Mal): 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.

Absence (also called Petit Mal): A blank stare, beginning and ending abruptly, lasting only a few seconds, most common in children. May be accompanied by rapid eye 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.

Simple Partial: Jerking may begin in one area of the 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 "funny" feeling in the stomach.

Complex Partial (also called Psychomotor or Temporal Lobe): 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 is 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.

Atonic Seizures (also called Drop Attacks): A child or adult suddenly collapses and falls. After 10 seconds to a minute he recovers, regains consciousness, and can stand and walk again.
Myoclonic Seizures: Sudden brief, massive muscle jerks that may involve the whole body. May cause person to spill what they were holding or fall off a chair.

SEIZURE FLOW CHART

FILL APPROPRIATE BOXES		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Time seizure starts									
Behavior	Cry or other sound								
	Changes in facial expression								
Position of body	Arms flexed and drawn up								
	Legs flexed and drawn up								
Face	Color change								
	Teeth clenched								
Position of eyes	Straight ahead								
	Deviated upward								
	Deviated outward								
Length of seizure									
Other observations									

SICKLE CELL DISEASE

ONSET:

This is a genetic disorder in which both parents carry the sickle cell gene. Infants are protected by their fetal hemoglobin until approximately 3-6 months of age. After this, symptoms will start to appear.

ETIOLOGY:

Sickle cell is a chronic, genetically transmitted disorder where both parents need to be carriers and the child has a 25% chance of inheriting the gene from both parents. If he inherits only one gene from one parent, he too will be a carrier. Each pregnancy carries the same 25% risk. The affected red blood cell, when deprived of oxygen, becomes sickle shaped. This causes complications. This condition is found almost exclusively in the black population. Because of the abnormal red blood cells, the oxygen supply is limited, and anemia results with extreme fatigue and severe pain.

DIAGNOSIS:

Screening of newborns can be done to detect the disease before the symptoms occur. One of the first manifestations in the pre-school child may be “hand-foot syndrome” where the child presents sudden pain and swelling in one or more of the limbs. Other symptoms that will lead to diagnosis are weakness, anemia and infections.

MAJOR COMPLICATIONS:

ANEMIA: This results from the premature destruction of red cells. The spleen is the organ normally responsible for the removal of old red cells from the blood and its function may be like that of a fine-mesh filter. Red blood cells must squeeze through a narrow space as they circulate through the spleen. About 5% of the blood volume is circulating through the spleen at any given moment. If the spleen is injured or removed, the liver will take over the filtering process. Old rigid blood cells are removed from circulation, as are any abnormal cells. This area lacks oxygen, which further increases the sickling and rigidity of the red blood cells, causing more to be removed. This type of red blood destruction is called hemolysis and leads to severe anemia. If the liver is unable to keep up with metabolizing the byproducts of the destroyed red blood cells, bilirubin is released, causing jaundice or yellowing of the skin and sclera. Symptoms of anemia include pallor, weakness, jaundice and limited exercise tolerance. Chronic anemia can lead to growth retardation, delayed sexual maturation and other developmental problems. The bone marrow that produces the red blood cells is stimulated to produce more cells and thus it expands. The child with sickle cell anemia may have distinct physical similarities (prominent forehead, high cheekbones, long thin arms and legs) due to the alterations in bone growth. There may also be a pot-bellied appearance due to enlarged liver and spleen.

PAIN CRISIS:

Sickling of the RBC may occur due to oxygen deprivation, altered blood flow, infection, dehydration, or stress. The sickled cells tend to clump together to block small blood vessels. The tissues beyond the blockage suffer ischemia/pain due to lack of oxygen and nutrients carried in the blood. If the circulation is not restored, it can result in tissue death also known as infarct. The most common places for sickling leading to infarct are the spleen, bones, brain, lungs, kidneys, liver and intestines.

APLASTIC CRISIS:

Usually following a viral illness, the bone marrow suddenly decreases red blood cell production. As the RBC count is already low, this is a dangerous crisis requiring blood transfusion.

OTHER COMPLICATIONS:

1. Cardiac failure – chronic anemia causes stress on the heart as it works extra hard to increase blood flow in order to meet the demands of the tissues.
2. Infarction of the spleen – recurrent infarcts lead to gradual shrinkage and scarring of the spleen. Loss of splenic function contributes to increased susceptibility to infection.
3. Brain infarct – similar to a stroke in adults.

