



**POLK COUNTY
PUBLIC SCHOOLS**
STUDENTS FIRST

HANDBOOK for SCHOOL HEALTH CLINIC NURSES and HEALTH CONTACTS

Polk County Public Schools (PCPS)

Florida Department of Health in Polk County (DOH)

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STUDENTS FIRST

Handbook for School Health Clinic Nurses
And
Health Contacts

Table of Contents

Chapter 1: Introduction to School Health.....	2
Chapter 2: Student Health Entrance Requirements.....	8
Chapter 3: Managing the School Clinic	10
Chapter 4: Planning Student Health Care	14
Chapter 5: Routine Health Screenings	17
Chapter 6: Routine Health Room Procedures	19
Chapter 7: Caring for Illness.....	24
Chapter 8: Caring for Injuries	25
Chapter 9: Medication Administration.....	29
Chapter 10: 911 Emergencies.....	31
Chapter 11: Communicable Diseases	34
Chapter 12: Allergy and Anaphylaxis Protocol	36
Chapter 13: Asthma Protocol	45
Chapter 14: Diabetes Protocol	53
Chapter 15: Seizure/Epilepsy Protocol.....	61
Chapter 16: Pediculosis Capitis/Head Lice Protocol	73
Chapter 17: Other Health Issues.....	78
Chapter 18: Documenting Health Related Activities	82

Chapter 1

INTRODUCTION TO SCHOOL HEALTH

Philosophy

Healthy children are better students.

Mission

(Reference: School Health Manual, Chapter 1)

The mission of the school health services program is to appraise, promote and protect the health of students; to supplement rather than supplant parental responsibility; to encourage parents to devote attention to student health; to discover and prevent health problems and to encourage the use of the services of physicians, dentists, and other community health care providers.

School Health Services: Community Partnership

The School Health Services Act of 1974 and the subsequent development of a state plan for school health services began the movement toward a more uniform and complete school health program statewide. The School Health Services Act mandated that the Department of Health and the Department of Education work together to ensure the health of Florida's student population.

Since 1974 many laws which apply to school health have been enacted (see below). Today the Florida Department of Health in Polk County and the Polk County Public Schools work closely together to provide health services to students.

In addition, a variety of partnerships with private health care providers, community organizations and businesses have been developed to help students in need and provide nursing services in schools.

The School Health Program is composed of health education, health services and healthful environment. Although the school administrator is ultimately responsible for all three components, in Florida the laws assign school health services to the Department of Health, while instructing the Department of Education to coordinate its program with the delivery of health services. Student health is the responsibility of many, including the student, the family, private health practitioners, the schools, the community, and the county health department. The complex nature of the program requires detailed attention to planning and coordination on the part of all those involved.

Florida Laws Affecting the School Health Programs

There are a number of Florida laws affecting the school health program. The following represents a brief synopsis of each law. Copies of specific laws may be obtained from Prevention, Health, and Wellness at 291-5355.

1. 1022.22(2) Pupil and student records and reports: defines which student records are considered confidential. It also spells out the rights of parent, guardian or student regarding access to records, waiver of access, challenge/hearing and privacy.
2. 1003.54 Teenage parent programs: requires each district school board to establish and implement a teenage parent program. It outlines requirements for such programs in terms of services provided.
3. 1003.22(1) School-entry health examinations: establishes a requirement for each child entering school for the first time to present a certification of a school-entry health examination performed within 1 year prior to enrollment in school.
4. 1003.22(4) Immunization against communicable diseases: establishes the Department of Health as the agency that shall promulgate rules governing the immunization of children. It also gives the school board of each school district the responsibility of establishing and enforcing a policy that, prior to admittance to or attendance in a public or nonpublic school, grades preschool through 12, each child present or have on file with the school a certification of immunization for those immunizations required by the Department of Health. It also outlines provisions for exemptions. In addition, this law requires that children be screened for scoliosis at the appropriate age.
5. 1006.062 Administration of medication: authorizes school district personnel to assist students in the administration of medications while at school. It sets forth certain conditions which must be met in order for medications to be administered at school.
6. 1006.062 Provision of medical services; restrictions: specifies the types of medical services that may be performed by non-medical school district personnel. It requires school boards to establish emergency procedures for life threatening emergencies. It also prohibits school district personnel from offering students at school facilities contraceptive services without the consent of a parent or legal guardian.
7. 1002.20(3h) Asthmatic students; possession of inhalers: requires that asthmatic students be allowed to carry their inhalers at school when the parent provides written approval by both parent and physician.
8. 1006.061 Child abuse and neglect policy: establishes that all school board employees have an affirmative duty to report all actual or suspected cases of child abuse or neglect.
9. 1003.42(o) Health Education: establishes the subject area requirements that each district school board is obliged to provide to its students. Included in this law is the requirement for comprehensive health education.

10. 1003.46 Health Education; instruction in Acquired Immune Deficiency Syndrome: each district school board may provide instruction in acquired immune deficiency syndrome, and provides guidelines regarding this instruction.
11. 381.0056 School Health Services Act: requires that each school district establish a school health services program. It gives the Department of Health the responsibility, in cooperation with the Department of Education, to supervise and administer the program. It establishes the requirement for a school health advisory committee in each school district. It outlines the requirement for the types of services to be provided by a school health program.
12. 381.0057 Funding for school health services: provides additional funding for school health in school districts where there is a high incidence of medically underserved high-risk children, low birth weight babies, infant mortality or teenage pregnancy. It outlines how that funding may be obtained.
13. 381.88 Insect Sting Emergency Treatment Act: provides for the certification of persons who administer lifesaving treatment, when a physician is not immediately available, to persons who suffer severe allergic reactions.
14. 402.3026 Full-Service Schools: establishes full-service schools to serve students in schools that have a student population with a high risk of needing medical and social services, based on the results of the demographic evaluations.
15. 464 Nurse Practice Act: ensures that every nurse practicing in Florida meets minimum requirements for safe practice.
16. 624.91 The Florida Healthy Kids Corporation Act: organizes a nonprofit corporation to facilitate a program to bring preventive health care services to children, if necessary, through the use of school facilities, and to provide comprehensive health insurance coverage to such children.
17. 64B 9-14 Delegation to unlicensed assistive personnel: provides guidelines for the delegation of medical tasks to non-medical personnel.
18. 64F-6 Department of Health Rules for School Health Services Program
19. 6A-6.0525 Florida State Board of Education Rules Relating to Teenage Pregnancy (TAP) Programs

References for School Health Clinic Nurses and Health Contacts

1. *FL School Health Administrative Resource Manual (2021)*: This document provides standards, procedures, and instructions for the implementation of a school health services program in public and nonpublic schools. This document should be available as a paper copy or digitally in every school clinic as a resource to be used in managing school health issues.
2. *Handbook for School Health Clinic Nurses and Health Contacts (2024)*: This document is designed as an addendum to the School Health Manual. It outlines Polk County Public Schools policies, procedures and protocols relating to school health services. A copy must be kept in the school clinic.
3. *Forms and Resources for Health Contacts*: This document provides the PCPS forms needed for operation of the clinic. It is updated yearly. A copy must be kept in the school clinic.
4. *Polk County Public Schools Medication Administration Policy and Procedures*: This document outlines PCPS' policies and procedures relating to the administration of medications to students at school. A copy must be kept in the school clinic.
5. *Polk County Public Schools Communicable Disease Policy & Procedures and Bloodborne Pathogens Exposure Control/Biohazardous Waste Compliance Plan (ECP)*: This document provides the PCPS policies, procedures and protocols relating to communicable diseases. It also contains the Bloodborne Pathogen Exposure Control Plan required by the Department of Health and Safety. This document should be kept in the school clinic. **All employees should be aware of the existence and location of this document.**
6. *ESE Nurse Manual*: This document outlines procedures specific to ESE-related student services.
7. *Drug Handbook*: This is a useful reference book for those who administer medications to students. This may be a paper copy or the clinic nurse may utilize an online resource.
8. *Polk County Public Schools AED Protocol*: This document outlines AED use in the schools. A copy must be kept in proximity to each AED on campus.

Health Services Providers

1. *Health Services Registered Nurses (RNs)*: Nurses employed by PCPS to coordinate school health services, develop health policies, procedures, protocols and curricula, provide health related in-service training and medical supervision to PCPS personnel and act as resource persons concerning school health issues.
2. *School Psychologists*: Certified school psychologists employed by PCPS to provide consultation to teachers, student assessment, counseling/crisis intervention, parent training, in-services and intervention for students at risk for school failure.

3. School Registered Nurses (RNs): Nurses employed by either PCPS or the Department of Health to provide nursing services to the schools. Most school RNs have multiple schools for which they are responsible. Their responsibilities include, but are not limited to, monitoring student immunization and health records, providing a variety of health screenings, health in-service for staff, consultation with parents and staff regarding specific student health issues, medical supervision of PCPS personnel providing direct health care to students, and teaching health education classes to students.
4. Clinic Nurses: Nurses, usually LPN's, who are assigned to a specific school to provide direct health services to students.
5. Health Contacts: PCPS employees assigned by the principal as unlicensed assistive personnel to provide direct health services to students.
6. Hearing Screeners: PCPS employees who travel around the county providing hearing screening for students.
7. Vision Screeners: Health Department employees who provide vision screening for students.

Qualifications of Health Contacts

1. Willingness to work with any student regardless of socioeconomic status, race or religion
2. Ability to remain patient with difficult people/situations
3. High school diploma or the equivalent
4. Successful completion of all training requirements mentioned below
5. Willingness and ability to master the skills necessary to perform the tasks required by the position
6. Ability to remain calm in emergency situations
7. Good communication skills
8. Good self-esteem
9. Awareness of and ability to maintain confidentiality
10. Clerical and filing skills
11. Willingness to participate in in-service training
12. Commitment to regular and punctual attendance

Training Requirements for Health Contacts

1. certification in Adult/Child/Infant CPR and First Aid (renewed every 2 years)
2. certification in medication administration and allergic reactions
3. certification in Epilepsy Training for School Personnel (one-time training)
4. training in bloodborne pathogens and universal precautions
5. training in clinic procedures, practices, and documentation
6. training in common communicable diseases prevention, recognition, control and management
7. all training requirements must be renewed yearly, unless otherwise specified
8. attendance at all health-related in-services is strongly recommended
9. New clinic nurses/health contacts should receive orientation to their school/clinic.

Responsibilities of Health Contacts

1. provide health care to students while maintaining awareness of their own limitations in providing care
2. conduct themselves in a professional manner, respecting the confidentiality of student medical information
3. maintain professional appearance, with use of identification badge and avoiding excessive jewelry
4. work with the clinic nurse, school RN and/or Health Services RNs
5. maintain all required documentation of health-related activities
6. alert designated school personnel concerning students who need to be referred to the school RN or any other resource
7. understand and demonstrate aseptic technique and universal precautions to prevent transmission of communicable diseases
8. use proper hand washing technique
9. comply with all rules and regulations regarding biohazardous waste disposal
10. maintain a clean and orderly clinic
11. obtain vital signs as needed and record results in the Individual Daily Health Services Log in FOCUS
12. **do not** diagnose illness or disease
13. **do not** dispense any medication unless trained to do so by the school RN or health services
14. **do not** recommend any medication or treatment

Supervision of Clinic Nurses/Health Contacts

The school principal maintains administrative supervision of clinic nurses/health contacts. It is the responsibility of the Polk County Public Schools Health Services RNs and the PCPS/DOH school RNs to maintain medical supervision of the health contacts. These registered nurses provide supervision, consultation and additional on-site training for all personnel providing direct health services to students. Their responsibilities include performing an annual *Clinic Audit* and yearly observation/assessment of clinic related skills such as medication administration, first aid, universal precautions, record keeping, etc.

The results of all assessments and audits will be shared with the school principal. It is the responsibility of the principal to act upon the recommendations of the school RN/Health Services RNs. It is this cooperative effort that will ensure the health and safety of students at school.

Chapter 2

STUDENT HEALTH ENTRANCE REQUIREMENTS

General Information

(Reference: F.S. 1003.22(4) Immunization against communicable diseases; F.S. 1003.22(1) School-entry health examinations)

To ensure the health of all students, certain health requirements are mandated by the State of Florida. The intent of these entrance requirement laws is to assure a healthy, protected school population and to identify and correct any existing or potential health problems.

Working under the direction of the school RN, one of the assigned duties of the clinic nurse/health contact might be to assure that the required health/medical information is received and on file in each student's cumulative health folder prior to or upon admission to school.

Health entrance requirements are updated on a yearly basis by Polk County School Health Services and the Polk County DOH. *The PCPS Entrance/Immunization Requirements* provide the guidelines for student entrance and immunization requirements.

School Physicals

(Reference: F.S. 1003.22 School-entry health examinations)

All students are required to have a physical examination before they may be admitted to Florida schools for the first time. The physical form must contain body systems assessment as well as physician's signature and must be performed within 1 year before enrollment in school. This requirement includes students enrolling in pre-kindergarten, kindergarten and any student transferring in from another state or country, who has never attended a Florida school.

Children who attended pre-kindergarten might need to have another school physical before enrolling in kindergarten, if their physical is not within the required 12-month time frame.

Students transferring from one Florida school to another do not need another physical, as long as a hard copy of their physical can be obtained from their previous school.

Physicals completed out of state or country are acceptable as long as they are within the 12-month time frame. However, if the document is questionable, please refer it to your school RN or Health Services RNs.

School physicals may be performed by a health care provider licensed to provide physical exams in the United States. School physicals should be documented on *The State of Florida School Entry Health Exam* or any other form that is inclusive of the same data.

Immunizations

(Reference: F.S. 1003.22(4); School Health Manual, Chapter 11)

Schools are often the focus of outbreaks of vaccine preventable diseases. Because of this, Florida's school immunization law requires all students, Pre-Kindergarten through 12th grade and foreign exchange students, to have proper documentation of immunization to attend school.

Priority should be given to the following objectives:

1. immunization of 100% of all students before permitting attendance.
2. identification and subsequent immunization of students enrolled and currently attending classes who have temporary medical exemptions.
3. surveillance for the identification of all suspected and/or confirmed cases of vaccine preventable diseases.
4. immediate reporting of all suspected and/or confirmed cases of vaccine preventable diseases to the county health department.
5. education of faculty, staff, and students as to the need for maintaining high immunization levels, and for surveillance and reporting measures.
6. immunization of adults (teachers, staff, bus drivers, etc.) is also recommended.

Students enrolling in Florida schools are required to present documentation of having received certain immunizations. The required immunizations are listed on the *PCPS Entrance/Immunization Requirements* posted at each school. Religious and medical exemptions are allowed.

Immunizations must be documented on the Florida Certificate of Immunization (DH 680). These are managed electronically in Florida Shots.

Students transferring to a Florida school from another state or country, who have never attended school in Florida, must provide proof of immunization prior to enrollment on the Florida Certificate of Immunization (DH 680).

FOCUS reports may be generated to determine if there are students with Temporary Exemptions (part B) that may require a parent/guardian immunization letter follow-up. The school RN may assist with immunization questions.

Chapter 3

MANAGING THE SCHOOL CLINIC

Organization of the School Clinic

(Reference: Chapter 23, School Health Manual)

1. Physical Facilities:

- A. The School Health Services Act (*F.S. 381.0056*) requires that every school maintain a room specifically set aside and equipped for the provision of school health services to students.
- B. Small alternative education sites may not be able to provide a room but should designate an area within their facility for provision of health services to students.
- C. **The use of the clinic should be limited to school health related activities.** Inappropriate uses include but are not limited to: copy room, teacher's lounge, "time out" area or general use bathroom.

2. Standards for School Clinics:

- A. Locate the clinic away from noisy, congested areas, preferably near the administrative area of the school.
- B. It should be of sufficient size and layout to permit use as a clinic, examination room, health conference site and isolation room.
- C. The clinic should include, minimally, a bathroom in or adjacent to the clinic, locked medicine cabinet, supply closet, locked file cabinet, a separate sink with hot and cold water and adequate counter space.
- D. It should be equipped with telephone extension. Computer access is essential.
- E. It should be appropriately staffed during school hours, using school personnel to serve the needs of the students.

3. Standards for Clinic Equipment:

- A. desk with chair
- B. several straight back chairs
- C. cot
- D. privacy curtains/screens
- E. locking 4 drawer filing cabinet
- F. covered waste can for biohazardous waste
- G. metal waste basket
- H. clock with second hand
- I. cabinet for first aid supplies (unless adequate storage is built-in)
- J. bulletin board
- K. wall mounted exposure protection kit cabinet

- L. wall mounted sharps container cabinet
- M. refrigerator with ice maker
- N. computer with printer

4. Standards for Clinic Supplies: see *Polk County Public Schools Recommended First Aid Supplies*.

5. Staffing the School Clinic

The school clinic should be staffed by a medically trained individual (registered nurse, licensed practical nurse). The principal has the responsibility to designate a minimum of 2 health contacts, in addition to the clinic nurse, to assist in staffing the clinic. Staff designated as a health contact may include, but is not limited to, secretary, paraeducator, or administrative staff. Ideally, this staff member should be non-classroom based for the course of the workday.

6. Clinic Hours

The principal, working with the clinic nurse/health contact, has the authority to set specific clinic hours for routine, non-emergency health services to students. Medical emergencies and medication administration must be covered on an “as needed” basis.

School staff should be encouraged to use the clinic appropriately. Appropriate use of the clinic includes but is not limited to:

- A. Using the clinic bathroom for sick and injured students only.
- B. Establishing “sick call”, a set time when students complaining of non-emergency health problems may be seen in the clinic.
- C. Finding someplace other than the clinic to use as a “time out” place for students with behavioral problems.
- D. Students with minor physical complaints (minor scratches or scrapes, mild headaches, etc.) may be dealt with in the classroom.