4. Lung infarct – lead to loss of available tissue for oxygen exchange, further increasing risk of sickling and infection.
5. Liver failure – repeated infarcts damage the liver, ruining the filtering system and eventually can lead to death.
6. Bone infarcts – infarcts can occur in the bones especially the head of the femur. This can lead to aseptic necrosis, which eventually could necessitate bone replacement.
7. Sickling in the microvasculature of the eye – visual problems can start around age 10 years.
8. Signs of respiratory distress, loss of consciousness and pain.

BEHAVIORAL ASPECTS:

Young children are faced with unexplained sudden illness or pain which requires hospitalization which in itself means more pain (blood tests, needles to start IV's, occasional medication by injection, etc.) before relief comes, sometimes, only after several days. Parents tend to be overprotective leading to delayed development and manipulation on the part of the child. Older children experience school absences due to crises and need additional support to maintain grades and keep up with their peers. They need to learn what situations trigger their crises and learn how to avoid them. Adolescence is stressful in itself and this can increase frequency of attacks.

MEDICAL THERAPY:

1. Teach child to avoid those situations which precipitate sickling. These may include emotional stress, injury, illness, dehydration, extreme physical exertion, fever or altitude change.
2. Promote good nutrition and the intake of lots of fluids on a daily basis.
3. Encourage him to know his body so that warning signals can be noted early and treatment started.
4. Painful crises require hospitalization, pain control, intravenous fluids, and sometimes blood transfusions and oxygen.
5. Children with Hab.SS disease are placed on prophylactic oral penicillin for life. This is a preventative measure and may require continuous monitoring by medical personnel to ensure compliance.

INTERVENTION STRATEGIES:

1. Encourage normal activities as much as possible, although strenuous activity should be avoided, due to limited oxygen supply in the red blood cells, and adaptive physical education is usually appropriate. See nursing care plan in reference to physician's order.
2. Special help with learning may be needed due to absences.
3. Encourage child to report early symptoms so that appropriate medical personnel are informed.

EDUCATIONAL IMPLICATIONS:

1. The teacher may anticipate school absences due to crises.
2. These may increase in frequency with the stresses of adolescent years. They usually last several days or longer.
3. Students with sickle cell disease may, therefore, require support to maintain grades and keep up with their peers.
4. his is a pressing responsibility, since education and the acquisition of skills can foster vital self-reliance and independence in adulthood.
5. The child should also be encouraged to develop normally with peers.
6. He should acquire a sense of his own limitations and learn to avoid those situations that regularly and specifically precipitate sickle crises.
7. The universal stresses involved in becoming a productive member of society can obviously not be escaped, and the child should be taught to accommodate these stresses and live with them.
8. These experiences may be accompanied by understandable frustration and hostility.
9. Manipulative behavior may also occur, and parents and school personnel should be alert to this possibility so that proper psychosocial intervention can be initiated early.
10. Signs of respiratory distress, confusion, loss of consciousness, or pain should immediately be reported to the school nurse and the parents.

SICKLE CELL ANEMIA

Student: _____
Grade:_____
Date: _____

CONDITION:

Sickle Cell Anemia is a non-contagious inherited blood disorder for which there is no known cure. Sickle Cell disease affects one out of every 400 black Americans and the trait affects one out of every 10 black Americans. The disease also occurs among Latin American, Puerto Ricans, Indians, Asians and people of the Caribbean, in Sickle Cell Anemia, hemoglobin (the substance that gives blood its red color) is abnormal and crystallized causing cells to lose oxygen and assume a crescent, or sickle, shape. Symptoms effect the entire body including: 1) Failure to grow properly as a child. 2) Decreased resistance to infections. 3) Painful, swollen bones and joints. 4) Belly pain. 5) Feeling run down. There are also periods of crisis in which there is very severe pain and inability to walk or move. Death may result from over whelming infections or severe anemia.

TREATMENT:

Treatment of symptoms as they occur. There is no treatment for the disease itself. Infections are treated aggressively with antibiotics. Transfusions are occasionally necessary.

LIMITS:

In the case of school age children constant absences from school in addition to frequent bouts of pain and chronic fatigue, are a severe handicap to school achievement. Ordinary physical activity is limited, competitive sports are not desirable and the entire educational program must be geared to the individual's physical capabilities.