Infection Control

(Reference: Polk County Public Schools Communicable Disease Policy & Procedures and Bloodborne Pathogens Exposure Control Plan/Biohazardous Waste Compliance Plan)

1. Cleaning Requirements

- A. All surfaces in the clinic must be wiped with disinfectant or alcohol at least once a day. Counter tops, sinks and other surfaces which come into contact with students should be cleaned more frequently.
- B. Clinic floors must be mopped with disinfectant at least once a day.
- C. Clinic cots must be wiped down with disinfectant or alcohol between each use.
- D. Clinic cots must be covered with paper, which must be changed after each use.
- E. Use of blankets and pillows in the clinic is not recommended unless they can be washed after each use or are disposable.

2. Universal Precautions

An emergency situation may occur anytime there is exposure to blood or contaminated sharp objects. Significant unprotected exposure to blood may cause the transmission of bloodborne infections. The occupational risk of acquiring bloodborne infections in a school setting is extremely low. Nevertheless, all school personnel, especially those providing direct health care to students, should be thoroughly familiar with the techniques used to prevent bloodborne infections.

All clinic nurses/health contacts are **required** to attend Bloodborne Pathogen/Universal Precaution Training prior to employment. **Yearly updates of this training are mandatory.**

All clinic nurses/health contacts are expected to use universal precautions when providing care to students/employees.

The following guidelines are meant to provide simple and effective precautions against the transmission of disease for all persons whose jobs put them at risk of exposure to the blood or body fluids (*Category I Employees*). **No distinction is to be made between body fluids from individuals known to have a disease and those who appear to be healthy.**

- A. **All body fluids should be considered potentially infectious.** The term “body fluids” includes blood, semen, vaginal secretions, drainage from wounds, urine, feces, vomitus, respiratory/nasal secretions, and saliva.
- B. REMEMBER, there is no substitute for proper hand washing!

- C. Disposable, non-sterile latex, or vinyl gloves must always be worn whenever caring for students who are bleeding and when cleaning up blood spills, vomitus, urine, feces, etc.
- D. Use of latex/vinyl gloves is strongly recommended when dealing with any body fluid, whether or not it is visibly contaminated with blood.
- E. When cleaning up body fluids:
 - 1. Assume the fluids come from an infected individual and use universal precautions.
 - 2. When a spill is discovered, block off the area.
 - 3. For large spills, call the custodian to assist in clean up.
 - 4. Wear latex/vinyl gloves.
 - 5. Clean the area with an EPA registered germicidal agent.
 - 6. Allow cleaning solution to sit undisturbed for 10 minutes.
 - 7. Cover vomitus with vomitus powder.
 - 8. Place all blood contaminated materials and gloves in appropriately labeled, red, biohazardous waste bags.
 - 9. Wash your hands thoroughly.
- F. Emergency First Aid for exposure to blood/blood contaminated body fluids:
 - 1. Wash the affected area thoroughly with soap and water.
 - 2. Flush eyes copiously with clear, running water.
 - 3. Change any contaminated clothing.
 - 4. Report the incident to your supervisor.

3. Use of the Clinic Restroom

The Florida Department of Health requires that schools provide adequate sanitary facilities for students. This mandate includes running water, flush toilets, soap, and hand drying devices. Most schools have a number of adequately equipped restrooms for students to use. **Therefore, it is inappropriate for the clinic restroom to be used by the general student population. For reasons of infection control, safety, and privacy, the clinic restroom should only be used by sick or injured students/staff.**

The clinic restroom, including floors, should receive thorough cleaning with disinfectant at least once a day. More frequent cleaning may be required in very busy clinics.

Chapter 4

PLANNING STUDENT HEALTH CARE

General Information

(Reference: School Health Manual)

A child's health supervision and treatment are primarily the responsibility of each parent, along with their chosen health care provider. Health services at the school are organized and offered to assist parents in living up to this responsibility. Deviations from normal health and development can lead to educational problems. Therefore, efforts to identify, remedy or compensate for such deviations often result in long-term, cost-effective benefits for the student and the community. School personnel must work with parents to find the best solutions to safeguard each student's health, while enabling them to participate as fully as possible in the educational process.

In personalizing health services for any given student, a team approach is required. Depending on the needs of the child, the team might include the student, parents/guardians, clinic nurse, health contact, teachers, school guidance counselors, school psychologists, school RNs, administrators and many more. The scope of personalized health services includes:

1. evaluation of the problem.
2. development of a health care and/or educational plan of action.
3. provision of care.
4. counseling and instruction.
5. evaluation and updating of the plan on a regular basis.

Health problems for which such personalized health services may be necessary include, but are not limited to: asthma, severe allergies, diabetes, epilepsy, cystic fibrosis, spina bifida, vision and hearing problems, mental health issues, etc.

Evaluation of the Problem

Evaluation is the first step in identifying a student's health needs. In many cases, when the child comes to the clinic with a minor complaint, the clinic nurse/health contact may be able to evaluate and care for the student without having to call the parent or seek out the assistance of the school RN or other health care professional (*See Chapter 7: Caring for Illness, and Chapter 8: Caring for Injuries*).

In other cases, the student may show the signs and symptoms of a more serious, chronic health problem that has gone undiagnosed and/or untreated. Knowing what to look for and what resources are available for further evaluation enables the clinic nurse/health contact to actively assist the student and family in finding a workable solution.

One of the responsibilities which may be assigned to the clinic nurse/health contact is assisting the school RN in documenting in the High-Risk (Health Alert) list in FOCUS. When students start school, the parents/guardians are asked to complete the *Medical Information Form*. This form is designed to be kept in the clinic to provide the clinic nurse/health contact with basic information relating to student health and emergency information.

As the *Medical Information Forms* are completed by the parents/guardians and returned to school, the clinic nurse/health contact should examine them carefully for any comments parents/guardians have made relating to chronic/severe health problems. Students with a history of such problems (for examples, see the list on the *Medical Information Form*) should have an entry in the High-Risk (Health Alert) section in FOCUS. Once the High-Risk List is completed, this confidential medical information may be shared with classroom teachers on a “need to know” basis.

The classroom teacher has a unique opportunity to assist in the evaluation of student health. The teacher does not have the medical training to make a diagnosis of a specific disease or condition, but his/her judgment, based upon daily observations of the child, enables the teacher to detect deviations from normal health.

Development of a Health Care and/or Educational Plan of Action

First Aid

In this book, the clinic nurse/health contact is provided with basic plans for caring for many of the health problems encountered in the school clinic. However, when students have chronic and/or severe health problems, a formal, written health care plan may be required. Writing such a plan is the domain of the school registered nurse.

Along with a written health care plan, the student may need an educational plan that takes into consideration his/her special health care needs. In such cases, the school RN will work with the student, parents/guardians, and school personnel to develop a workable plan.

Provision of Care

(References: F.S. 1006.062 Provision of medical services; restrictions; Administration of Medication)

Providing for a student’s health care needs may be as simple as putting a band aid on a small wound or as complex as changing a tracheostomy tube. Florida state law limits the type of care the health contact is allowed to provide. The health contact should never attempt to provide care that is beyond his/her level of skill or that is specifically prohibited by law or PCPS policies and procedures.

The procedures which a health contact may **not** perform include, but are not limited to:

1. sterile catheterization
2. nasogastric tube feeding
3. cleaning and maintaining a tracheostomy
4. deep suctioning a tracheostomy

The procedures which a health contact **may perform only** with child specific training by a registered nurse, physician, physician's assistant, or nurse practitioner include, but are not limited to:

1. clean intermittent catheterization
2. gastrostomy tube feeding
3. monitoring blood glucose using a glucometer
4. administering emergency injectable medication

For all other invasive medical services not listed above, a registered nurse, physician, physician's assistant, or nurse practitioner shall determine if the health contact will be allowed to perform such a procedure.

Counseling and Instruction

Clinic nurses/health contacts, with the training they receive, are in a position to instruct students in basic first aid and hygiene whenever they visit the clinic. **The clinic nurse's/health contact's most powerful teaching tool is the example set by his/her own actions.** Most of the teaching that clinic nurses/health contacts will have the opportunity to do is the informal sort, by taking advantage of a "teachable moment". For example, when a student comes to the clinic with a scraped knee, the clinic nurse/health contact might discuss the importance of hand washing, the reasons for not touching another's blood or body fluids and how to avoid a wound infection.

Working with the school RN and Health Services RNs, the clinic nurse/health contact may arrange a staff in-service on hand washing, a parent presentation about head lice or other health related presentations.

The clinic nurse/health contact may work with teachers, staff and interested medical professionals to coordinate a special program for the public such as a health fair or visit from the local emergency crew.

Evaluating and Updating Health Plans

Health care plans for students with severe and/or chronic health problems must be reviewed at least yearly, and more often if necessary. This is the responsibility of the school RN. However, the clinic nurse/health contact, by virtue of being the day-to-day health care provider for these students, is in a position to give the nurse valuable feedback concerning the effectiveness of the health care plan. He/she should never hesitate to discuss health observations with the school RN.

Medicaid/MaxCapture

Designated medical personnel are responsible for entering documentation of services in MaxCapture for potential Medicaid billing purposes. Medicaid billable services should be entered into MaxCapture within a week of completion of the service. Monthly reports are pulled by the Senior Manager of Prevention, Health and Wellness to monitor routine documentation. The web address for MaxCapture is <https://flsbb.ssghosting.com/MaxCapture/Login.aspx>.

Chapter 5

ROUTINE HEALTH SCREENINGS

General Information

(Reference: F.S. 381.0056 School Health Services Act; School Health Manual; Chapter 5)

The Florida School Health Services Act establishes the requirement for health screenings to be performed in the schools. This law delegates the responsibility jointly to the school district and the local health department. The following screenings must be provided:

1. vision screening
2. hearing screening
3. growth and development screening
4. scoliosis screening

Although a child's health supervision and treatment are primarily the responsibility of each parent, along with their chosen health care provider, health screenings allow the schools to identify suspected abnormalities early, so that confirmation may be sought, and parents offered guidance in having health problems corrected or ameliorated.

The role of the clinic nurse/health contact should be to perform or assist in performing screenings under the direction and/or supervision of the school RN. The clinic nurse/health contact may also be the person delegated by the principal to assure that the parent/guardian has not indicated a desire to have his/her children excluded (opt-out) from the routine health screenings.

1. Vision Screening:

- A. Purpose: to test certain visual skills at specified intervals during the school years. The standards, techniques, and criteria for conducting and administering vision screening are based upon recommendations of the Florida Medical Association's School Health Advisory Committee.
- B. Population screened: all students in grades Kindergarten, 1, 3, 6 and others upon request.
- C. Process: Vision screening is performed by individuals trained in Vision-Auditory Screening technique. The clinic nurse may assist in the screening process.

Following review of the screening results with the school RN, rescreening may be performed on students with suspected abnormal findings. Referral slips are sent to parents after rescreening, notifying them that a problem is suspected.

2. Hearing Screening:

- A. Purpose: to administer a standardized hearing test at specified intervals during the school years in order to identify those students who may have hearing impairments; to refer students who fail hearing screening to appropriate resources for professional care.

- B. Population screened: all students in grades Kindergarten, 1, 3, 6 and others upon request. Students in other grades may be screened when a problem is suspected, or they are referred.
- C. Process: Hearing screening is performed by individuals trained in auditory screening technique. The clinic nurse may be delegated to assist with the paperwork/data collection.

Following review of the screening results with the school RN, rescreening may be performed on students with suspected abnormal findings. Referral slips are sent to parents after rescreening, notifying them of a suspected problem.

3. Growth and Development Screening:

- A. Purpose: to obtain accurate height and weight measurements. These measurements provide insight into the student's growth and development. They should be taken at regular intervals and recorded on charts which allow comparison with past measurements and with standards for age and weight for height.
- B. Population screened: all students in grades 1, 3 and 6. Students enrolled in other grades may be screened when a problem is suspected, and they are referred.
- C. Process: Growth and development screening may be performed by an individual or group delegated by the principal. It may be done through physical education or by the school RN.

Results of the screening must be posted on the chart found in each student's *Cumulative Health Folder*.

Following review of the screening results with the school RN, rescreening may be performed on students with suspected abnormal findings.

Chapter 6

ROUTINE CLINIC PROCEDURES

Hand Washing

(Reference: Polk County Public Schools Communicable Diseases Policy & Procedures)

1. Hand washing must be done:
 - A. before putting on a smock for disease control when working with students where there is a risk of exposure to blood or body fluids.
 - B. before eating or drinking.
 - C. before handling clean equipment or utensils.
 - D. before and after handling food.
 - E. before and after assisting or training the student in toileting or feeding.
 - F. before and after going to the bathroom.
 - G. after contact with blood or body fluids.
 - H. after handling soiled diapers, menstrual pads, clothing or equipment.
 - I. after caring for any student.
 - J. after removing disposable gloves.
 - K. after removing smocks or shirts when leaving the work area.

2. Use the following procedure when washing your hands:
 - A. Remove jewelry. (Jewelry may harbor germs that cannot be easily washed away.)
 - B. Wet hands with running water. (Running water is necessary to carry away dirt and debris.)
 - C. Apply liquid, powder or machine-dispensed soap and lather well. (Liquid or powder soap is preferred to bar soap. Bacteria can grow on bar soap and in soap dishes. Liquid soap containers must be thoroughly cleaned each time they are refilled.)
 - D. Rub your hands together vigorously for at least 30 seconds. Include front and back surfaces of hands, between the fingers and knuckles, around the nails and the entire hand area. Avoid harsh scrubbing to prevent breaks in the skin.

- E. Rinse your hands well under running water. (Let the water drain from the wrists to the fingers. Do not turn off the water at this time.)
- F. Wipe surfaces surrounding the sink with a clean paper towel and discard the towel. (Damp surfaces promote the growth of bacteria.)
- G. Dry your hands well using a paper towel. (Dry gently and thoroughly to avoid chapping. Chapped skin breaks open, allowing pathogens to enter the body.)
- H. Use another paper towel to turn off the water. (Touching the faucets with bare hands causes recontamination.)
- I. Discard paper towels in the regular trash. (Towels contaminated with blood should be placed in a red, biohazardous waste bag.)
- J. Apply lotion to your hands frequently. (Lotion helps keep skin soft and reduces chapping.)

Use of Gloves

(Reference: Polk County Public Schools Communicable Diseases Policy & Procedures)

The body fluids of all persons must be considered potentially infectious. To avoid direct skin contact with body fluids, use disposable gloves when assisting a student if body fluids are present. If the gloves are torn, leaking or in any way defective, discard the gloves, wash your hands, and put on a new pair.

Caution: Many individuals are highly allergic to latex. It is advisable to ask about this allergy before using gloves. Vinyl gloves may be used when working with individuals who are allergic to latex.

After putting gloves on, inspect them for holes or defects. Do not use defective gloves. To remove soiled gloves without touching the contaminated surface with your bare hands:

1. With your right hand, pinch the palm of the glove on your left hand. Pull the left glove down and off your hand.
2. Hold the removed glove in the fingers of your right hand.
3. Slide two fingers of your ungloved left hand under the rim of the right glove on the palm side.
4. Push the glove inside out and down into the fingers and over the left glove.
5. Grasp the gloves, which are now together and inside out, with the left hand and remove them from the right hand.
6. Discard the gloves in the appropriate designated waste container. Any gloves visibly contaminated with blood must be disposed of in a red, biohazardous waste bag.
7. Wash your hands with soap and water.

Measurement of Body Temperature

The elevation of body temperature is one of the first signs of an infectious disease and is a valuable tool in evaluating illness. Take the student's temperature if he/she complains of:

chills	pain
cough	rash
diarrhea	red eyes
fever or "feeling hot"	sore throat
headache	stiff neck
nausea	vague "I don't feel good"

A rise in body temperature above normal (*usually 98.6 degrees F orally; 97.6 degrees F axillary*) indicates that there is probably an infection in the body somewhere. A temperature of 100.4 degrees F or higher is considered to be a fever. Children with a fever are to be picked up at school by their parent/guardian. They should remain at home until their temperature has returned to normal for 24 hours without the use of anti-pyretic medication (*Tylenol, etc.*).

1. General guidelines for taking a temperature:
 - A. Use of an oral electronic thermometer with thermometer cover is permitted.
 - B. Use of a tympanic (ear) electronic thermometer is not permitted unless the individual using it is medically licensed (R.N., L.P.N.)
 - C. Use of the temporal (forehead) thermometer is permitted.
 - D. Oral (in the mouth) and axillary (under the arm) temperature taking is permitted.
 - E. Never take a temperature rectally.
 - F. Never use a glass or mercury thermometer.
2. The axillary (under the arm) route should always be used under the following circumstances:
 - A. The student is in pre-kindergarten or is developmentally delayed.
 - B. The student has been vomiting recently.
 - C. The student has had a recent seizure.
 - D. The student is crying or emotionally upset.
 - E. The student has eaten or drank hot or cold foods recently (*within 10 minutes*).
 - F. The student is unconscious or does not respond to his/her surroundings.

3. Procedure for Taking Oral Temperature:

- A. Wash your hands.
- B. Explain the procedure to the student.
- C. **Electronic Thermometers:**
 - 1. Insert the thermometer into the thermometer cover.
 - 2. Place the thermometer into the student's mouth, under one side of the tongue towards the back.
 - 3. Instruct the student to breathe through his/her nose and not to talk.
 - 4. Make sure the student does not bite the thermometer.
 - 5. Leave the thermometer in place until a temperature is recorded (usually just a few seconds).
 - 6. Remove the thermometer, read, and record the student's temperature in the Individual Daily Health Services Log in FOCUS.
 - 7. Remove the thermometer cover, discard cover in the trash.
 - 8. Clean the thermometer and wash your hands.

4. Procedure for Taking Axillary Temperature:

- A. Wash your hands.
- B. Explain the procedure to the student.
- C. **Electronic Thermometers:**
 - 1. Insert the thermometer into a thermometer cover.
 - 2. Sit the student in a chair.
 - 3. Place the thermometer under the student's arm.
 - 4. Hold the student's arm against his/her body until the temperature registers (several seconds).
 - 5. Remove the thermometer, read, and record the student's temperature in the Daily Health Services Log in FOCUS.
 - 6. Discard the thermometer cover.
 - 7. Clean the thermometer and wash your hands.

5. Procedure for Taking Temporal (Forehead) Temperature:

- A. Wash your hands.
- B. Explain the procedure to the student.
- C. **Electronic Thermometers (Touch):**
 - 1. Place the sensor head at the center of the forehead and slowly slide the thermometer across the forehead toward the top of the ear.
 - 2. Read and record the student's temperature in the Individual Daily Health Services Log in FOCUS.
 - 3. Clean the thermometer and wash your hands.
- D. **Electronic Thermometers (No-Touch):**
 - 1. Aim the thermometer at the center of the forehead, being careful to not touch the skin (keep about 1 inch away). Press the measurement button.
 - 2. Read and record the student's temperature in the Individual Daily Health Services Log in FOCUS.
 - 3. Clean the thermometer and wash your hands.

6. Cleaning an Electronic Thermometer:

- A. Using an alcohol wipe or alcohol-soaked cotton ball, wipe the thermometer with a twisting motion from the top to the tip.
- B. Allow the thermometer to air dry, then store in a clean container.

Counting Respirations

The respiratory rate is also a useful indicator of an individual's health. It can be influenced by a number of factors, including certain medications, activity level, breathing problems, fever, anxiety, pain, and severe bleeding.

A student's respirations should be counted whenever he/she arrives in the clinic with a **serious** injury and/or a complaint of illness. The respirations should be counted before calling the parents/guardians so that any abnormality in respiratory rate can be shared with them. Normal respiratory rates vary considerably depending on the age of the child. They are evenly spaced, silent and effortless.

<u>Age</u>	<u>Average Rate (breaths/min)</u>
1 year	20-40
2-3 years	20-30
5 years	20-25
10 years	17-22
15-20 years	15-20

1. Procedure for Counting Respirations:

- A. Wash your hands and locate a clock with a second hand.
- B. If the student is excited, has been very active, or has just vomited, allow him/her several moments to calm down before counting respirations.
- C. Avoid letting the student know that you are counting respirations. (Self-consciousness may alter the respiratory rate.)
- D. When counting the respiratory rates of younger children (infant/pre-K), place your fingers or a hand just below the child's ribs so the inspiratory rises can be felt.
- E. Observe a complete respiratory cycle. (*The rise and fall of the chest one time is counted as one respiration.*)
- F. If the respirations appear to be regular, count them for 30 seconds, then multiply that number by 2 for the respiratory rate.
- G. If the respirations appear to be irregular, count them for a full minute.
- H. Record the respiratory rate and any abnormalities of the respirations in the Individual Daily Health Services Log in FOCUS.

Chapter 7

CARING FOR ILLNESS

General Guidelines for Evaluating Illness

(Reference: Health & Safety Institute First Aid; School Health Manual, Chapter 9)

In cases of serious, sudden illness, the clinic nurse/health contact should follow the evaluation guidelines learned in Health & Safety Institute First Aid.

When students come to the clinic seeking relief from minor discomforts, the clinic nurse/health contact should:

1. Tactfully question the student and listen carefully to the complaint. Accurately record the information given by the student on the *Clinic Pass* and in the Daily Health Services Log in FOCUS.
2. Observe the student for signs of illness.
3. Check the student's vital signs: temperature, pulse and respiration.
4. If the student's temperature is elevated (100.4° F or higher), the parents/guardians should be notified and asked to take the student home. The student may not return to school until his/her temperature has returned to normal for 24 hours, without the use of fever-reducing medications.
5. If the student's temperature is not elevated, he/she may be allowed to rest for a short period of time. Then, if the student does not feel well enough to return to class, the parent should be notified.
6. The student with a minor complaint should be encouraged to return to class, unless a possible communicable disease is suspected. Follow the recommendations in *PCPS Communicable Diseases Policy & Procedures*.
7. If the student has vomited: A single episode of nausea/vomiting may be evaluated by the clinic nurse/health contact and may not require a student to be sent home.
8. Students should be accompanied to the clinic by an adult under the following circumstances:
 - A. serious illness/injury where the student is ambulatory and moving the student will not cause further harm
 - B. students with asthma or diabetes who complain of feeling ill
 - C. students who have been stung/bitten by an insect
 - D. students who have received a head injury but have not lost consciousness
 - E. students with a laceration that may require stitches
9. Hot packs, hot water bottles and/or heating pads are **not permitted** to be used in PCPS clinics.

Chapter 8

CARING FOR INJURIES

First aid is the immediate care given to a person who has been injured or suddenly taken ill before the services of a physician can be secured.

Emergency care is early intervention to treat an injury or sudden illness.

It is important for school personnel to be able to respond quickly and provide first aid/emergency care following accident or sudden illness in order to minimize further injury and/or insult to the student.

First aid and emergency care should save lives, prevent further injury, alleviate pain as much as possible, ensure safe transfer of the student to parents/guardians or other accountable persons and secure needed medical care for the injured or ill student when parents or persons designated by the parents cannot be reached. **When providing care to injured or ill students, use of prudent thinking and common sense is essential.**

Department of Health First Aid Standards for Schools

(Reference: School Health Manual, Chapter 9)

1. First aid should be administered as promptly as possible by the closest person knowledgeable in first aid.
2. All school personnel should know basic first aid procedures.
3. **A minimum of four people (Emergency Response Team Members, ERTs) certified in the administration of first aid and cardiopulmonary resuscitation should be available in all schools during all student activities.**
4. First aid supplies should be kept in an easily accessible location that is known to all. In large schools, multiple locations should be designated.
5. Current emergency data for all students, provided by the parents, should be kept in a designated, easily accessible file at the school.
6. Emergency Medical Services numbers should be prominently posted on all phones.

Polk County Public Schools First Aid Standards

PCPS adheres to the first aid standards set by the Florida Department of Health.

In addition, PCPS personnel who provide direct health services to students are required to maintain certification in Adult/Child/Infant CPR with First Aid or an equivalent program, Medication Administration, Allergic Reactions, Common Communicable Diseases, Clinic Procedures, Epilepsy for School Health Personnel and Bloodborne Pathogens/Universal Precautions. Personnel who have completed this training are referred to as “**Health Contacts**”. School principals are required to have a minimum of two health contacts, in addition to the clinic nurse.

The *School Health Contact Training Documentation Form* shows those who are currently trained/certified. The clinic nurse/health contact is responsible for updating this form, posting it in the locations listed on the form and sending a copy of this form to Health Services RNs at Mark Wilcox Center.

General Guidelines for Evaluating Injury

(Reference: Health & Safety Institute - First Aid, *School Health Manual*, Chapter 9)

Injured students may come/be brought to the clinic, or the clinic nurse/health contact may be called to the scene of an accident/sudden illness. In either case, the clinic nurse/health contact should follow these guidelines.

1. If called to the scene of an accident/illness – Evaluate scene safety.
2. Take standard precautions.
3. Evaluate responsiveness.
4. Activate EMS and/or your emergency action plan (if necessary).
5. Send someone to get the first aid kit and an AED.
6. Evaluate breathing for no more than 10 seconds.
7. Care for the victim, using skills learned during First Aid training.

Guidelines When Caring for Specific Injuries

(References: *School Health Manual*, Chapter 9; *Polk County Public Schools Communicable Disease Policy & Procedures*)

The following guidelines are related to specific situations which, due to PCPS policy and procedures, may differ slightly from the HSI First Aid training.

1. Animal Bites:
 - A. Apply pressure with a clean paper towel/gauze until bleeding is stopped.
 - B. Wash the area with soap and water regardless of whether or not the skin is broken.
 - C. If skin is broken, may spray with Bactine.
 - D. If skin is broken, cover with a band aid/dressing.
 - E. Inform parent of the incident.
 - F. Report the incident to Polk County Animal Control.
2. Bone/Joint Injuries:
 - A. **Do not attempt to splint suspected fractures.**
 - B. Immobilize the student.
 - C. Apply ice to the injury (see Section #5: Application of Ice).
 - D. Call 911.
3. Head Injuries:
 - A. All head injuries, no matter how minor, must be evaluated in the clinic.
 - B. Report all head injuries to the parents/guardians immediately.
 - C. Complete *Report of Head Injury* form and send home.
 - D. In case of serious head or neck injury and/or any loss of consciousness, no matter how brief:
 1. Do not move the student.

2. Call 911.
 3. Immobilize and stabilize the head and neck.
4. Human Bites:
- A. Apply pressure with a clean paper towel/gauze until bleeding is stopped.
 - B. Wash the area with soap and water regardless of whether or not the skin has been broken.
 - C. If skin is broken, may spray with Bactine.
 - D. If skin is broken, cover with a band aid/dressing.
 - E. Inform parents/guardians of both students of the incident, explaining that they may wish to consult with their health care provider regarding further care.
5. Application of Ice:
- A. Ice should be placed in a zip lock bag, not a reusable ice bag.
 - B. Always place several layers of paper towels between the skin and the ice bag to prevent damage to the skin tissues.
 - C. Ice should be left in place for no more than 20 minutes and discarded in the clinic prior to returning to class.
6. Insect Stings/Bites:
- A. Remove stinger by brushing lightly with your fingernail or a stiff card (such as a credit card). A tongue blade also works well. Do not use tweezers.
 - B. Student must be escorted to the clinic by an adult.
 - C. Check child's *Medical Information Form* for allergies to bee sting/insect bite.
 - D. For stings: may apply a paste made of baking soda to the site.
 - E. For fire ant bites: may apply alcohol or vinegar to the site.
 - F. Inform parent of incident.
 - G. Apply ice for 20 minutes while observing for signs of allergic reaction/sudden illness.
 - H. Student may return to class if there are no signs of allergic reactions/sudden illness.
 - I. Inform teacher of the incident, asking him/her to observe student closely for signs of allergic reactions/sudden illness.
 - J. Students who have been stung/bitten by an insect earlier in the day and are now showing signs of illness should be accompanied to the clinic by an adult.
7. Splinters:
- A. **Do not** attempt to remove splinters unless the tip of the splinter is clearly protruding from the skin and can be readily grasped by tweezers.
 - B. Wash the area with soap and water.
 - C. May spray with Bactine.
 - D. Cover with a band aid.
 - E. If a splinter is deeply embedded or large, notify the parent/guardian and advise medical care.
8. Teeth, knocked out:
- A. Locate the tooth.
 - B. If tooth is dirty, rinse it off with cool, clean water, holding it by the crown. Do not touch the roots of the tooth. Do not rub or attempt to remove any bits of

tissue that may be attached to the tooth.

- C. Do not attempt to reimplant the tooth.
- D. Place the tooth in milk, if allergic to milk, place in water.
- E. Call the parents/guardians and inform them of the accident.
- F. Inform the parents/guardians that a dentist may be able to reimplant the tooth if they call for an immediate emergency appointment.

9. Wound Care:

- A. Apply pressure with a clean paper towel/gauze until bleeding is stopped.
- B. Wash with soap and water.
- C. May spray with Bactine.
- D. Cover with a band aid or dressing.

10. Snake bite:

NOTE: Unless snake is reliably identified as non-poisonous, assume that it is poisonous. Do NOT panic.

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

11. Spider bite:

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

Note: Clinic nurses/health contacts must be aware of those students in school who have a religious or medical exemption from immunizations. The parents/guardians of any student who does not have a current (*within 5 years*) tetanus immunization should be notified any time their child receives a wound at school, so that they may seek medical advice regarding the necessity of administering a tetanus toxoid booster.

Chapter 9

MEDICATION ADMINISTRATION

General Information

(References: F.S. 1006.062: Administration of Medication; F.S. 1002.20 (3); School Health Manual, Chapter 6; Polk County Public Schools Medication Administration Policy and Procedures)

One of the most important tasks the clinic nurse/health contact undertakes is the safe and timely administration of medications to students. Medication administration while at school is mandated by Florida state law, Department of Health regulations and Polk County Public Schools Policy & Procedures. **The Polk County Public Schools Student Code of Conduct specifically prohibits students from carrying any medication, either over the counter or prescription.** Exceptions to this rule may include a student who may carry his/her asthma inhaler, epinephrine auto-injector and/or antihistamine prescribed for life-threatening allergies, diabetes supplies, or prescribed pancreatic enzymes supplements if he/she has a written notation on the authorization form from his/her parents/guardians and physician. A student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event/activity without a physician's note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches. Health Services RNs should be contacted for further information. Students are allowed to carry saline contact lens solution, non-medicated lip balm, hand sanitizer gel, sunscreen, and non-medicated cough drops (at principal's discretion) for personal use without an Authorization for Medication. (Medicated lip balm for "cold sore" treatment will need an Authorization for Medication).

Ideally, parents will work with their child's physician to plan a schedule for administering medication that does not require doses to be given at school. This is often possible for medication which must be given once, twice or even three times a day. However, in some cases the physician may order the medication to be given at very specific times, often including a dose at school. In addition, some medications are needed by students on an "as needed" basis and must be available at school.

The Polk County Public Schools Medication Administration Policy and Procedures provide the clinic nurse/health contact with specific guidelines to follow when assisting a student with medications at school.

School principals are required to have a clinic nurse and designate a minimum of two staff members as health contacts to assist students with the administration of medication. These individuals are required by law to receive training in medication administration from a medically licensed person. This training must be renewed every year. **No one should give medications to a student unless/until they have received training in medication administration.** The school RN and Health Services RNs are the only individuals within the Polk County School district who are qualified to provide that training.

Medication Administration for Field Trips:

When students go on field trips, care must be taken to see that the students' medications are given just as they would be if the student were in school. Many medications have serious side effects when they are stopped suddenly or a dose is missed, so it is essential that the teachers and other PCPS personnel who accompany students on field trips are aware of the medications

that will be needed and have received training in correct medication administration techniques.

PCPS/DOH school RNs and PCPS Health Services have developed a brief Field Trip Medication In-Service. This training is available for PCPS employees who will be taking students on field trips. Principals are responsible for seeing that PCPS employees who have been trained in medication administration, either through the Health Contact Training, or through the Field Trip Medication In-Service, accompany the students on the field trip.

The Field Trip Medication In-Service is a “one time only” requirement for teachers and paraprofessionals who are not certified health contacts, but principals may find it necessary to provide this training yearly so that new staff members can be in-serviced. To schedule a Field Trip Medication In-Service, call your school RN or Health Services.

Parents/guardians may administer medications to their own children while at school or on a field trip, but under no circumstances should a parent/guardian (or other school volunteer, no matter what their qualifications or intentions) be allowed to offer/administer a medication to any other student.

Chapter 10

911 Emergencies

General Information

(References: *School Health Manual, School Health Services School Emergency Manual*)

The responsibility of planning for 911 emergencies rests with the school principal. PCPS Health Services RNs, PCPS/DOH school RNs, and even local EMS crews can be valuable resources in developing emergency plans. Clinic nurses/health contacts should be involved in the development of health-related emergency plans and must be very familiar with Polk County Public Schools protocols and procedures.

Note: When a student is transported to the hospital without a parent/guardian, a staff member must accompany the student to the hospital and remain there until the parent/guardian arrives. This should be done regardless of whether or not the parent/guardian will be meeting the ambulance at the hospital. It is recommended that the staff member follow the ambulance in his/her own vehicle rather than ride in the ambulance.

The following conditions may be life-threatening and require **immediate first aid and emergency services (call 911) and notification of the parent/guardian:**

EMERGENT

A. Breathing problems from:

1. choking on food or foreign objects
2. allergic reaction (anaphylaxis) or unknown causes
3. inhaled smoke or facial burns
4. asthma attack - first time or not relieved by medication (*See Chapter 12: Asthma Protocol*)
5. continuous coughing

B. Lack of breathing

1. absence of breathing (e.g., chest not rising and falling with each breath)
2. not hearing or feeling air expelled from nose and mouth
3. noisy breathing sounds (e.g., loud, wheezing, gasping, grunting)

A. Heart/Bleeding problems

1. absence of pulse
2. severe bleeding from any body part/wound
3. amputation of any body part
4. persistent or crushing chest pain
5. sudden severe bleeding or pain in a pregnant student
6. vomiting large quantities of blood

D. Seizures (See Chapter 15: Seizure/Epilepsy Protocol)

1. first known seizure-cause unknown
2. Tonic/Clonic that lasts longer than 5 minutes
3. one seizure followed by another, without a period of consciousness between episodes
4. a student with diabetes who has a seizure
5. a pregnant woman who has a seizure
6. head injury during a seizure
7. student has breathing difficulties or a seizure in water
8. parent of a student requests an ambulance to be called

E. Other

1. falls, struck by heavy objects, suspected neck, or back injury
2. unconsciousness after trauma/diabetic reaction or unknown cause
3. head injury resulting in any unconsciousness
4. severe eye injuries
5. chemical burn
6. penetrating injuries
7. major burns
8. near drowning
9. suspected fractures/dislocations
10. suspected heat exhaustion/heat stroke
11. low blood sugar (hypoglycemia) with symptoms (See Chapter 14: Diabetes Protocol & follow student's Individual Health Plan/Emergency Plan)
12. administration of incorrect medication or dosage that may be life-threatening (call Mark Wilcox Center, 291-5355)
13. violent/aggressive/suicidal behavior
14. snake/spider bites (See Chapter 8: Caring for Injuries)

URGENT

Situations that may wait for medical treatment up to one hour but **require** immediate clinic nurse or first aid trained staff and parent/guardian notification. **If parent/guardian cannot be reached within one hour, 911 may be called.**

1. animal/human bites or scratches that break the skin
2. single seizure in a student with a known seizure disorder (follow student's Individual Health Plan/Emergency Plan)
3. possible injuries to bones, muscles in the legs, arms, and trunk
4. cuts that may need stitches
5. broken or loss of a permanent tooth
6. severe ear or tooth pain
7. abdominal or other pain unrelieved after 20-30 minutes of rest.
8. fever over 103 degrees F
9. uncharacteristic behavior changes (unless violent or aggressive – these require emergent response)
10. nosebleed not relieved with pressure and rest after 10 minutes
11. burns (blistered or open skin)

NON-URGENT

Situations that may wait for medical treatment for up to 2 hours, but should have first aid trained staff, and notification of parent/guardian may be decided on a case-by-case basis.