MANAGEMENT:

Adequate fluids are essential to help prevent slugging of the red cells. If any of these symptoms occur, have the child lie down or make comfortable, and notify a parent or guardian immediately. Know your student and his capabilities and limits.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

SPINA BIFIDA

Student: _____
Grade:_____
Date: _____

CONDITION:

Spina Bifida is a failure of the spinal column to fuse, leaving the enclosed spinal cord unprotected. This may occur anywhere from the neck to the tailbone, the most common location is the lower part of the spine just above the buttocks. The skin and the spinal cord do not develop properly and a pouch is present where the bones fail to fuse.

TREATMENT:

A typical Spina Bifida child of school age will already have had back surgery to repair the skin defect, a shunt in the brain to prevent or arrest hydrocephalus, and braces or crutches for walking. In addition, may children require diapers, diaper changes or catherizations for fecal and/or urinary incontinence.

LIMITS:

In a typical case, the child has no control over bowel or bladder function. Usually both legs are completely paralyzed. Unless there are associated abnormalities of the brain, children with Spina Bifida are emotionally or intellectually normal. With proper treatment and training they should be able to attend school. They have excellent potential for learning. Most can be mainstreamed into regular classes. May, however, have specific leaning problems and poor fine motor control because of subtle cerebral defects, also called perceptual problems.

MANAGEMENT:

1. Bowel Care – due to lack of muscular control of the anal opening, fecal soiling is often seen. Changes of diapers or other appropriate clothing must be kept at the school.
2. Bladder Care – due to lack of nerve supply to the bladder, the urge to urinate does not exist. The bladder fills till it can hold no more, and eventually urine dribbles out of the urethra and keeps the clothes or diapers constantly wet. Since the bladder never empties, the remaining urine and bladder wall may become infected. Management requires that the bladder be emptied periodically to prevent infection. Most urologist feel that intermittent catherizations every four to six hours is the preferred method. It is usually performed once a day at school at about noon. Self-catherization is encouraged to ensure self-sufficiency.
3. Safety issues specific to child's activities.

INSTRUCTIONS: Precipitating factors and/or complications
(for school use)

Notations by educators, nurses and other designated personnel should be dated and signed. Narration should include information concerning precipitating factors and/or complications of the condition described above.

TOURETTES SYNDROME

Student: _____
Grade:_____
Date: _____

CONDITION:

Gilles de la Tourette Syndrome is a neurological disorder that becomes evident in early childhood or adolescence between the ages of 2 and 15. The first symptoms are normally motor or involuntary movement tics of the face, arms, limbs or trunk. These tics are frequent, repetitive and rapid. The most common first symptom is a facial tic (eye blink, nose twitch, grimace), and is replaced or added to by other tics of the neck, trunk and limbs. These involuntary tics may also be complicated, involving the entire body, such as kicking, stamping, etc. Other symptoms such as touching, repetitive thoughts and movements and compulsions can also occur. In addition there are verbal tics. These verbal tics or noises usually are added to the movements later or may replace one or more motor tics. They include grunting, throat clearing, shouting, barking, etc. Echo phenomena are also reported, although less frequently. These may include repeating words of others, repeating ones own word and repeating movements of others. The verbal tics may also be expressed as Coprolalia (saying obscene words involuntarily). Neither Echolalia nor Coprolalia is necessary for the diagnosis of Tourette Syndrome. However, all patients have involuntary movements and some vocalizations.

TREATMENT:

The cause has not been definitely established. This is why the disorder is known as a syndrome rather than a disease. The cause is organic rather than psychological and researchers feel it is due to a biochemical imbalance in the section of the brain called the basal ganglia and involves the chemical neurotransmitters dopamine and serotonin and their effect on the central nervous system.

Tourettes Syndrome is not as rare as was originally thought, although even today it is not encountered by most doctors. Few disorders have had as many varied types of treatment. Only a few medications are effective in reducing or even eliminating tics and none is a cure.

LIMITS:

Tourettes Syndrome is not mentally or physically degenerative, not crippling, not disabling, does not diminish intellectual capacity, is not terminal. Usually Tourette patients have some capacity for physical activity. In many cases competitive sports are beneficial, but the patient should not be forced to participate. In most students emotional stress, tension, or fatigue cause an increase of symptoms. Concentration on a non-anxious task results in a decrease of symptoms. Students should be allowed to exert as much independence as possible and encouraged to express himself. Under no circumstances should the child be punished for exhibiting his symptoms. Keep in mind that the child can control his symptoms only temporarily.

MANAGEMENT:

It is important to remember that students are the same as everybody else, except for the symptoms that are beyond their control. Those who do not understand may ridicule the patient or stay away because they feel uncomfortable. It is not difficult to understand why many patients prefer to spend much of their time alone. It is not difficult to realize that a tolerant and understanding attitude is important in dealing with these patients. Depending on the severity of tics, the Tourette patient can present a difficult problem in school. The teacher has the entire class to consider. However, the patient should be treated just like his classmates whenever possible. He may present problems since symptoms can cause a decrease in scholastic progress. Rarely is there any change in the child’s basic mental capability

INSTRUCTIONS FOR THE DAILY HEALTH SERVICES LOG

PURPOSE:

- The Daily Health Services Log is designed as a daily record of health services provided to individual students in each school. It replaces the Daily Health Room Activity Log.
- The Daily Health Services Log is a comprehensive tool to facilitate the aggregation of data.
- It is not to be used as a substitute for the Cumulative Health Record or professional treatment (medical) record where full documentation of assessments and interventions should be done. Information entered on the Daily Health Services Log should be tallied daily for documentation on the Employee Activity Report (EAR).
- It is recommended that daily log totals be tallied periodically to provide information for local use in quality improvement and program planning.
- Prior to submission to the State Health Office, the yearly log totals from individual schools should be aggregated into one form, the Daily Health Services Log Summary, to be submitted with the Annual School Health Services Report.

INSTRUCTIONS FOR COMPLETION:

- Initiate a new Daily Health Services Log each day for each school. Complete all blanks at the top of the page:
  - School: Record the name of the school in which services are provided.
  - County: Record the name of the county in which school health services are provided.
  - DAU#: Record the District Area Unit number assigned to the specific school.
  - Type of School: Circle the type of school in which the services are provided.

    ES – Elementary School MS – Middle School
    HS – High School O – Other School
  - Date: Record the date school health services were provided.
- The Daily Health Services Log Code Sheet provides specific definitions of the codes and examples of the seven health problem category codes to be utilized for completion of the Daily Health Services Log for each student visit.
- Failure to fill in all blanks will result in incomplete data.
- In order to maintain confidentiality regarding services and interventions, the code sheet should be stored or posted in a location that is available for health staff reference but inaccessible to students/visitors.
- Completed health service logs should be stored in a locked cabinet or file drawer.

Time In: Record the time that the student came for health services.

Student Identification Number: (optional) Record the number assigned by the school for each student. This space is provided for health services staff that can access student identification numbers either from school mainframes or from students. While not mandatory, use of student numbers could prevent potential confusion when more than one student has the same or similar names. It will also be helpful as the use of established computerized data bases increases.

Student Name: Record only the student's last name in the last name field. Enter only the first name initial and middle name initials in the designated spaces. Students may sign in on the log and school health staff can fill in the appropriate service codes.

Grade Level: Record the code letter designated for Preschool, Kindergarten and Ungraded students. For all other grades, enter the numerical number.

Gender: Record "M" for males and "F" for females.

Referred By: Record the designated code number for the person or entity that most closely indicates who referred the student to the health room. If none of the designated sources are appropriate, enter the code number for "other".

Health Problem: Record the code number that most closely matches the student's presenting complaint in the column under "Health Problem 1". If more than one complaint is presented, or others are discovered on examination, utilize the other two health problem spaces. For ease of data collection and record keeping, the potential health problems are grouped into seven categories. Examples of each health code category are provided under "Health Problem Descriptions" on the Daily Health Services Log Code Sheet. Please note that the descriptions list is not all-inclusive. For example, any health problem identified as a chronic condition requiring ongoing medical management and observation for potential physical or psychosocial problems, long term medication or special procedures should be coded under "Health Problem 1 – Chronic Diseases".

Medication Administration: All medication administration should be documented on the log. Student visits for medication administration should be coded as a "chronic condition" if the daily medication is related to a long term chronic health problem. Medications administered on a short term basis for problems of limited duration such as upper respiratory infections should be coded as a "physical problem". Medications administered for attention deficit hyperactivity disorder (ADHD) or other psychosocial/behavioral problems should be coded as a "psychosocial problem".