1. mild cuts, scrapes, and bruises
2. human bites (skin intact)
3. Insect bites and stings without anaphylaxis (See Chapter 8 – Caring for Injuries)
4. minor burns (reddened, not blistered)
5. splinters/pencil punctures (minor)
6. “common cold” symptoms without fever
7. fever 100.4 degrees F – 103 degrees F (See Chapter 7 – Caring for Illness)
8. fainting with rapid return to consciousness and no injury
9. mild headache or stomachache relieved with rest
10. nosebleed which stops with first intervention
11. mild toothache without facial swelling or fever
12. a single episode of vomiting or diarrhea with no symptoms
13. menstrual cramps relieved with rest
14. high blood sugar (hyperglycemia) (*Follow student’s Individual Health Plan/Emergency Plan*)

Documenting and Reporting 911 Emergencies

Any injury or sudden illness judged serious enough to require a 911 call must be completely documented in writing. Documentation of the incident will probably involve several different staff members: those who witnessed the incident, those who provided emergency first aid, those who provided follow-up care and any other personnel involved in the incident. It may also be advisable to collect written accounts of incidents from students.

1. Documentation of the incident is to be completed on the Student/Visitor Accident Report. Information for how to complete a SVAR can be found in the Forms and Resources book.

This document must be used when an incident involves an injury and for all situations requiring a 911 call.

2. Refer to Student/Visitor Accident/911 Reporting Process for who to send the report to.

Chapter 11

COMMUNICABLE DISEASES

General Information

(Reference: Polk County Public Schools Communicable Diseases Policy & Procedures; School Health Manual, Chapter 11)

The clinic nurse/health contact, working with the classroom teacher, has a unique opportunity for early detection of students suspected of having a communicable disease. While they do not have the medical training to make a diagnosis of a specific disease, their judgment, based upon daily observations of the students, enables them to detect and evaluate deviations from normal health. That information can then be passed on to the parent/guardian who may then be asked to seek medical advice.

Any of the following signs and symptoms may indicate the beginning of a communicable disease:

chills	nausea
cough	pain
diarrhea	rash
fever (100.4 degrees F and higher)	red eyes
headache	sore throat
jaundice (yellow color skin/eyes)	stiff neck with fever
	vomiting

Some of the factors that contribute to the spread of communicable diseases include:

1. large numbers of students in any one room
2. limited bathroom facilities that do not provide students with adequate hand washing supplies
3. inadequate cleaning of classrooms and bathrooms
4. failure of students and staff to practice good hygiene
5. failure of students and staff to practice universal precautions
6. failure to isolate a student or staff member suspected of having a communicable disease

Most people recover uneventfully from communicable diseases. However, there are some individuals who, because of weakened immune systems, are at greater risk of serious complications. This includes, but is not limited to:

1. individuals with diseases affecting the immune system
2. individuals with sickle cell disease
3. individuals undergoing steroid therapy
4. individuals undergoing cancer chemotherapy
5. individuals who have been through an organ transplant
6. individuals with tracheotomies

Polk County Public Schools Communicable Diseases Policy and Procedures provides detailed descriptions of and policies, procedures and guidelines relating to communicable diseases and the schools. **All clinic nurses/health contacts must be thoroughly familiar with this document.**

Caring for Students with Suspected Communicable Diseases:

(Reference: Polk County Public Schools Communicable Diseases Policy & Procedures; School Health Manual, Chapter 11)

Any student (or staff member) suspected of having a communicable disease should be isolated, with a caring explanation, from other students until the parent/guardian arrives.

1. Follow the recommendations, policies and procedures outlined in The Polk County Public Schools Communicable Diseases Policy and Procedures when caring for students suspected of having a communicable disease.
2. Use the *Health Communication Form* to document the student's suspected illness/condition and communicate clearly to the parent/guardian what response is expected from them regarding their child's illness/condition. The *Health Communication Form* should be maintained in the student's Cumulative Health Record at the school for a period of three years.
3. School officials are required to notify Health Services at Mark Wilcox Center, 291-5355, when students are suspected of having certain communicable diseases.

Clinic nurses/health contacts should become familiar with the school district's policies for exclusion and readmission of students identified with acute illness and/or infectious diseases.

For related information on infection control and bloodborne pathogens refer to Chapter 3: Managing the School Clinic.

Chapter 12

ALLERGY AND ANAPHYLAXIS PROTOCOL

Protocol for Managing Allergies and Anaphylaxis in Polk County Public Schools

Allergic reactions can span a wide range of severity of symptoms. The most severe and potentially life-threatening reaction is anaphylaxis.

Definitions:

Allergen is any substance that causes a hypersensitivity reaction. Exposure to allergens may produce immediate reactions followed by delayed symptoms up to 2 to 4 hours later.

Common causes of allergens include:

- **Foods (most commonly peanuts, tree nuts, milk, dairy products, soy, wheat, fish and shellfish)**
- **Insect stings (yellow jackets, bees, wasps, hornets, ants, etc.)**
- **Medications**
- **Latex**

Anaphylaxis is the medical term for a life-threatening systemic allergic reaction that may occur when allergic individuals are exposed to specific allergens. Anaphylaxis is a collection of symptoms affecting multiple systems in the body.

Signs and symptoms include one or more of the following:

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

Call 911 if uncertain about the severity of any reaction!

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

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

Call 911 immediately when any student requires epinephrine auto-injector administration! Provide the ambulance crew with details of the emergency and a copy of student's medical information form and emergency and contact information form.

PURPOSE

Schools cannot guarantee an allergen-free environment for all students with life-threatening allergies, or prevention of any harm to students during an emergency. Our purpose is to minimize the risk of exposure to allergens that pose a threat to those students, educate the community, and maintain and regularly update a system-wide protocol for responding to their needs. A system-wide effort requires the cooperation of all groups of people within the system. The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

Responsibilities of the following School Community members will be addressed:

1. Parents/Guardians
2. Students
3. Healthcare Provider
4. School Principal and School Administrators
5. School Registered Nurse (Florida Department of Health in Polk County RN/Polk County Public Schools RN)
6. Clinic Staff (Clinic Nurse/Clinic Para/Clinic Health Contacts)
7. Teachers and Other School Staff
8. School Nutrition Food Services Manager/Dietician/Staff
9. School Transportation Staff

RESPONSIBILITIES OF PARENTS / GUARDIANS

- Notify clinic staff as soon as possible and complete and/or update the Medical Information Form when a student is newly diagnosed or upon school entry.
- Provide and maintain current emergency contact phone numbers.
- Participate in the development of the student health care/emergency plan.
- Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their student.
- Provide prescribed medication with appropriate Authorization for Medication/Treatment; include a photo of student.
- For any food allergies, have a physician complete and sign a "Diet Modification Form". The form can be obtained online or from the School Nutrition Manager. Return the form to the Clinic or School Nutrition Manager.
- Inform clinic nurse of changes in student's allergy management.
- It is highly recommended that parents provide the student with a Medic Alert ID that is worn daily.
- Work with healthcare provider, school RN, and student to promote student's self-sufficiency in allergy management, including:
 - implementing strategies for avoiding exposure to unsafe foods and other allergens;
 - being aware of symptoms of allergic reactions;
 - encouraging and educating student how and when to tell an adult they may be having an allergy-related problem;
 - knowing how to read food labels (as developmentally appropriate).
 - learning to carry and administer own epinephrine auto-injector (as developmentally appropriate)

- Encourage student to be proactive in their own plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF STUDENT

- Take responsibility, as developmentally appropriate, in managing his/her allergies.
- Learn to recognize symptoms of an allergic reaction.
- Seek adult help immediately at first awareness of allergen exposure.
- Participate with school personnel in developing and implementing plan of care.
- Be proactive in their plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- If self-administration of epinephrine auto-injector is ordered by the healthcare provider, a Medication Contract will be completed with a demonstration of competence in self-administration.
- Practice responsible individual use and safe keeping of medication (self-care).
- Wear Medic Alert ID daily when provided by parent/guardian.
- Awareness of their individual health care/emergency plan.
- Follow Emergency Plan when indicated.
- Take responsibility for avoiding allergens including not trading food with others, or eating anything with unknown ingredients, or eating any allergen-containing food.
- Recognize that foods may contain traces of ingredients that may trigger allergies (see Examples of Foods Containing Peanuts or Peanut Oil).
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF HEALTH CARE PROVIDER

- Complete Authorization for Medication/Treatment for each medication required at the beginning of each school year and as indicated throughout the year.
- Complete the Diet Modification Form at the beginning of each school year.
- Encourage student's responsibility as developmentally appropriate in managing his/her allergies.
- Document student's ability or inability to carry epinephrine for self-administration if ordered.
- Collaborate in the development of the student health care plan.
- Provide child-specific consultation as needed for anaphylaxis management.

RESPONSIBILITIES OF SCHOOL PRINCIPAL AND SCHOOL ADMINISTRATORS

- Accommodate the needs of students with allergies in order to ensure opportunity for full participation in school activities.
- Be knowledgeable and follow district policies and all applicable federal and state laws governing the educational requirements for students with special health needs.
- Designate a minimum of 2 willing staff members as health contacts to provide student specific services required for each student with life-threatening allergies in school.
- Require designated school staff to complete and maintain required training for Medications Administration and Anaphylaxis Protocol.
- Ensure that substitute teachers are aware of emergency procedures.
- Call 911 immediately when any student experiences a life-threatening systemic allergic reaction and/or requires epinephrine auto-injector administration.

- Call 911 if uncertain about the severity of any reaction!
- Provide a physical environment where students with food allergies will be safe.
- Reinforce non-food rewards.
- Include student with food allergies in school activities, rather than excluding students based solely on their food allergy.
- Enforce school bullying policy.
- Provide effective communication device between allergic student and clinic nurse, or designated contact, in case of emergency, i.e., walkie-talkies.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

RESPONSIBILITIES OF SCHOOL REGISTERED NURSE

- Provide appropriate anaphylaxis education for unlicensed assistive personnel (UAP)/Health Contacts, school staff, and bus drivers.
- Develop and maintain student health care plan to include allergy management in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable.
- Alert appropriate school staff of the emergency plan for students with life-threatening allergies.
- Delegate and document child specific allergy management to trained and competent designees.
- Assess student competency and responsibility in self-management in the school setting.
- Call 911 immediately when any student experiences a life-threatening systemic allergic reaction and/or respiratory distress.
- Call 911 immediately when any student requires epinephrine auto-injector administration.
- Call 911 if uncertain about the severity of any reaction!
- Communicate with parent/guardian about acute episodes and any difficulties in controlling allergies at school.
- Act as a liaison between student's health care provider, parent, and school staff.
- Provide student health education about allergies to promote responsible self-care.
- Troubleshoot reason for occurrence after anaphylactic crisis subsides.
- Request photo to attach to student medical authorization.
- Be aware of and inform administration of bullying and threats made by other students.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

RESPONSIBILITIES OF CLINIC STAFF

- Complete required training for Medication Administration and Anaphylaxis Protocol.
- Be knowledgeable of and follow Protocol and Emergency Plan for students with life-threatening allergies.
- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Call 911 immediately when any student experiences a life-threatening systemic allergic reaction.
- Call 911 immediately when any student requires epinephrine auto-injector administration.
- Call 911 if uncertain about the severity of any reaction!
- Review Medical Information Forms re: any allergies noted, contact parents to verify information and to arrange case conference with school registered nurse.
- Alert school RN of any students who have severe allergic reactions.

- Encourage student's self-sufficiency, as developmentally appropriate, in allergy management.
- Inform, with parent's permission, teachers, bus drivers, food service and other staff members of the emergency plan.
- Be aware of and inform administration of bullying and threats made by other students.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

RESPONSIBILITIES OF TEACHERS AND OTHER SCHOOL STAFF

- All school staff members who have direct contact with the student should be prepared, if needed, to activate the Emergency Medical Response System/911.
- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Provide a physical environment where students with allergies can be safe.
- Be familiar with the student's healthcare/emergency plan if indicated.
- Ensure that substitute teachers are aware of emergency procedures.
- Use non-food items for rewards and enforce no sharing of food or utensils.
- May set-up peanut-free zones in classrooms.
- Recognize that foods may contain traces of ingredients that may trigger allergies (see Examples of Foods Containing Peanuts or Peanut Oil).
- Be aware of and inform administration of bullying and threats made by other students.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

RESPONSIBILITIES OF SCHOOL NUTRITION MANAGER

- Participate in team meeting regarding Health Care/Emergency Plan for students with life-threatening food allergies.
- Maintain a functioning means of communication in the lunchroom/cafeteria such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Discuss with staff: allergy relationship to menus (breakfast, lunch, school snacks, field trips); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibilities of the School Nutrition staff.
- Designate, in coordination with the principal, a specific area to be maintained allergen safe, i.e. peanut-free table located away from trash can or food disposal area (see Suggestions for Setting Up Peanut-Free Table).
- Identify staff to wash designated "allergen-safe" table and chairs thoroughly after each meal period.
- Require Diet Modification Form from student's physician that documents the medical need for food substitutions, including recommended substitute foods.
 - Make appropriate substitutions on a case-by-case basis for the required meal components; review with school RN and parent.
 - Maintain a copy of the Diet Modification Form in School Nutrition Manager's office; send a copy to the School Nutrition Dietitian; give original document to school RN to file in student's cumulative health folder.
- Review with all School Nutrition staff the procedures for accommodating students with food allergies.
- Provide menu in advance for parents' review.
- Accommodate students with food allergies to ensure food safety on field trips.

- Ensure that all School Nutrition staff attends in-services regarding safe food handling practices to avoid cross-contamination with potential food allergens.
- Maintain clean food production/preparation areas and serving utensils to avoid cross-contamination.
- Provide non-latex gloves for School Nutrition staff.
- Be aware of and inform administration of bullying and threats made by other students.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

RESPONSIBILITIES OF SCHOOL NUTRITION DIETITIAN

- Maintain an ongoing process for reading food labels to identify potential allergens and communicate with manufacturers on questionable ingredients.
- Maintain a database of foods and recipes served in the cafeterias that contain allergens.
- Provide information as needed to School Nutrition Managers to accommodate student diet modification needs.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL TRANSPORTATION STAFF

- Provide training for bus drivers and attendants in risk-reduction procedures, recognition of allergic reactions and implementation of emergency plan procedures.
- Ensure that all bus drivers and bus attendants know about the student at risk and what emergency procedures to follow.
- Enforce a no-food eating policy (students with special health conditions, such as diabetes, are exceptions to this rule).
- Recognize symptoms of an allergic reaction.
- Maintain a functioning means of communication such as radio, walkie-talkie or cell phone to activate the school's emergency response plan.
- Activate the emergency response protocol when a student on the bus is exposed to a life-threatening allergen.
- Provide a physical environment where children with allergies can be safe.
- Be aware of and inform administration of bullying and threats made by other students.
- **Never question or hesitate to react if a student reports signs of allergic reactions regardless of how insignificant it may seem.**

Appendix

Suggestions for Setting up “Peanut-Free” Tables (See Resources Below)

** This general information is presented as a guide for accommodating students with peanut / nut allergies. Students with other food allergies will be accommodated on an individual basis.*

Definition of a “Peanut-Free” Table

A "Peanut/Nut Free Table" is maintained in the cafeteria. This table is available to any child who has no peanuts, nuts, or anything made with peanuts, nuts, or their products as part of their lunch. This table is utilized when agreed upon by parent, student and administration and should not be perceived as punitive. This table is permanently designated by labeling and location in the cafeteria. The table is cleaned with a separate designated cloth and cleaning solution, to be used only on this table.

1. To set up a peanut-free table in your cafeteria please take these facts into consideration when planning for your specific school site:
 - a. When selecting the location of designated “peanut-free” tables
 - i. Consider the location of trash containers used by other students. Are they located away from the “peanut-free” table? Note that there is a higher risk of coming in contact with allergens close to trash containers.
 - ii. Consider adult supervision. Are the tables located so they are easily accessible to the adult supervision in case of emergencies?
 - iii. Consider table clean-up by responsible staff. Are the tables located so the clean-up staff has easy access for quick, efficient, cleaning of tables between eating sessions?
 - iv. Consider easily identified table. Does everyone using the cafeteria recognize that these tables are used for a special purpose because they are labeled appropriately?
2. When determining methods of cleaning the tables/chairs between eating periods consider:
 - a. Warm soapy water appears to be an excellent method of cleaning tables and chairs.
 - b. Removal of the food from surfaces is the main goal, and “elbow grease” seems to be the key.
 - c. Instant hand sanitizers are not an adequate substitute for soap and water.
 - d. Fresh disposable cloths or paper towels should be used to avoid cross contamination and disposed appropriately after each use.
 - e. Do not put used paper towels and cloths into the soapy water. Get a new paper towel or disposable cloth each time you go into the soapy water.
3. When determining how often tables should be cleaned, consider the following:
 - a. To decrease exposure to allergens, these designated tables are exclusively peanut-free. If that is not possible, thorough cleaning must be done between each usage.
 - b. Cleaning should be done after each meal or after each activity of usage, including craft activities.
 - c. Table should be labeled with permanently affixed signs.
 - d. Suggest that each child brings a barrier from home to put under their lunch, e.g. wax paper or other waterproof barrier for extra protection.

Foods Containing Peanuts or Peanut Oil

This is not an exhaustive list, please read all food labels carefully.