Injury: Note that an injury (either intentional or unintentional) should only be coded as an "injury" one time. Follow up visits for injuries are coded as #5 "physical problem".

Intervention Code: The intervention codes to be utilized on the Daily Health Services Log are described on the Daily Health Services Log Code Sheet and correlate with the service codes in the CIS/HMC Manual, HRSP 50-20 – Client Information System and Health Management Guide. Use of these codes should assist school health personnel in completing Employee Activity Records (EARS). Record the appropriate CIS code number of the services provided. Space is provided on the log for up to three interventions per contact. For example, in one health services contact, a student may require paraprofessional evaluation, code 5000 for the nursing assessment and code 5030-1 for the prescription medication. Note that there are three interventions codes that are divided into subsets:

1) 5030-1 Prescription medication and 5030-2 for non prescription medication.
2) 5051-1 School health/staff consultation.
3) 5051-2 School health/parent consultation.
4) 5500-1 School Health Exam – EPSDT.
5) 5500-2 School Health Exam – Sports.
6) 5500-3 School Health Exam – Other.

These codes are subdivided in response to local requests to allow for additional data collection. In order to transfer and code EARs, the subdivided categories should be added together. For example, 5030-1 (prescription medications) and 5030-2 (non prescription medications) should be totaled and entered on EARS under code 5030. The examples provided on the Daily Health Services Log Code Sheet are only samples of the most common codes utilized across both the basic and comprehensive programs. Comprehensive School Health Services Projects should refer to the HRSP 50-20 Client Information System and Health Management Guide for additional codes in family planning, HIV/STD, and immunization.

Referred To: Record the code that indicated where students needing additional assessment or interventions were referred. Use the code for "no referral" for those students who do not need additional care. Code "other" for those students who are referred to resources that do not fit into the other six categories. All referred students will need follow-up.

Injury Report Done: Record the appropriate code “yes” or “no”.

Injury Location: Record the code that most closely indicated the location of the occurrence. Enter the code for “other” if the provided locations are not appropriate. Code injury location only at the time of the initial health services visit for each injury. This method will allow for an unduplicated count of locations where injuries occur. Leave this column blank for all health problems except injuries.

Provider: Record the appropriate code number for the person(s) providing the health or psychosocial services. Enter the code for “other” if none of the provider codes describe the person providing the services. Health services that are provided to individual students in settings other than the school health room shall also be documented on the log. For example, a school health social worker or psychologist should use the log to track the number and types of services provided.

Disposition: Record the appropriate code number that indicated where the student was sent after services. This is different from, and in addition to, Section I,”Referred To”. It is meant to indicate exactly where the student was sent directly after concluding the health services contact. If the health services contact occurred at the student’s home, use the code number 6 for “at home”.

Time Out: Record the time the student visit was concluded and student was dismissed from the health room.

DAILY HEALTH ROOM ACTIVITY LOG

SCHOOL:_____ DAU#:_____

DATE:_____

IN	STUDENT NAME	Grade	M or F	REF BY	Health Problem	Intervention Code*				Injury I or U	Injury Loc.	Referred to	Provider	Disp OC	Obsvd, in clinic	Out	Comments

***Intervention Codes:**

0505-BP/HTN Screening
0510-Vision Screening
0515-Hearing Screening
0520-Ht.&Wt. Screening
0571-Pediculosis Screening
4000-Paraprofessional Eval/Treatment
5000-Nurse Assessment/Counseling
5030 - Medication Given
5031-First Aid Administered
5032-Complex Medical Procedure
5033 – Immi Follow Up
5051-Consult with School Staff/Parent/Phone
5052-Child Study
5053 – Care Plans
8020 - Classes Given
8070 – Inservice *Time
9080 – Administrative *Time

*Enter only time spent in these activities.

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DAILY HEALTH SERVICES LOG CODE SHEET

Ref. By (Referred by):

1. Administrative Office
2. Family Member/Parent
3. Guidance Counselor
4. Other
5. Peer
6. School Health staff
7. Self
8. Teacher

Hlth. Prob. (Health Problem:

**See appendix I for examples*

1. Communicable Disease
2. Cardiovascular
3. Dental
4. Dermatological
5. Eye/Ear/Nose/Throat
6. Endocrine
7. Gastrointestinal
8. Genitourinary
9. Gynecological/Obstetric
10. Immune System/Allergy
11. Nutrition/Metabolic
12. Musco/Skelital/Connect.
13. Neurological
14. Other/Miscellaneous
15. Parasites/Infections
16. Disorders from Physical Agents
17. Psycho/Social
18. Respiratory

Disp./OC (Disposition/Outcome):

1. At Home Visit
2. 911 Called
3. Counselor's Office
4. Doctor's Office
5. Emergency Room
6. No Contact
7. Principal's Office
8. Returned to Class
9. Sent Home
10. Sent Home to Return
11. Stayed in Clinic/Observed

Inj.Loc. (Injury Location):

1. Athletic Field
2. Auditorium
3. Bus
4. Cafeteria
5. Classroom
6. Corridor
7. Dressing Room
8. Gym
9. Home Economics
10. Laboratory
11. Locker
12. Off Campus
13. Other
14. Pool
15. School Grounds
16. Shop
17. Shower
18. Stairs
19. Unknown
20. Washroom

Prov. (Provider):

1. Clerical Support
2. Health Aide/Tech
3. LPN
4. Other
7. Psychologist
8. RN
9. Social Worker

Ref. (to) (Referred to):

2. Dental Care
3. Guidance Counseling
5. Medical Care/Physician/ARNP
7. No Referral
8. Nursing Assessment
9. Other
10. School Health Followup

P. Passed Screening

F. Failed Screening

APPENDIX I* : HEALTH PROBLEMS / SYMPTOMS / CONDITIONS

8. Genitourinary
Burning
Catheterization
Cystitis
Discharge
Enuresis
Frequency
Hit to genitals
Other
Pain
Sexually Transmitted Infection

9. Gynecological/Obstetric
Abortion
Amenorrhea
Breast Lump
Contractions
Dysmenorrhea
Menses
Morning Sickness
Other
Pelvic Pain
Pre-eclampsia/Eclampsia
Pregnancy
Unprepared Mentruation

10. Immune System (Allergies)
Allergic Reaction: Drug, Food, Insect/Bee sting
Anaphylaxis
Contact Dermatitis
Inhalant Rashes
Other
Swollen Glands
Temperature
Urticaria (Hives)

11. Nutrition/Metabolic
Eating Disorder: Anorexia, Bulimia, Overweight
Malabsorption Syndrome
No Breakfast/Lunch
Problem Height

12. Musculo/Skeletal/Conn.
Abdominal Blunt Injury
Amputation
Back Pain
Cast
Deformity
Dislocation
Eversion
Fracture
Hernia
Hyperextension
Joint Pain
Joint Stiffness
Lack of Coordination
Lump
Muscle Weakness
Other
Pain
Sprain
Tendonitis
Torn Ligament
Trauma

13. Neurological
Concussion: Mild, Moderate, Severe
Drowsiness
Fatigue
Headache (Medications)
Hiccup
Hit to Head
Impaired Consciousness
Inappropriate Response
Migraine Headache
Numbness
Other
Pain
Seizure (Medications)
Shock
Sleep Disorder
Syncope
Tingling
Tremors
Vertigo/Dizziness
Vision Alteration

14. Other/Miscellaneous
Bandaid
Change of Clothes
Doctor's Excuse
Eyeglass Repair
General Malaise
Other
Parental Pickup
Safety Pin
Tissue
Use Needle/Thread
Use Restroom

15. Parasites/Infections
Herpes Simplex
Herpes Zoster
Impetigo Contagiosa
Other
Pediculosis
Rabies
Scabies
Ticks
Tinea Barbae
Tinea Capitis
Tinea Corporis
Tinea Cruris
Tinea Pedis
Tinea Unguium

16. Disorders from Physical Agents
Cold Injury
Electric Shock
Heat Cramps
Heat Exhaustion
Heat Stroke
Motion Sickness
Near Drowning
Other

17. Psycho/Social
Abdominal Pain/Nausea
Abuse: Drugs
Abuse: Physical
Abuse: Psychological
Abuse: Sexual
Adjust to Family Change
Adjust to Adolescence
Aggression
Agitated
Attempted Suicide
Attendance Problem
Behavior (Medication)
Crying
Depression
Gender Identity Disorder
Irritability
Other
Rape
School Phobia