- “Mike-Sells” potato chips (baked in pure peanut oil)
- Ritz cheese cracker snacks
- Ritz S’mores cracker snacks
- Individually wrapped cheese/crackers
- White cheddar cheese popcorn
- Caramel popcorn
- Chex mix
- Honey Nut Cheerios
- Cereals with nuts
- Plain M&Ms
- Most Keebler cookie products
- Frosted animal crackers/cookies
- Pre-made or store bought bakery cookies/muffins/cakes
- Nestle products (cookies, pre-made slice and bake cookie dough)
- Most store-bought ice-cream (some vanilla & chocolate o.k., read labels)
- Sunflower seeds
- Egg rolls
- Jellybeans (most)
- Novelty foods: crackers, cookies i.e. Nemo, Dora, Spiderman, etc.
- Granola bars
- Entenmann’s Bakery foods
- Most chocolates
- Most individually packed snacks, cookies
- Dried mixed fruit snacks (usually trace peanuts)
- Chips Ahoy cookies with frosting fillings

Watch for these ingredients:

- Peanuts
- Peanut protein
- Peanut flour
- Trace of peanut(s) or peanut oil
- Tree nuts
- Arachis oil (oil extracted from peanuts)
- Mandelonas (peanuts soaked in almond flavoring)

REFERENCES:

Technical Assistance Paper, # FY 2006-7, 312738, May 2006, *Implementing the Kelsey Ryan Act*, (TAPs) are produced periodically by the Bureau of Exceptional Education and Student Services to present discussion of current topics.

<http://www.hillsboroughschools.org/Page/4493> School Health Services, Hillsborough County Schools, *Health Services*

http://ecsd-flschoolloop.com/health_services Escambia County School District, Health Services *Guidelines for Managing Anaphylaxis in the School Setting, July 20, 2022*

<http://www.cdc.gov/healthyschools/foodallergies>, *Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs*

Chapter 13

ASTHMA PROTOCOL

Protocol for Managing Asthma in Polk County Public Schools

Asthma is a leading chronic illness among children and youth in Florida and the United States. According to the Centers for Disease Control (2010), asthma is the third-ranking cause of hospitalization among children under age 15.

Asthma is defined as a chronic inflammatory disorder of the airways. Asthma attacks, also referred to as episodes, can be caused by exposure to allergens such as pets, mold, seasonal pollens, irritants such as smoke and pollutants, chemicals in air or in food, or respiratory viruses.

Definitions:

Allergens: Substances triggering an allergic reaction that may cause asthma attacks.

Asthmatic attack or episode: A reaction in the lungs in response to an asthma trigger in which the linings of the airways swell, mucus production increases, and the muscles lining the airways tighten making it more difficult to breathe. Onset may be sudden or gradual.

Asthma trigger: Substances or situations that cause an asthma episode or worsening of day-to-day asthma symptoms. Common triggers may include but are not limited to: animals (hair or dander); dust, mold, pollen, medication, cold air such as changes in weather, chemicals in the air or in food, some foods, smoke, exercise, strong emotions, fragrances, infections, such as the common cold.

Broken speech: Inability to speak a word or short sentence without taking one or more breaths between the words.

Bronchodilator: A quick-relief medication used to relieve asthma symptoms.

Chamber or spacer: A device used to improve delivery of aerosol medications from a metered dose inhaler. This device acts to slow the force of the medication so there is less deposited in the mouth and throat. Spacers with a valve also make the use of a metered dose inhaler easier for young students who have difficulty coordinating the steps of pressing down on the inhaler with the intake of breath.

Compressor: A machine used to push air through a nebulizer breaking the medicine into tiny drops of mist that blow from the nebulizer to administer asthma medicine.

Emergency Action Plan (EAP) or Emergency Plan: An EAP is a student-specific action plan to facilitate quick and appropriate responses for an individual emergency in the school setting. The EAP is developed in collaboration with the family, student, student's health care providers, and school personnel.

Long-term control medications or preventers: Medications that are taken on a daily basis to achieve and maintain control of persistent asthma.

Metered-dose inhaler (MDI): A device for delivering asthma medication in which the medication is delivered as a pre-measured aerosol.

Nebulizer: A compressor driven device used to deliver asthma medicine as a mist (aerosol) that can be breathed directly into the lungs where it is needed. May use a mouthpiece or a mask.

Peak flow meter (PFM): A small, portable, hand-held device that measures airflow out of the lungs. The peak flow reading may decrease before symptoms of asthma begin.

Quick relief medication: Medication used to treat asthma episodes (attacks).

School RN: A professional nurse, registered and licensed to practice in Florida, who is employed by the Polk County Public Schools or a Florida Department of Health in Polk County registered nurse contracted by the Polk County Public Schools to provide leadership and services to Polk County schools consistent with the Nurse Practice Act (Chapter 464, F.S.) and the School Health Services Program (s. 381.0056, F.S.).

Wheezing: Whistling sounds which sometimes occur in asthma and other respiratory disorders which are produced during difficult breathing resulting from narrowing of the respiratory passage.

Signs and symptoms of an allergy episode (attack) may include one or more of the following:

- Difficulty breathing, trouble exhaling
- Coughing – may have continuous coughing
- Shortness of breath
- Wheezing (noisy breathing/whistling)
- Absence of wheezing when airways are so tight the child cannot breathe with enough force to cause a wheeze
- Unable to talk or talking in broken sentences due to shortness of breath
- Shallow, rapid respirations
- Tightening of neck and chest muscles with each inhalation (retractions)
- Blue or gray color to lips or nail beds
- Mental changes such as decreased alertness, disorientation, appearing confused; irritability
- Nasal flaring
- Chest tightness or chest pain (a sensation of heavy weight on the chest)

If a student has asthma symptoms or complaints and needs your assistance:

Never leave a student alone. Have an adult accompany the student to the school clinic or send for help from the clinic nurse or health contact. Do not wait!

If available, administer medications according to the Authorization for Medication/Treatment/doctor's order specific to the student.

Call 911 if any of the following occur:

- No medication is on hand for the student, symptoms have not improved, and parent/guardian is not available.
- The student does not improve after implementation of the

Medication/Treatment/doctor's order and parent/guardian is not available.

- **Student is struggling to breathe, talk, stay awake, has blue lips or becomes unresponsive.**
- **Student or parent/guardian asks for an ambulance to be called.**

Section 1006.062, F.S. (Florida Statute), is the Florida law governing the administration of medication and provision of medical services in the school setting. Section 1002.20(3)(h), F.S. provides the authority for students with asthma to carry a metered dose inhaler on their person and self-administer if parents provide written permission and physician approval.

The Authorization for Medication/Treatment, signed by the parent and the medical provider, should indicate that student is allowed to carry inhaler and self-administer. A medication contract should also be completed and signed by the student, parent, principal and school RN indicating student is responsible for carrying and self-administering the inhaler.

PURPOSE

Asthma can be life-threatening. The purpose of this document is to provide basic information about asthma, describe the medical and legal requirements for meeting the needs of students in school who have asthma and provide guidelines to ensure that students with asthma are provided a safe learning environment and are integrated into school activities. Our purpose is to maintain and regularly update a system-wide protocol for responding to the needs of students with asthma. A system-wide effort requires the cooperation of all groups of people within the system. The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

Responsibilities of the following School Community members will be addressed:

1. Parents/Guardians
2. Students
3. Healthcare Provider
4. School Principal and School Administrators
5. School Registered Nurse (Florida Department of Health in Polk County RN/Polk County Public Schools RN)
6. Clinic Staff (Clinic Nurse/Clinic Para/Clinic Health Contacts)
7. Teachers and Other School Staff
8. School Nutrition Food Services Manager/Dietician/Staff
9. School Transportation Staff

RESPONSIBILITIES OF PARENTS / GUARDIANS

- Notify clinic staff as soon as possible and complete and/or update the Medical Information Form when a student is newly diagnosed or upon school entry.
- Maintain a liaison with the student's PE teacher and provide documentation as required for any modifications or limitations that may be needed in the student's PE program.
- Be aware of parental responsibilities and comply with PCPS medication policies.
- Ensure that the student has the needed medication, and medications are refilled when needed.
- Provide and maintain current emergency contact phone numbers and be available by

phone in case of an emergency.

- Participate in the development of the student healthcare/emergency plan if indicated.
- Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their student.
- Provide appropriately labeled prescribed medication and all equipment and supplies needed for medical management of the student's asthma. The medication must match the current Authorization for Medication/Treatment/physician's orders and include a photo of the student.
- Inform school RN of changes in student's asthma management.
- Work with healthcare provider, school RN, and student to promote student's self-sufficiency in asthma management, including:
 - being aware of signs and symptoms of asthmatic episodes;
 - being aware of and avoiding asthma triggers if possible;
 - seeking adult help immediately when symptoms of an asthmatic episode occurs;
 - encouraging and educating student how and when to tell an adult they may be having an asthma-related problem;
 - learning to carry and administer own metered-dose inhaler (as developmentally appropriate)
- Encourage student to be proactive in their own plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- Promote healthy lifestyle choices.
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF STUDENT

- Take responsibility, as developmentally appropriate, in managing his/her asthma.
- Learn to recognize symptoms of an asthmatic episode.
- Being aware of and avoiding asthma triggers if possible.
- Seek adult help immediately at first awareness of asthmatic episode.
- Participate with school personnel in developing and implementing plan of care.
- Be proactive in their plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- If self-administration of the metered-dose inhaler is ordered by the healthcare provider, the student will demonstrate competence in self-administration and sign the completed Medication Contract.
- Practice responsible individual use and safekeeping of medication (self-care).
- Wear Medic Alert ID daily when provided by parent/guardian.
- Be aware of their individual health care/emergency plan if indicated.
- Follow Emergency Plan when indicated.
- Agree to follow PCPS medication policies and safety procedures.
- Strive to demonstrate competence in the use of asthma monitoring and medication administration devices and work toward self-management as developmentally appropriate.
- Participate in the care and management of his or her health with healthy lifestyle choices as developmentally appropriate.
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF HEALTH CARE PROVIDER

- Complete Authorization for Medication/Treatment for each medication required at the beginning of each school year and as indicated throughout the year.
- Educate the student and the parents/guardian in meeting the medical needs of a student with asthma.
- Determine the student's level of self-care based on the student's knowledge, developmental level and abilities.
- Encourage student's responsibility in managing his/her asthma including self-administration as developmentally appropriate.
- Document student's ability or inability to carry the metered-dose inhaler for self-administration if ordered.
- Collaborate in the development of the student health care plan.
- Provide child-specific consultation as needed for management of asthma.

RESPONSIBILITIES OF PRINCIPAL AND SCHOOL ADMINISTRATORS

- Accommodate the needs of students with asthma in order to ensure opportunity for full participation in school activities.
- Be knowledgeable and follow district policies and all applicable federal and state laws governing the educational requirements for students with special health needs.
- Designate a minimum of 2 willing staff members as health contacts to provide student specific services required for each student with life-threatening conditions in school.
- Require designated school staff to complete and maintain required training for Medications Administration and Asthma Protocol.
- Ensure that all teachers receive training from the school registered nurse for medication administration on field trips, including administration of metered-dose inhalers.
- Ensure that substitute teachers and other appropriate staff are aware of emergency procedures.
- Call 911 immediately when any student experiences a life-threatening asthmatic episode that cannot be resolved with authorized medication/treatment or parent/guardian intervention.
- Call 911 if uncertain about the severity of an asthmatic episode!
- Provide a safe, physical environment for students with asthma.
- Allow the student with parental and physician written approval to manage their asthma independently including carrying their metered-dose inhaler and self-administering.
- Include student with asthma in school activities, rather than excluding students based solely on their asthma.
- Reinforce non-food rewards.
- Enforce school bullying policy.
- Provide effective communication device between student with asthma and clinic nurse, or designated contact, in case of emergency, i.e., walkie-talkies.

RESPONSIBILITIES OF SCHOOL REGISTERED NURSE

- Develop and maintain student health care plan and/or emergency plan if indicated to include asthma management in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable.
- Alert appropriate school staff of the emergency plan for students with life-threatening asthma.

- Delegate and document child specific asthma management to trained and competent designees.
- Assess student competency and responsibility in self-management in the school setting.
- Call 911 immediately when any student experiences a life-threatening asthmatic episode that cannot be resolved with authorized medication/treatment or parent/guardian intervention.
- Communicate with parent/guardian about acute episodes and any difficulties in controlling asthma at school.
- If self-administration of the metered-dose inhaler is ordered by the healthcare provider, a Medication Contract should be completed and signed by the student/parent or guardian/principal and school RN.
- Encourage a safe, physical environment for students with asthma.
- Call 911 if uncertain about the severity of any asthmatic episode!
- Act as a liaison between student's health care provider, parent, and school staff.
- Provide student health education about asthma to promote responsible self-care.
- Provide training to teachers for medication administration on field trips, including administration of metered-dose inhalers.
- Request photo to attach to student medical authorization.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF CLINIC STAFF

- Complete and maintain required training for Medications Administration and Asthma Protocol.
- Be knowledgeable of and follow Protocol and Emergency Plan for students with life-threatening asthma.
- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Call 911 immediately when any student experiences an asthmatic episode that cannot be resolved with authorized medication/treatment or parent/guardian intervention.
- Call 911 if uncertain about the severity of an asthmatic episode!
- Review Medical Information Forms and if asthma noted but no medication provided, contact parents to verify information and to inform parent of PCPS procedures for providing student with medication at school.
- Alert school RN of any students who have severe asthmatic episodes.
- Encourage student's self-sufficiency, as developmentally appropriate, in management of asthma.
- Inform, with parent's permission, teachers, bus drivers, food service and other staff members of the emergency plan if indicated.
- Inform teachers of students who need medication administered or available on field trips and prepare medication to be sent on field trip with staff authorized and trained to administer it, including administration of metered-dose inhalers.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF TEACHERS AND OTHER SCHOOL STAFF

- All school staff members who have direct contact with the student should be prepared, if needed, to activate the Emergency Medical Response System/911.
- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.

- Provide a safe, physical environment for students with asthma.
- Be familiar with the student's healthcare/emergency plan if indicated.
- Participate in training in medications administration on field trips provided by school registered nurse, including administration of metered-dose inhalers.
- Communicate with the school clinic nurse/health contact in advance of a field trip so medication may be prepared to take on the field trip for administration by authorized staff.
- Ensure that substitute teachers are aware of emergency procedures.
- Use non-food items for rewards.
- Be alert to signs and symptoms that student may be experiencing an asthmatic episode and contact the clinic nurse/health contact to come to the classroom or send the student to the clinic accompanied by an adult staff member for an evaluation. Never send a student who is having difficulty breathing or shortness of breath to the clinic unaccompanied or with another student.
- Allow the student with parental and physician written approval to manage their asthma independently including carrying their metered-dose inhaler and self-administering.
- Provide a supportive learning environment and treat the student with asthma the same as any other student, while also meeting any necessary accommodations.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION MANAGER

- Participate in team meeting regarding Health Care/Emergency Plan for students with life-threatening asthma if indicated.
- Maintain a functioning means of communication in the lunchroom/cafeteria such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Discuss with staff: asthma and allergy and relationship to menus (breakfast, lunch, school snacks, field trips); a la carte items; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibilities of the School Nutrition staff.
- Be alert to signs and symptoms that student may be experiencing an asthmatic episode and contact the clinic nurse/health contact to come to the cafeteria or send the student to the clinic accompanied by an adult staff member for evaluation. Never send a student who is having difficulty breathing or shortness of breath to the clinic unaccompanied or with another student.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION DIETITIAN

- Be alert to signs and symptoms that student may be experiencing an asthmatic episode and contact the clinic nurse/health contact to come to the cafeteria or send the student to the clinic accompanied by an adult staff member for evaluation. Never send a student who is having difficulty breathing or shortness of breath to the clinic unaccompanied or with another student.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL TRANSPORTATION STAFF

- Provide training for bus drivers and attendants in risk-reduction procedures, recognition of asthmatic episodes and implementation of emergency plan procedures.
- Recognize symptoms of an asthmatic episode.

- Allow students who are authorized to carry and self-administer inhaler to do so.
- Maintain a functioning means of communication such as radio, walkie-talkie or cell phone to activate the school's emergency response plan.
- Activate the emergency response protocol when a student on the bus exhibits symptoms of an asthmatic episode that cannot be resolved with authorized medication or parent/guardian intervention.
- Provide a physical environment where children with asthma can be safe.
- Be aware of and follow procedures specified in Emergency Plan for Bus Transportation re: students with asthma.
- Be aware of and inform administration of bullying and threats made by other students.

REFERENCES:

Centers for Disease Control and Prevention. (7-1-2021). *CDC – Asthma – Basic Information*. Retrieved from <http://www.cdc.gov/asthma/faqs.htm>

Florida Department of Health, Child and Adolescent Health Section, Division of Community Health Promotion. (2013) *Guidelines for the Care and Delegation of Care for Students with Asthma in Florida Schools*

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Chapter 14

DIABETES PROTOCOL

Protocol for Managing Diabetes in Polk County Public Schools

Diabetes is a serious, chronic disease that impairs the body's ability to use food. Insulin, a hormone produced by the pancreas, helps the body convert food into energy. In people with diabetes, either the pancreas does not make insulin or the body cannot use insulin properly.

Definitions:

Diabetes mellitus (MELL-ih-tus) is a condition characterized by **hyperglycemia (high blood sugar)** resulting from the body's inability to use blood glucose for energy. Over many years, high blood glucose levels can cause damage to the eyes, kidneys, nerves, heart and blood vessels.

In **Type 1 diabetes**, the pancreas no longer makes insulin. Although only 5% of people with diabetes have this form of the disease, the majority of school-age children with diabetes have type 1. Without insulin, the body's main energy source – glucose – cannot be used as fuel. Instead, glucose builds up in the blood.

In **Type 2 diabetes**, either the pancreas does not make enough insulin or the body is unable to use insulin correctly. Type 2 diabetes, typically afflicting obese adults, has been increasing in youth, possibly due to the increase in obesity and decrease in physical activity in young people.