18. Respiratory
Apnea
Asphyxiation
Asthmatic Reaction
Atelectasis
Bradypnea
Bronchitis
Chest-Blunt Injury
Chest Pain
Cold-Coryza
Coughing
Dyspnea
Hemoptysis
Other
Puncture Wound
Rales
Shortness of Breath
Upper Respiratory Infection
Virus
Wheezing*****for use with section F of the Daily Health Services Log Code Sheet

APPENDIX I* : HEALTH PROBLEMS / SYMPTOMS / CONDITIONS

1. **COMMUNICABLE AND/OR REPORTABLE**
   - Acquired Immune Deficiency
   - Animal Bites/Trauma
   - Anthrax (RPT)
   - Botulism (RPT)
   - Cancer (RPT)
   - Chicken Pox
   - Cholera (RPT)
   - Diphtheria (RPT)
   - Encephalitis
   - Food Poisoning (RPT)
   - Giardiasis
   - Gonococcal Infections
   - Gulliain-Barre Syndrome
   - Hepatitis, Viral Type A & B
   - Malaria
   - Measles (RPT)
   - Meningitis – All types
   - Meningococcal Disease (RPT)
   - Mumps
   - Other
   - Pertussis
   - Plague (RPT)
   - Poliomyelitis (RPT)
   - Psittacosis
   - Rabies (RPT)
   - Reye's Syndrome
   - Rickettsial Diseases
   - Rubella / Congenital Rubella
   - Salmonellosis
   - Shigellosis
   - Smallpox (RPT)
   - Syphilis (RPT)
   - Tetanus
   - Toxoplasmosis
   - Trichinosis
   - Typhoid
   - Yellow Fever (RPT)
2. **CARDIOVASCULAR**
   - Bradycardia
   - Chest Pain
   - Cholesterol Level
   - Cyanosis
   - Edema
   - Heart Palpitations
   - Hypertension
   - Hypotension
   - Other
   - Pallor
   - Shock
   - Syncope
3. **DENTAL**
   - Bitten Lip/Tongue
   - Bleeding
   - Canker Sore
   - Chipped Tooth
   - Other
   - Pain Due to Orthodontics
   - Red, Swollen/Sore Gums
   - Tooth Dislodged
   - Tooth Erupting
   - Tooth Loose
   - Toothache
4. **DERMATOLOGICAL**
   - Abrasion
   - Acne
   - Avulsion
   - Bites: Bee/Insect, Dog, …..Human, Snake, Other
   - Blister
   - Bruise
   - Burn
   - Chapped Lips
   - Check Sutures
   - Contusion
   - Cut
   - Cyst
   - Dermatitis
   - Diaphoresis
   - Ecchymosis
   - Eczema
   - Edema
   - Erythema
   - Felon
   - Fifth Disease
   - Foreign Body
   - Furuncle (Boil)
   - Hematoma
   - Jaundice
   - Laceration
   - Lesion/Infection
   - Other
   - Pallor
   - Petechia
   - Planters Wart
   - Poison Ivy/Oak
   - Puncture
   - Rash
   - Scalded
   - Splinter
   - Sunburn
   - Sweating
   - Urticaria (hives)
   - Verruca (wart)
5. **EYE/EAR/NOSE/THROAT**
   - Canker
   - Cerumen
   - Cold
   - Conjunctivitis/Pink Eye
   - Contact Lens Problem
   - Corneal Abrasion
   - Coryza
   - Diplopia
   - Earache
   - Epistaxis
   - Fever
   - Foreign Body: Ear,Eye,Nose
   - Foreign Substance: Eye, Nose
   - Hearing Loss
   - Mouth Ulcers
   - Other
   - Otitis Externa, Labyrnithica, ……..Media
   - Rhinitis
   - Sinus Headache
   - Sinusitis
   - Sore Throat
   - Sty
   - Swollen Glands
   - Thrush
   - Tinnitus
   - Tonsillitis
   - Tracheotomy Care
   - Vision Alteration
6. **ENDOCRINE**
   - Breath Smells Fruity
   - Feels "shaky" – Possible ….Hypoglycemia
   - Hormonal Imbalance
   - Hyperglycemic
   - Hypoglycemic
   - Other
   - Routine Blood sugar Check
   - Swollen Glands
7. **GASTROINTESTINAL**
   - Abdominal Pain
   - Constipation
   - Diarrhea
   - Emesis
   - Flu-Influenza
   - Mass
   - Nauseated
   - Other
   - Pain in Side
   - Poison Ingestion
   - Puncture Wound
   - Stomach Ache
   - Tongue Problem
   - Upset Stomach

Clinic Quality Improvement Checklist

School Site: _____ Clinic Designee: _____

Inspection Performed by: (Print Name)_____

	YES	NO	Comments/Recommendations
Medication Log Is proper log being used and is it filed for easy access?			
Medication Authorization Form Is a form completed for each medication ordered (or requested by parent)?			
Medications Are all medications properly stored?			
Medications Are all medications within date (not expired)?			
Prescription Medications Are medications stored in original labeled containers with instruction for use?			
OTC Medications Are OTC medications labeled and age appropriate?			
Activity Log Is proper log sheet being used and are all activities being logged?			
Clinic Statistics Are clinic "stats" being sent to County Health Dept. School Health Office?			
Reference Materials Are policy and procedure manuals and other resource material readily available?			
Code Red Is the code red list posted?			
Procedures Are proper policy and procedures being followed?			

	YES	**NO**	**COMMENTS/RECOMMENDATIONS**
Equipment Is it clean, in proper working order, and stored appropriately?			
Refrigerator Is there a thermometer and is temperature of refrigerator/freezer checked routinely?			
Confidentiality Is all student information treated in a confidential manner?			
Participation Does clinic designee participate in assisting with coordination of school health screenings?			
Participation Does clinic designee perform health screenings on new students?			
Participation Does clinic designee attend nursing staff meetings as scheduled with the CHD School Health Team?			
Communication Does clinic designee keep CHD nurse informed of pertinent health issues and all potential health problems?			
Communication Does clinic designee seek guidance from or consult with the CHD nurse when necessary?			
Clinic Relief Is clinic relief identified in case of needed substitute clinic coverage?			

CHD Nurse Signature **Date**

SCHOOL CLINIC END-OF-YEAR CHECKLIST

	YES	NO	COMMENTS / RECOMMENDATIONS
All medications returned to parents or disposed of?			
All medical records secured for the summer?			
All medication sheets filed in cumulative folders?			
All clinic passes filed/stored?			
All foodstuffs removed?			
Clinic thoroughly cleaned? (Including refrigerator and equipment)			
Supply list/order for next school year prepared?			
Principal/Maintenance given a list of needed repairs, etc.?			
All biohazard waste removed?			
All equipment locked/secured?			

School: _____

Signature: _____

Date : _____

TOLL FREE NUMBERS

ALZHEIMER'S ASSOCIATION	***1-800-272-3900***
CANCER INFORMATION SERVICE	***1-800-422-6237***
CHILD ABUSE REGISTRY, FLORIDA	***1-800-342-9152***
CHILD SUPPORT INFORMATION AND ENFORCEMENT HOTLINE	1-800-622-KIDS
DIAL-A-HEARING	1-800-222-EARS
FLORIDA DIVISION OF BLIND SERVICES	1-800-342-1828
HEALTHY BABY HOTLINE	***1-800-451-BABY***
MEDICARE	1-800-333-7586
PARENT'S ANONYMOUS HOTLINE (FOR IMMIDIATE COUNSELING)	1-800-353-5683
POISON INFORMATION CENTER	1-800-282-3171
SOCIAL SECURITY ADMINISTRATION	1-800-772-1213
NATIONAL AIDS HOTLINE	1-800-342-AIDS
NATIONAL AIDS CLEARINGHOUSE	1-800-458-5231
ALCOHOLISM AND DRUG ADDICTION /TREATMENT CENTER	1-800-382-4357
ASTHMA AND ALLERGY FOUNDATION OF AMERICA	1-800-7-ASTHMA
AMERICAN DIABETS ASSOCIATION	1-800-ADA-DISC
NATIONAL KIDNEY FOUNDATION	1-800-622-9010
STD HOTLINE	1-800-227-8922

For a complete list of toll-free health information lines, dial 1-800-336-4797 between 9 a.m. and 5 p.m.