Students with type 1 diabetes must receive insulin through either injections or an insulin pump. With the help of insulin therapy and other treatments, even young children with type 1 diabetes can learn to manage their condition and live long, healthy, happy lives.

Students with Type 2 diabetes may be able to control their disease through diet and exercise alone or may require oral medications and/or insulin injections.

Hypoglycemia (low blood sugar) is the most common immediate health problem for students with diabetes. It occurs when the body gets too much insulin, too little food, a delayed meal, or more than the usual amount of exercise. **Severe hypoglycemia, which is rare, may lead to unconsciousness and convulsions and can be life-threatening if not treated promptly.**

Hyperglycemia (high blood sugar) occurs when the body gets too little insulin, too much food, or too little exercise. It may also be caused by stress or an illness such as a cold. If untreated over a period of days, hyperglycemia and insufficient insulin can lead to a serious condition called **diabetic ketoacidosis (DKA)** which is characterized by nausea, vomiting and a high level of ketones in the blood and urine. **DKA can be life-threatening and requires immediate medical attention.**

Call 911 and follow emergency plan if a student who has diabetes has a seizure or becomes unconscious!

Signs and symptoms of **hypoglycemia (low blood sugar)** may include one or more of the following:

- Tremors
- Sweating
- Confusion
- Inattention
- Increased heart rate
- Headache
- Unexplained behavior
- Convulsions (severe hypoglycemia)
- Light-headedness
- Irritability
- Drowsiness
- Falling asleep inappropriately
- Temper tantrums
- Change in mental status
- Loss of consciousness (severe hypoglycemia)

Signs and symptoms of **hyperglycemia (high blood sugar)** may include one or more of the following:

- Thirst
 - Frequent urination
 - Blurry vision
 - Unexplained behavior
 - Loss of concentration
- Signs of Diabetic Ketoacidosis (DKA)
- High level of ketones
 - Fruity/sweet breath
 - Stomach cramps
 - Nausea/vomiting

The 2010 Florida Legislature passed House Bill (HB) 747 – Treatment of Diabetes and the bill was signed into law on May 11, 2010. The legislation amends section 1002.20, Florida Statutes, to add diabetes management.

Key provisions of this legislation include the following:

- Prohibits school districts from restricting the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes;
- Permits students with diabetes to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided written parental and physician authorization;
- The State Board of Education (SBE), in cooperation with the Department of Health (DOH), shall adopt rules to encourage each school in which a student with diabetes is enrolled to have personnel trained in routine and emergency diabetes care;
- The SBE, in cooperation with the DOH, shall also adopt rules for the management and care of diabetes by students that shall include provisions to protect the safety of all students from the misuse or abuse of diabetic supplies or equipment;
- A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified (held harmless) by the parent of a student authorized to carry diabetic supplies or equipment for any and all liability with respect to the student's use of such supplies and equipment;
- Legislation went into effect July 1, 2010.

PURPOSE

The purpose of this document is to provide basic information about diabetes to help ensure that students with diabetes are provided a safe learning environment and are integrated into school activities. Our purpose is to maintain and regularly update a system-wide protocol for responding to their needs. A system-wide effort requires the cooperation of all groups of people within the system. The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

Responsibilities of the following School Community members will be addressed:

1. Parents/Guardians
2. Students
3. Healthcare Provider
4. School Principal and School Administrators
5. School Registered Nurse (Florida Department of Health in Polk County RN/ Polk County Public Schools RN)
6. Clinic Staff (Clinic Nurse/Clinic Para/Clinic Health Contacts)
7. Teachers and Other School Staff
8. School Nutrition Food Services Manager/Dietitian/Staff
9. School Transportation Staff

RESPONSIBILITIES OF PARENTS / GUARDIANS

- Notify clinic staff as soon as possible and complete and/or update the Medical Information Form when a student is newly diagnosed or upon school entry.
- Provide and maintain current emergency contact phone numbers.
- Provide the school with the health care provider's written medical orders related to the student's diabetes management and any new medical orders or changes in the medical management that must be implemented at school. It is highly recommended that the parent/guardian work with the health care provider to complete a Diabetes Medical Management Plan.
- Participate in the development of the student health care/emergency plan.
- Provide and transport to the school all medications, equipment, supplies and carbohydrate snacks associated with the medical management of the student's diabetes.
- Provide prescribed medication with appropriate Authorization for Medication/Treatment and/or Diabetes Medical Management Plan; include a photo of student.
- Assume responsibility for the maintenance and calibration of all medical equipment.
- It is highly recommended that parents provide the student with a Medic Alert ID that is worn daily.
- Work with healthcare provider, school RN, and student to promote student's self-sufficiency in management of their diabetes (as developmentally appropriate), including:
 - being aware of symptoms of hypoglycemia and hyperglycemia;
 - learning to perform blood glucose testing and respond appropriately to results;
 - encouraging and educating student how and when to tell an adult they may be having a diabetes-related problem;
 - encouraging student to wear a medical alert bracelet;
 - encouraging student to carry and administer own insulin by syringe, pen or pump as soon as able.
- Encourage student to be proactive in their own plan of care, such as informing new staff

and teachers of their emergency plan and health care needs (as developmentally appropriate).

- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF STUDENT

- Take responsibility, as developmentally appropriate, in managing his/her diabetes.
- Learn to recognize symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar).
- Know your target range and seek adult help immediately when blood glucose levels are suspected or verified to be either above or below the target range.
- Participate with school personnel in developing and implementing plan of care.
- Be proactive in their plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- Demonstrate competence, as developmentally appropriate, in blood glucose monitoring and insulin administration in the school setting.
- If self-administration of insulin is ordered by the healthcare provider, a Medication Contract will be completed with a demonstration of competence in self-administration.
- Practice responsible individual use and safe keeping of medication (self-care).
- Wear Medic Alert ID daily when provided by parent/guardian.
- Awareness of their individual health care /emergency plan.
- Follow Emergency Plan when indicated.
- Observe all local policies and procedures related to blood and body fluid precautions and sharps disposals.
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF HEALTH CARE PROVIDER

- Provide the school with appropriate medical information, including written orders for diabetes medical management.
- Educate the student and the parent/guardian regarding management of diabetes.
- Determine the level of self-care allowed based on the student's knowledge, developmental level and abilities.
- Document student's ability or inability to perform glucose monitoring, carry diabetic supplies, and self-administer insulin through syringe, pen or pump.
- Collaborate in the development of the student health care plan.
- Provide child-specific consultation as needed for diabetes management.

RESPONSIBILITIES OF PRINCIPAL AND SCHOOL ADMINISTRATORS

- Accommodate the needs of students with diabetes in order to ensure opportunity for full participation in school activities.
- Be knowledgeable and follow district policies and all applicable federal and state laws governing the educational requirements for students with special health needs.
- Designate and maintain a minimum of 2 willing staff members as health contacts.
- Provide a licensed nurse for students with diabetes who need assistance or supervision with insulin administration or calculation of insulin doses.
- Require designated school staff to complete and maintain required training for Medications Administration and Diabetes Protocol.
- Understand that students with diabetes are permitted to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school,

participating in school sponsored activities, or in transit to or from school if the school principal has been provided written parental and physician authorization.

- Ensure that substitute teachers are aware of emergency procedures.
- Be aware of the emergency plans of students with diabetes and implement according to plan when necessary.
- Assure that 911 is called if a student who has diabetes loses consciousness, is administered glucagon or has a seizure.
- Provide physical resources on campus to safely execute all accommodations during school-sponsored activities as noted in the student's individualized health care plan.
- Reinforce non-food rewards.
- Enforce school bullying policy.
- Provide effective communication device between students who have diabetes and clinic nurse, or designated contact, in case of emergency, i.e., walkie-talkies.
- Assure that students with diabetes who exhibit or complain of signs or symptoms of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar) are accompanied to the clinic by an adult, if the student is ambulatory and moving the student would not cause further harm.

RESPONSIBILITIES OF SCHOOL REGISTERED NURSE

- Maintain a current knowledge base and update skills and abilities related to the medical management of diabetes in the school-age population.
- Provide appropriate diabetes education for clinic staff, school staff, and bus drivers.
- Organize and facilitate meetings with the student's parent/guardian and other key school staff to discuss planning, development, implementation and updates of the student's individualized health care plan.
- Review, in collaboration with the clinic staff, the list of students identified as high risk including those who have diabetes.
- Develop and maintain student's individualized health care plan to include diabetes management in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable.
- Train clinic nurse/para and health contacts in administration of glucagon, testing of glucose and ketones, and counting of carbohydrates, according to doctor's orders.
- Assess student competency and responsibility in self-management in the school setting as appropriate.
- Establish and maintain a working relationship with the student's parents/guardians and health care provider and act as a liaison between the student's authorized health care provider and the school.
- Reinforce to staff that 911 must be called if student with diabetes becomes unconscious, has a seizure, or if glucagon is administered.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF CLINIC STAFF

- Complete required training for Medications Administration and Diabetes Protocol.
- Receive training by the school registered nurse about the signs and symptoms of hypoglycemia and hyperglycemia, ketone monitoring, glucose testing and glucagon administration if indicated.
- Demonstrate competency in the use of student-specific glucose monitoring device, blood glucose testing, and, if a licensed nurse, insulin pens and/or other equipment used to

administer insulin.

- Be knowledgeable of and follow Protocol and Emergency Plan for students with diabetes.
- Assist with arrangements to assure that all insulin injections and blood glucose monitoring/testing is done in the clinic according to Polk County Public Schools Exposure Control Plan and school board procedures *unless otherwise specified in the student's individualized health care plan*.
- Be aware of the medical services and level of skill that a health contact or clinic nurse is allowed to provide and never attempt to provide care that is beyond his/her level of skill or that is specifically prohibited by law or Polk County Public Schools policies and procedures.
- Inform parents/guardians of a student with diabetes that a meeting will be scheduled with the parents/guardians, the school registered nurse, and appropriate school staff to develop the individualized health care plan/emergency plan.
- Inform parents that students with diabetes are permitted to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided written parental and physician authorization.
- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Arrange for a student to be accompanied by an adult, not another student, to the health room if exhibiting or complaining of symptoms of hypoglycemia or hyperglycemia, if the student is ambulatory and moving the student would not cause further harm.
- Understand and reinforce to staff that 911 must be called if student with diabetes becomes unconscious, has a seizure, or if glucagon is administered.
- Understand and reinforce to staff that the student-specific emergency plan must be followed, including calling 911 when indicated on the emergency plan.
- Review Medical Information Forms and contact parents to verify information and to arrange case conference with school registered nurse for students with diabetes.
- Compile a list of high-risk students identified through Medical Information Forms and/or information provided by the medical provider including those students who have diabetes.
- Alert school RN of any students who have diabetes.
- Alert Health Services registered nurses of any students who have diabetes and provide copies of the student's diabetes medical management plan/emergency plan and/or medical authorization.
- Encourage student's self-sufficiency, as developmentally appropriate, in diabetes management.
- Inform, with parent's permission, teachers, bus drivers, food service and other staff members of the emergency plan.
- Document appropriately and in a timely manner all health services provided to students.
- Request photo to attach to student's medical authorization.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF TEACHERS AND OTHER SCHOOL STAFF

- Be aware of which students have diabetes and cooperate with the accommodations listed in the individualized health care plan/emergency plan.
- Attend meetings with the student's parent/guardian and other key school staff when requested by the school registered nurse.
- Recognize the signs and symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar).

- Arrange for students with diabetes who exhibit or complain of signs or symptoms of hypoglycemia or hyperglycemia to be accompanied to the clinic by an adult, if the student is ambulatory and if moving the student would not cause further harm.
- Provide the student with a safe location to monitor blood glucose or administer insulin in accordance with the student's individualized health care plan.
- Understand that students with diabetes are permitted to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided with written parental and physician authorization.
- Use non-food items for rewards.
- Communicate with clinic nurse or clinic para in advance of a field trip or when an adjustment may be required in a meal plan or insulin administration, ex: a class party.
- Leave clear instructions for any substitute regarding the special needs or emergency plan for the student.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION MANAGER

- Be aware of which students have diabetes and cooperate with the accommodations listed in the individualized health care plan/emergency plan.
- Attend meetings with the student's parent/guardian and other key school staff when requested by the school registered nurse.
- Recognize the signs and symptoms of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar).
- Arrange for students with diabetes who exhibit or complain of signs or symptoms of hypoglycemia or hyperglycemia to be accompanied to the clinic by an adult, if the student is ambulatory and moving the student would not cause further harm.
- Maintain a functioning means of communication in the lunchroom/cafeteria such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Understand that students with diabetes are permitted to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided with written parental and physician authorization.
- Provide menu and nutrition information in advance, including number of carbohydrates, for parents' review.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION DIETITIAN

- Provide information as needed to School Nutrition Managers to accommodate student diet modification needs.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL TRANSPORTATION STAFF

- Ensure that all bus drivers and bus attendants are informed about the students with diabetes and what emergency procedures to follow.
- Be alert and responsive to signs of student distress related to hyperglycemia (high blood sugar) or hypoglycemia (low blood sugar).
- Maintain a functioning means of communication such as radio, walkie-talkie or cell phone

and activate the school's emergency response plan if student is in distress.

- Communicate to the school RN or clinic nurse any concerns regarding the student's actions or behavior regarding diabetes management.
- Understand that students with diabetes may carry snacks and may need to eat and/or drink during the bus ride.
- Understand that students with diabetes are permitted to carry diabetic supplies on their person and attend to the management and care of their diabetes while in school, participating in school sponsored activities, or in transit to or from school if the school principal has been provided with written parental and physician authorization.
- Respect the student's right to confidentiality and privacy.
- Be aware of and inform administration of bullying and threats made by other students.

REFERENCES:

<http://www.sarasotacountyschools.net/Page/2402> Diabetes Mellitus, retrieved 2-8-22.

Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools, January 2015, Florida Department of Health.

Chapter 15

SEIZURE/EPILEPSY PROTOCOL

Protocol for Managing Seizures/Epilepsy in Polk County Public Schools

Seizures happen when the electrical system of the brain malfunctions. Instead of discharging electrical energy in a controlled manner, the brain cells keep firing. The result may be a surge of energy through the brain, causing unconsciousness and contractions of the muscles. If only part of the brain is affected, it may cloud awareness, block normal communication, and produce a variety of undirected, uncontrolled unorganized movements. Most seizures last only a minute or two, although confusion afterwards may last longer.

Definitions:

Aura: a term used to describe symptoms that may occur before a seizure. An aura may include visual changes, hearing voices or sounds, strange smells, feelings of numbness or tingling on one side of the face or body, anxiety or fear, nausea. An aura may be the first indication that within several seconds or up to an hour, a seizure is about to occur. Most people who have auras have the same type of aura every time they have a seizure.

Epilepsy: A recurrent disorder of brain function characterized by sudden, brief attacks of altered consciousness, uncontrolled muscular activity and unusual phenomena of the senses or inappropriate behavior caused by abnormal excessive electrical discharges of the neurons in the brain. In about 70% of people with epilepsy, no cause can be found; but causes may include anything that can affect the brain such as head injuries, lack of oxygen, brain tumors, genetic conditions, lead poisoning, and infections.

What is the difference between seizures and epilepsy?

According to the Epilepsy Foundation, seizures are a symptom of epilepsy. High fever, severe head injury, lack of oxygen – a number of factors can affect the brain enough to cause a single seizure. Having a single seizure does not necessarily mean a person has epilepsy.

Epilepsy is an underlying condition (or permanent brain injury) that affects the delicate systems which govern how electrical energy behaves in the brain, making it susceptible to recurring seizures.

Individualized Seizure Action Plan (ISAP): Plan to be developed by a medical professional in consultation with a parent and signed by both individuals. It must include specified information such as recommended care, symptoms, accommodations, prescribed rescue medication and contact information for medical assistance. The parent must submit it to the school principal and school RN or other appropriate school employee. It remains in effect until the parent submits a revised ISAP. Participation in the ISAP is determined by the parent and physician.

Seizure Triggers: Substances or situations that may affect or cause a seizure. Some people may be able to recognize seizure triggers; other people may not have any special seizure triggers. The most frequent cause of an unexpected seizure is failure to take medication as

prescribed. Other factors include ingesting substances, hormone fluctuations, stress, sleep patterns and photosensitivity (sensitivity to light).

Status Epilepticus: A potentially life-threatening condition in which a person either has an abnormally prolonged seizure or does not fully regain consciousness between recurring seizures. If seizures are prolonged, or occur in a series, or if a seizure lasts longer than 5 minutes, there is a risk of it progressing to status epilepticus.

Physical Findings

The following are suggestive of individuals who have seizure disorders.

1. **All Seizures**

- A. Have a rapid beginning and ending.
- B. The student may not recall the seizure, but will recall events prior to and after the seizure have ended.
- C. An EEG (*electroencephalograph, a test that determines brain activity*) may or may not show abnormal results.

2. **Types of Seizures**

- A. Generalized: involves the whole brain

1. **Tonic/Clonic (Grand Mal)**: characterized by severe jerking of the body and arching of the back. The muscles begin to spasm and relax causing jerking motions. These are called tonic/clonic movements (*alternating stiffening and jerking of muscles*). Tonic/clonic are the most common and best-known type of generalized seizure.

- a. Seizures may be mild or severe; usually begin with tonic (stiffening) and progress to clonic (jerking) movements.
- b. Sometimes seizures are preceded by an "aura" (feeling) involving sight, sound or smell.
- c. After the seizure, the student will be drowsy or fall into a deep sleep.
- d. The frequency of the seizures will vary.
- e. Student may experience vomiting, bowel or bladder incontinence.
- f. Tongue or inside of the mouth may be bitten during the episode.
- g. Turning the student on one side will help prevent choking and keep the airway clear.

2. **Absence Seizures (Petit Mal)**: characterized by periods of cessation of movement commonly mistaken for daydreaming, for example: someone who starts a sentence and abruptly stops and then begins the sentence again.

- a. Very brief, usually lasting only seconds.
- b. There will be brief loss of consciousness.
- c. They do not fall to the floor.
- d. They may drop whatever they are holding.
- e. They may have brief muscular twitches or eye blinking.
- f. They give the appearance of lack of attention or "daydreaming."
- g. May occur only occasionally or more than 100 times a day
- h. About half of the children will also have infrequent generalized tonic/clonic seizures.

3. **Atonic Seizures** (also called drop attack, astatic or akinetic seizures):

characterized by an abrupt loss of muscle tone.

- a. May produce head drops, loss of posture, sudden collapse.
- b. Quick recovery to consciousness, usually a few seconds to a minute.
- c. Abrupt, without warning, can result in falls with injuries to head
- d. Protective headgear sometimes used by children and adults.

4. Myoclonic Seizures: characterized by rapid, brief contractions of bodily muscles, which usually occur at the same time on both sides of the body, somewhat like the kind everyone has, including people who do not have seizures, when a foot or leg suddenly jerks in bed.
 - a. Sudden, involuntary muscle jerks
 - b. Occasionally, may involve just one arm or foot.
 - c. May occur as a single seizure or a cluster of seizures
 - d. May be mild or be strong enough to throw the child abruptly to the floor.

B. Partial: involves part of the brain

1. Partial Simple (Focal): characterized by involvement of one part of the body; usually one sided: hand, arm, face, tongue, foot or leg.
 - a. May spread to other muscles.
 - b. Emotional behavior may be noted.
 - c. Usually there is no loss of consciousness.
 - d. Usually lasts a few seconds, but can be longer.
2. Partial Simple (Somato-Sensory): characterized by sensory or emotional symptoms, including:
 - a. Numbness, tingling or pain originating in one part of the body and spreading to another.
 - b. Visual images or sensations.
 - c. May suddenly taste or smell things.
 - d. May experience feelings or distress and/or uncontrollable laughing.
 - e. Stomachache, headache, vomiting and diarrhea may be noted.
 - f. May demonstrate behavioral disorders and learning problems.
 - g. The existence of this category of epilepsy is questioned; attributed to psychological origin.
3. Partial Complex (Psychomotor): This type of seizure is often ignored and thought to be a discipline problem. These seizures are characterized by what may appear to be purposeful but inappropriate movements, often repetitive, for example: sitting in chair with repetitive running motions of feet, extending and retracting arms, lip smacking, picking at their own or another's clothing. This movement is not goal directed.
 - a. There are usually no tonic/clonic activities.
 - b. Student may appear confused, drunk, drugged or psychotic.
 - c. If restrained, they may struggle.
 - d. Usually lasts 2-4 minutes, but can be longer.
 - e. Minimal or no loss of consciousness
 - f. May appear to be in a trance-like state.
 - g. Student may be sleepy after the seizure.
4. Hysterical or Pseudoepilepsy: These seizures are often preceded by periods

of anxiety. Other common symptoms usually noted with seizure disorder are not present.

- a. Consciousness is regained quickly.
- b. Drowsiness and sleeping are rarely noted.
- c. Rarely injures self.
- d. Incontinence is rare.

Management

1. Maintenance of a student with a seizure disorder:
 - a. Notify the school registered nurse to set up a meeting to develop an individualized healthcare plan (IHP).
 - b. The nurse will determine who needs to attend the meeting. He/she will present the seizure disorder information and develop an emergency plan if necessary.
 - c. Establish a liaison with the student, parents/guardians, school RN and school staff who will work together to insure the student's health and safety while at school.
2. What to look for:
 - a. Eyes moving upwards/to side in rapid or "rolling" movements.
 - b. Upper body or arms turning in jerking or exaggerated stretching motion.
 - c. Distorted facial grimaces, lip smacking, drooling, picking at clothing, coughing.
 - d. Inability to speak or garbled speech.
 - e. Flushing of skin, sweating.
 - f. Brief periods of amnesia, being unaware of environment.
 - g. Brief loss of consciousness with no physical involvement.
 - h. Sudden episodes of "dropping to the floor" or dropping objects.
 - i. Inattentiveness or appearing to be "daydreaming."
 - j. Loss of consciousness lasting from 2-3 minutes.
 - k. Loss of control of muscles, bladder or bowel.
 - l. Stiffening or jerking of body/limbs.
 - m. Regaining consciousness but remaining sleepy and confused.
 - n. Possible complications: Call 911
 - Respiratory/cardiac arrest.
 - Status Epilepticus: rapid succession of epileptic seizures without regaining consciousness during the intervals.
3. What to listen for:
 - a. Statements of "I'm going to have a seizure."
 - b. Statements of "pain in head, numbness, tingling or prickling."
 - c. A piercing cry immediately before body movements/unconsciousness begins.
4. When a seizure occurs: Follow the emergency plan developed for the student which may include:
 - a. Do not stimulate the student by rubbing the chest, face or arms.
 - b. Do not try to force the mouth open or insert anything into the mouth during the seizure episode **with the exception of emergency medication as ordered by a physician.**
 - c. During a tonic/clonic seizure, assist student to the floor and position them on their side if possible. This will aid in draining any secretions from the mouth/throat and decrease the likelihood of choking.
 - d. Move any furniture or other objects that may harm the student during the seizure.
 - e. Place something soft under the student's head (e.g., jacket, floor mat, or blanket).
 - f. Loosen *tight* clothing around the neck and remove eyeglasses.

- g. **Do not force/restrain or try to stop purposeless behavior** (e.g., lip smacking, picking at clothes, etc.).
- h. Assign someone to time the seizure and record all the details of the incident.
- i. Record the events objectively, record only what you saw (not what you thought).
- j. Notify the parent/guardian, principal/administrator and clinic nurse/health contact.
- k. In case of complications, notify the school registered nurse/Health Services.

PURPOSE

The purpose of this document is to provide basic information about seizure disorders/epilepsy to help ensure that students with a seizure disorder are provided a safe learning environment and are integrated into school activities. Our purpose is to maintain and regularly update a system-wide protocol for responding to their needs. A system-wide effort requires the cooperation of all groups of people within the system. The sections below highlight the major responsibilities of the various groups, but each child's plan will be individualized and therefore not all responsibilities can be spelled out in this protocol.

Responsibilities of the following School Community members will be addressed:

1. Parents/Guardians
2. Students
3. Healthcare Provider
4. School Principal and School Administrators
5. School Registered Nurse (Florida Department of Health in Polk County RN/Polk County Public Schools RN)
6. Clinic Staff (Clinic Nurse/Clinic Para/Clinic Health Contacts)
7. Teachers and Other School Staff
8. School Nutrition Food Services Manager/Dietitian/Staff
9. School Transportation Staff

RESPONSIBILITIES OF PARENTS / GUARDIANS

- Notify clinic staff as soon as possible and complete and/or update the Medical Information Form when a student is newly diagnosed or upon school entry.
- Provide and maintain current emergency contact phone numbers.
- Provide the school with the health care provider's written medical orders related to the student's management of seizures and any new medical orders or changes in the medical management that must be implemented at school. It is highly recommended that the parent/guardian work with the health care provider to complete a Seizure Medical Management Plan.
- Meet with Medical professional to develop student's Individualized Seizure Action Plan.
- Provide the principal and clinic nurse or other appropriate school employee with a copy of the Individualized Seizure Action Plan (ISAP)
- Participate in the development of the student's individualized healthcare/emergency plan.
- Provide and transport to the school all medications, equipment, and supplies associated with the medical management of the student's seizure disorder.
- Provide prescribed medication with appropriate Authorization for Medication/Treatment and/or Seizure Medical Management Plan; include a photo of student.
- Assume responsibility for the maintenance and calibration of all medical equipment.
- It is highly recommended that parents provide the student with a Medic Alert ID that is

worn daily.

- Work with healthcare provider, school RN, and student to promote student's participation in management of their seizure disorder (as developmentally appropriate), including:
 - being aware of any possible triggers, symptoms or aura which may affect or precede the seizure;
 - encouraging and educating student how and when to tell an adult they may be having a seizure-related problem;
 - encouraging student to wear a medical alert bracelet;
 - encouraging student to help control seizures as much as possible by taking medication as prescribed, avoiding triggers if possible, making healthy and safe lifestyle choices, working closely with his/her physician
- Encourage student to be proactive in their own plan of care, such as informing new staff and teachers of their emergency plan and health care needs (as developmentally appropriate).
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF STUDENT

- Take responsibility, as developmentally appropriate, in managing his/her seizure disorder.
- Learn to recognize any possible triggers, symptoms or aura, which may affect or precede the seizure.
- Avoid triggers, situations, and activities whenever possible which may affect or precede a seizure.
- Participate with school personnel in developing and implementing plan of care.
- Be proactive in student's own plan of care, such as informing new staff, bus drivers and teachers of their emergency plan and health care needs (as developmentally appropriate).
- Work closely with healthcare provider, take medication as prescribed and make healthy and safe lifestyle choices.
- Alert a responsible adult whenever student experiences an aura or warning that a seizure may occur.
- Practice responsible individual use and safekeeping of medication (self-care).
- Wear Medic Alert ID daily when provided by parent/guardian.
- Be aware of student's individual health care /emergency plan.
- Follow Emergency Plan when indicated.
- Inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF HEALTH CARE PROVIDER

- Provide the school with appropriate medical information, including written orders for medical management of the seizure disorder.
- Meet with parent to develop an individualized seizure action plan which includes specific information such as recommended care, symptoms, accommodations, prescribed rescue medication and contact information for medical assistance.
- Educate the student and the parent/guardian regarding management of the seizure disorder.
- Monitor and recommend treatment according to the student's individual needs.
- Collaborate in the development of the student health care plan.
- Provide child-specific consultation as needed for management of the seizure disorder.

RESPONSIBILITIES OF PRINCIPAL AND SCHOOL ADMINISTRATORS

- Accommodate the needs of students with seizure disorders to ensure opportunity for full participation in school activities.
- Be knowledgeable and follow district policies and all applicable federal and state laws governing the educational requirements for students with special health needs.
- Designate and maintain a minimum of 2 willing staff members as health contacts.
- Provide a licensed nurse for students with seizures who have orders for medication, such as diazepam rectal gel (Diastat) and/or an intranasal spray (Valtoco, Nayzilam) which according to Polk County Public Schools policy, only a nurse may administer.
- Require designated school staff to complete and maintain required training for Medications Administration and Protocol for Managing Seizure Disorder/Epilepsy
- Provide staff whose duties include regular contact with a student with an ISAP with
 - Notice of student's condition
 - Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder.
 - Parental and emergency contact information.
- Ensure that substitute teachers are aware of students with identified seizure disorders and their emergency plan and procedures.
- Be aware of the emergency plans of students with identified seizure disorder and implement according to plan when necessary.
- Be aware of the specific situations related to seizures which, according to Polk County Public Schools policy, require a 911 call and do not hesitate to activate 911 whenever those situations occur.
- Provide physical resources on campus to safely execute all accommodations during school-sponsored activities as noted in the student's individualized health care plan.
- Reinforce non-food rewards.
- Enforce school bullying policy.
- Provide effective communication devices between staff and clinic nurse, or designated contact, in case of emergency, i.e., walkie-talkies for staff.
- Assure that students with a seizure disorder who exhibit or complain of signs or symptoms that may precede a seizure are provided immediate attention by a responsible adult who will assist the student to a safe position and environment.
- Be aware and convey to staff that a student with a seizure disorder may experience loss of bladder and/or bowel control during a seizure episode and needs as much privacy as possible during a seizure episode.
- Assure that staff is aware and compliant with policies related to bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL REGISTERED NURSE

- Maintain a current knowledge base and update skills and abilities related to the medical management of seizure disorders in the school-age population.
- Organize and facilitate meetings with the student's parent/guardian and other key school staff to discuss planning, development, implementation, and updates of the student's individualized healthcare plan.
- Review, in collaboration with the clinic staff, the list of students identified as high risk including those who have a history of seizures.

- If an individual seizure action plan (ISAP) is provided by the parent and medical provider, this information should be used to develop the student's individualized healthcare plan and/or emergency plan to include management of the seizure disorder in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable.
- Develop and maintain student's individualized healthcare plan and/or emergency plan to include management of the seizure disorder in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable.
- In accordance with s. 1006.062 F.S., coordinate the provision of epilepsy and seizure disorder care, including administering medications as outlined in a student's ISAP.
- Verify that the school employees whose duties include regular contact with a student an ISAP have completed training in the recognition of symptoms and care of students with epilepsy and seizure disorders.
- Train clinic nurse in administration of diazepam rectal gel (Diastat), as well as intranasal spray (Valtoco, Nayzilam) if specifically ordered by the student's medical provider and provided to the school by the parent with an appropriately completed Authorization for Medication/Treatment/Seizure Medical Management Plan.
- Inform other health contacts and staff that only a nurse may administer diazepam rectal gel (Diastat) and/or intranasal spray (Valtoco, Nayzilam).
- Establish and maintain a working relationship with the student's parents/guardians and health care provider and act as a liaison between the student's authorized health care provider and the school.
- Reinforce to staff of the specific situations in which 911 must be called for a student experiencing a seizure and/or seizure-like activity.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF CLINIC STAFF

- Complete required training for Medications Administration and Protocol for Managing Seizures/Epilepsy.
- Receive training by the school registered nurse about possible triggers, signs and symptoms related to a seizure disorder.
- Complete training in the recognition of symptoms and care of students with epilepsy and seizure disorders.
- Be familiar with the student's ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder.
- Access to parental and emergency information.
- If a licensed nurse, demonstrate competency in the administration of diazepam rectal gel (Diastat) and/or intranasal spray (Valtoco, Nayzilam), if supplied by parent with appropriately completed Authorization for Medication/Treatment/Seizure Medical Management Plan.
- Be knowledgeable of and follow Protocol and Emergency Plan for students with seizure disorder/epilepsy.
- Be aware of the medical services and level of skill that a health contact or clinic nurse is allowed to provide and never attempt to provide care that is beyond his/her level of skill or that is specifically prohibited by law or Polk County Public Schools policies and procedures.
- Inform parents/guardians of a student with a seizure disorder that a meeting will be scheduled with the parents/guardians, the school registered nurse, and appropriate school staff to develop the individualized health care plan/emergency plan.

- Maintain a functioning means of communication such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Assure that students with a seizure disorder who exhibit or complain of signs or symptoms that may precede a seizure are provided immediate attention by a responsible adult who will provide as much privacy as possible and assist the student to a safe position and environment.
- Understand and reinforce to staff specific events which, according to PCPS' policy and/or student's seizure medical management plan, would require a 911 call for a student with seizures.
- Understand and reinforce to staff that the student-specific emergency plan must be followed, including calling 911 when indicated on the emergency plan.
- Review Medical Information Forms and contact parents to verify information and to arrange case conference with school registered nurse for students with an identified seizure disorder.
- Compile a list of high-risk students identified through Medical Information Forms and/or information provided by the medical provider including those students who have an identified seizure disorder.
- Alert school RN of any students who have seizures.
- Alert Health Services registered nurses of any students who have seizures and an order for diazepam rectal gel (Diastat) and/or intranasal spray (Valtoco, Nayzilam) and provide copies of the student's seizure medical management plan/emergency plan and/or medical authorization.
- Inform, with parent's permission, teachers, bus drivers, food service and other staff members of the emergency plan.
- Document appropriately and in a timely manner all health services provided to students.
- Request photo to attach to student's medical authorization.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF TEACHERS AND OTHER SCHOOL STAFF

- Be aware of which students have an identified seizure disorder and cooperate with the accommodations listed in the individualized health care plan/emergency plan.
- Be aware of Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder and Parental and emergency contact information.
- Complete training in the recognition of symptoms and care of students with epilepsy and seizure disorders.
- Attend meetings with the student's parent/guardian and other key school staff when requested by the school registered nurse.
- Review PCPS' Protocol for Managing Seizure Disorder/Epilepsy to recognize possible signs and symptoms of a seizure disorder and how to respond to a seizure and/or seizure-like activity.
- Call for clinic nurse immediately and provide for student's privacy and safety whenever a student with an identified seizure disorder exhibits or complains of signs or symptoms of an impending seizure.
- Understand specific events which, according to PCPS policy and/or student's seizure medical management plan, require a 911 call for a student with seizures.
- Use non-food items for rewards.
- Communicate with clinic nurse or clinic para in advance of a field trip when medication must be prepared and available for administration during a field trip.

- Leave clear instructions for any substitute regarding the special needs or emergency plan for the student.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION MANAGER

- Be aware of which students have an identified seizure disorder and cooperate with the accommodations listed in the individualized health care plan/emergency plan.
- Attend meetings with the student's parent/guardian and other key school staff when requested by the school registered nurse.
- Review PCPS' Protocol for Managing Seizure Disorder/Epilepsy to recognize possible signs and symptoms of a seizure disorder and how to respond in an emergency.
- Call for clinic nurse immediately and provide for student's safety whenever a student with an identified seizure disorder exhibits or complains of possible signs or symptoms of an impending seizure.
- Maintain a functioning means of communication in the lunchroom/cafeteria such as intercom, walkie-talkie or cell phone to activate the school's emergency response plan.
- Provide menu and nutrition information in advance for parents' review.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL NUTRITION DIETITIAN

- Review PCPS' Protocol for Managing Seizure Disorder/Epilepsy to recognize possible signs and symptoms of a seizure disorder and how to respond in an emergency.
- Be aware of and inform administration of bullying and threats made by other students.

RESPONSIBILITIES OF SCHOOL TRANSPORTATION STAFF

- Ensure that all bus drivers and bus attendants are informed about the students with an identified seizure disorder and what emergency procedures to follow.
- Be aware of Information from the ISAP on how to provide the recommended care for the student if he or she shows symptoms of the epilepsy or seizure disorder and Parental and emergency contact information.
- Complete training in the recognition of symptoms and care of students with epilepsy and seizure disorders.
- Be alert and responsive to signs of student distress.
- Maintain a functioning means of communication such as radio, walkie-talkie or cell phone and activate the school's emergency response plan if student is in distress.
- Communicate to the school RN or clinic nurse any concerns regarding the student's actions or behavior regarding seizure management.
- Understand that students with seizure disorders may or may not experience a pre-warning or aura before seizure-activity begins.
- Review PCPS' Protocol for Managing Seizure Disorder/Epilepsy to recognize possible signs and symptoms of a seizure disorder and how to respond in an emergency.
- Respect the student's right to confidentiality and privacy.
- Be aware of and inform administration of bullying and threats made by other students.

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The School District of Osceola County, Florida. *Student Health Care Plan. Seizure Disorder/Epilepsy*. (04-27-04)

House Bill (HB) 173: Care of Students with Epilepsy or Seizure Disorders, effective 7-1-22

Overview of House Bill (HB)173 Individualized Seizure Action Plan - ISAP

Background: HB 173 became effective on July 1, 2022. This bill indicated that a student's parent and a medical professional could develop an individualized seizure action plan (ISAP) that would include the following:

- a. Written orders from the student's medical professional outlining the student's epilepsy or seizure disorder recommended care.
- b. The parent's signature.
- c. The student's epilepsy or seizure disorder symptoms.
- d. Any accommodations the student requires for school trips, after-school programs and activities, class parties, and any other school-related activities.
- e. When and whom to call for medical assistance.

- f. The student's ability to manage, and the student's level of his or her epilepsy or seizure disorder.
- g. How to maintain communication with the student, the student's parent, and the student's health care team, school RN, and educational staff.
- h. Any rescue medication prescribed by the student's medical professional and how and when to administer the medication.

The ISAP remains in effect until the parent submits a revised ISAP.

When the parent submits the ISAP to the school, it should be reviewed by the school RN. The information on the ISAP will be used to develop the student's individual health plan (IHP), classroom action plan and bus emergency plan. It does **not** take the place of these plans. The ISAP may be used as an order for medication/treatment if the following information is given:

1. Student's name
2. Name of medication
3. Dosage, form, route, and time of administration.
4. Special instructions (if needed)
5. Signature of medical professional (MD, DO, PA, APRN)
6. Date of signature – must be within current school year.

The bill also mandates the school RN or an appropriate employee to:

- a. Coordinate the provision of care as outlined in the ISAP.
- b. Verify that school employees whose duties include regular contact with a student with an ISAP have completed training in the care of students with epilepsy and seizure disorders and the recognition of symptoms.

Process if ISAP is to be used as a medical provider's order:

1. The clinic nurse/designee receives the ISAP from the parent.
2. The clinic nurse/designee will contact the school RN regarding the receipt of this document.
3. If the parent brings the medication (either maintenance or emergency) listed on the ISAP to the school, the clinic nurse/designee will follow the process for receiving medication as outlined in the Medication Administration Policy and Procedure Manual, August, 2019.
4. A new order will be needed for each school year and/or if the medication changes.

Chapter 16

PEDICULOSIS CAPITIS/HEAD LICE PROTOCOL

Pediculosis Capitis/Head Lice Protocol Polk County Public Schools

I. Background Information

Head lice are parasites and dwell only on the human head. They are not known to be associated with any disease. They die in 1 to 2 days when removed from the head. Head lice eggs (nits) die soon after being removed from the warm scalp. Head lice are difficult to see, but the nits are visible as whitish gray oval shapes that adhere to hair shafts. The nits hatch in seven to ten days and the young lice emerge as miniature copies of the adult louse. They reach maturity in approximately two weeks. The adult louse has a 20 to 30 day life cycle during which the female may lay 275 to 300 nits.

Common symptoms: 1) Many children experience no symptoms. 2) Symptoms take several weeks to develop. 3) When symptoms occur, the most common are scratching of the head, nits and/or live lice.

Treatment varies. It may include use of olive oil (Five Step Battle Plan) or use of a pediculicide, as well as removal of **all** nits from the hair and thorough cleaning of the household and clothing. (Head Lice Transmittal/Ten Steps to Staying Ahead of Lice). Continued scratching of the head after treatment has been completed is common. **This does not indicate re-infestation.**

Schools bring children into close contact on a daily basis. However, only 1 in 10 transmissions occur in school. Controlling the spread of head lice depends on prompt identification of all suspected cases, proper administrative procedures, effective treatment and consistent follow-up.

II. Administrative Procedures/Responsibilities

A. The Principal's Role:

1. Send a letter to parents/guardians at the beginning of each school year to inform them about head lice and encourage them to check their child on a regular basis (Polk County Public Schools Head Lice Parent Letter).
2. Designate two or more school personnel, preferably health clinic nurse/health contact, to inspect students for head lice or nits. Those designated must have received instruction in head lice and nit detection and treatment procedures.
3. Ensure that checks are performed on any student showing symptoms of head lice infestation if a parent consent form is on file.

4. Exclude from school any child found to have lice and/or nits. (Refer to Section III: Disposition of Students Suspected of Having Head Lice/Nits)
5. Re-admit the student to the classroom when designated school personnel have inspected the child's head and determined that the student has no lice or nits.
6. When the *Head Lice Transmittal Form* has been **signed by the student's health care provider, the student must be readmitted to the classroom without additional head checks by school personnel.**
7. Count the absence of a student identified with lice or nits as an **excused absence for the first five (5) days of infestation.** Additional absences will be unexcused until the student is clear and able to return to class.
8. Ensure that each child has a place for his/her hat, coat and other belongings so they will not come in contact with the belongings of other children. This protective measure must be maintained whether or not lice are known to be present in school.
9. Ensure proper cleaning of the school to minimize the risk of transmission of head lice. (Refer to Section C: Preventing Transmission)

B. The Clinic Nurse's Role:

1. Instruct school personnel, designated by the principal, in the correct method of screening for and identifying the presence of head lice.
2. Provide instruction and communication with parents/guardians who request such assistance or are referred by school personnel.
3. Assist in health education activities for faculty and students regarding head lice prevention, transmission and treatment.
4. Act as a liaison with school personnel, students and parents/guardians.
5. Assist designated school personnel with students who have extended absenteeism due to head lice.

C. Preventing Transmission:

Principals and school personnel should encourage support for the following measures to prevent head lice transmission:

1. Nap time for students should be accomplished by "heads down" on individual desks or by lying on plastic individual mat. Mats should be stored in the child's own cubby. Individual mats should be sent home on a regular basis to be disinfected by the parent/guardian.
2. Assign individual lockers/cubbies to students, wall hooks 12 inches apart or allow students to hang coats on the back of their seats. These measures will ensure that hats and coats are stored separately.

3. In physical education classes, transmission may be limited by assigning lockers/baskets to one student for each period. Several students may use the same locker during the day, but the risk of transmission will be narrowed to only a few students.
4. Avoid piling clothing on top of each other.
5. Avoid having pillows and stuffed animals/dolls in the classroom.
6. The school **must** vacuum all carpeted areas **daily**.
7. Students may sit on carpeted areas (with adequate spacing between each individual), but **students should not be allowed to lie down and rest their heads on carpeted areas**.
8. Upholstered furniture and bean bag chairs may contribute to the transmission of head lice. If these items are present in a school, they must be vacuumed or cleaned daily.
9. "School spraying" is discouraged, as this procedure does not prove effective and has been found to be environmentally unsafe.
10. Daily cleaning of all hard surfaces in buses or schools is required.
11. Headphones must be wiped with a damp cloth after each individual use.

D. Head Lice Screenings:

1. The parent consent for health services is included on the medical information form. The medical information form is distributed during school registration.
2. Any student showing symptoms of head lice infestation should be screened if a parent consent form is on file. If a parent consent form is not on file, the clinic nurse or designated personnel will contact the parent to ask them to sign the parent consent form immediately. Upon receipt of the parent consent form, the clinic nurse or designated personnel will complete the screening. If the parent declines to complete the parent consent form, then the child must go home. **School-wide head lice screenings are not recommended or required.**
3. Parents should be reminded periodically by letter or school newsletter to check their children (Polk County Public Schools Head Lice Parent Letter).

E. Identification:

1. Determination of suspected head lice infestation is made by direct inspection of the hair and scalp for lice and nits (louse eggs). In general, most lice and nits are found at the back of the neck and behind the ears.
2. To examine the student:
 - a. Have the student sit on a chair or stool in a well-lit area so the back of the head is at a convenient height.
 - b. Tilt the student's head forward slightly so the chin is close to the chest.

- c. Part the hair behind the ears and on the back of the neck with wooden applicator sticks (available through the Polk County Public Schools Warehouse). Since pediculosis spreads easily, care should be taken to prevent transmission. The applicators should be discarded after each examination. If the examiner's hands/fingers come into contact with the students' hair/scalp, the hands must be washed before contact with another individual. Gloves may be worn.
- d. Inspect the hair and scalp areas carefully for nits and live lice, which indicate an active infestation. Usually lice and nits can be seen with the naked eye, but a magnifying glass (available through the Polk County Public Schools Warehouse) or flashlight may also be helpful.
- e. Classroom screenings are not to be done.
- f. The classroom teacher may wish to have her/his head checked also.

III. Disposition of students suspected of having head lice/nits:

- A. Any individual suspected of having head lice and/or nits must be checked by a person designated by the school principal, who has received instruction in head lice/nit detection and treatment procedures. A parent consent for health services form must be on file.
- B. Student confidentiality must be protected at all times when dealing with head lice.
- C. All students screened **must** be allowed to remain with their class.
- D. When nits or head lice are found, the principal or designee will contact the child's parent/guardian to explain the Head Lice Policy for Polk County Public Schools, and request that the child is picked up from school.
- E. School personnel **MUST NOT** transport students home.
- F. If the student's parents/guardians cannot be reached to pick up the student, a head lice transmittal and information packet (Head Lice Transmittal/Ten Steps to Staying Ahead of Lice) should be sent home at the end of the day.
- G. When the parent/guardian arrives at school to pick up the child, answer their questions on head lice treatment as well as pointing out live lice or nits in their child's hair.
 - 1. Discuss instructions for treatment and removal of nits. Inform the parents/guardians that head lice/nits are considered a communicable condition and that any student with this condition must be excluded from school until treatment is completed and all nits are removed.
 - 2. Give the parents/guardians a Head Lice Transmittal Form/"Ten Steps to Staying Ahead of Head Lice" and "Five Step Battle Plan".

H. The Parent's/Guardian's Role:

1. Check all family members for head lice on the same day. Treat only those infested.
2. Assume the responsibility for treating the child and removing **all** nits.
3. Make arrangements to obtain assignments from the child's teacher so that classroom work may be done at home until the child is cleared to return to school.
4. Accompany the child to school for a re-check or have a Head Lice Transmittal Form signed by the family's medical provider.

I. The student may be readmitted by one of the following methods:

1. The parent/guardian may take the child to their private medical provider for a head check. If the child's head is free of nits/lice, the transmittal form must be completed and the parent or student can bring the transmittal form to school. **A student with a transmittal form signed by his/her medical provider is to be admitted back to the classroom without further examination by anyone at the school.**
2. The principal should designate a school health contact or clinic nurse (if available) to recheck and readmit students. This service must be consistently provided for all students. A parent/guardian must accompany the student to school for the re-check. If the child is clear of nits/lice, the health contact/clinic nurse may readmit the student. If just a few nits are still present, they must be removed and the child may return to class. If live lice or a large number of nits are seen, a parent/guardian should take the child home for further nit/lice removal. This process will continue until the student is free of nits/lice and readmitted to school.

IV. Student Absenteeism Due to Head Lice

- A. If the student has not returned to school **within three (3) school days**, the clinic nurse/health contact will contact the parents/guardians regarding the delay and discuss proper procedures for the eradication of head lice/nits and advise the parent to get missed school work for their child.
- B. **If you are unable to contact parents, the school administrator will be contacted.**
- C. If the student has not returned to school **within five (5) school days**, the social worker should be contacted by the school administrator. The social worker will visit the home to support previous instructions given and to encourage expedient treatment. **Any absences in excess of five (5) school days will be counted as unexcused absences.**
- D. If the student continues to remain out of school, it may become necessary for the clinic nurse to make additional contact by phone, letter or home visit (done jointly with the social worker if necessary).
- E. When a student has missed a **minimum of five (5) days of school**, and all of the above efforts have been made to return the student to school, the principal or designee should contact Health Services or the school RN for further follow-up.

Chapter 17

Other Health Issues

Child Abuse Reporting Procedures

(References: F. S. 1006.061 Child Abuse and Neglect Policy; School Health Manual, Chapter 15)

When child abuse and/or neglect is suspected by school personnel, state law and PCPS policies require that the following procedures be followed:

The suspected abuse **must** be reported immediately by the employee who suspects the abuse. The principal's permission is **not** required.

Florida Abuse Registry: 1-800-962-2873

1. The report should include:
 - b. The name of the employee reporting the abuse. (*HRS Form 1292, Confirmation of Verbal Report of Abuse, Neglect or Exploitation for Mandated Reporters is no longer required.*)
 - c. The name and address of the child and his/her parent or guardian (if known)
 - d. The age of the child and the names and ages of sibling (if known)
 - e. The nature and extent of the alleged abuse
 - f. Other helpful information
2. The reporter shall document the date and time the report was made.
3. The school principal shall be notified immediately following the report.
4. The reporter will not attempt an investigation.
5. School employees will not examine portions of a child's body covered by clothing.
6. School employees will not call the parent or guardian.
7. If a Florida Department of Children and Families Child Abuse investigator or law enforcement officer interviews a child at your school suspected of being abused or who has witnessed abuse, school personnel will not be a part of the interview unless the Florida Department of Children and Families worker or law enforcement officer and the child agree.

Handling Suicide Threats

(Reference: School Health Manual, Chapter 15)

Suicide is the third leading cause of death for teenagers. It crosses all social, economic, and racial barriers. Young people who talk about suicide are communicating that they need help and positive changes in their lives. Some of the most common warning signs of suicide may include:

1. depression

2. increasingly withdrawn or isolated
3. giving away prized possessions
4. poor school performance
5. making statements about wanting to die
6. acting in a violent fashion
7. taking unnecessary risks
8. previous attempts at suicide
9. over-reacting to perceived loss or failure
10. suddenly happy for no reason after long depression
11. abusing drugs and/or alcohol
12. gun availability
13. changes in eating, sleeping or grooming habits

Any one of these signs may or may not signal trouble, but more than one of them often means that help is necessary. Notice how long and how intense the signs are, and how many are present at one time.

What to Do If a Student Tells You They Are Thinking About Suicide:

1. Provide appropriate adult supervision of the suicidal student while you contact the administrative staff.
2. Immediately inform the principal or administrative staff of the suicidal student. The principal will determine who will notify the parent/guardian.
3. The administrator or designee notifies the parent/guardian of the suicidal student. If an administrator is not available, request assistance from the school counselor, psychologist and/or social worker.
4. **Under no circumstances should a student's suicidal intentions be ignored or go unreported. Act immediately!**

Substance Abuse

(References: School Health Manual, Chapter 15; Polk County Public Schools Code of Conduct)

The PCPS Student Code of Conduct prohibits the use of illegal substances by students. These substances include: alcohol, marijuana, drugs, and cigarettes. Students caught or suspected of using these substances must be reported to the administration.

Clinic nurses/health contacts are advised not to use any personal materials related to substance abuse in the clinic due to PCPS' strict substance abuse policies. This includes the use of posters, pamphlets, books, t-shirts, videos, etc.

How can I tell if a child is using drugs?

This is one of the questions asked frequently by parents and educators. This is a difficult question when signs and symptoms associated with behavior are used as a basis for (knowing) suspicion. It is difficult to separate the typical adolescent behavior from the drug induced behavior, but the parent/educator should consider the following behavior suspect:

1. **Does the child seem to be changing?** Is the child becoming more irritable, less affectionate, secretive, unpredictable, hostile, depressed, uncooperative, apathetic, withdrawn, sullen, easily provoked or over-sensitive?
2. **Is the child becoming less responsible?** Is the child neglecting chores, coming home late, arriving tardy at school, forgetful of family occasions (birthdays, etc.), not cutting the grass, allowing his/her room to be untidy or not completing homework?
3. **Is the child changing friends, dress code or interests?** Does the child have a new group of friends, the language of new friends, hairstyles like new friends? Has the child switched clothes styles, become reluctant to talk about new friends, become very interested in rock music and concerts, become less interested in school, sports and academic hobbies, refused to talk about parents of new friends, started insisting on more privacy or demanding permission to stay out later than usual?
4. **Is the child more difficult to communicate with?** Does the child refuse to talk about details of friendship and group activities, refuse to discuss “drug issues”, become defensive when negative effects of drug use or use of drugs by peers is discussed, insist that adults hassle their children, defend “rights” of youth, prefer to talk about bad habits of adults?
5. **Is the child beginning to show physical and/or mental deterioration?** Does the child show disordered thinking or ideas and thought patterns that seem out-of-order, heightened sensitivity to touch, smell and taste, increased appetite from marijuana smoking (known as the “munchies”), loss of ability to blush, decreased ability in rapid thought process, amotivational syndrome or weight loss?

Behavioral changes as discussed in 1 through 5 may occur over a period of a few months, the summer or over a year or more. These behavioral patterns should be monitored closely by the parent. More blatant behavior will begin if the child can manipulate his way through the aforementioned examples, and more obvious drug use behavior will begin to occur.

6. **Is the child’s behavior becoming more intolerable?** Does the child demand his right to drink alcohol, refuse to spend additional time on studies even though grades are down, insist that teachers are unfair, become extremely irritable, refuse to do chores, use bad language, come home late with alcohol on his/her breath, claim people are telling lies on him/her, claim never to have smoked pot, not want to eat with or spend time with the family or act very secretive on the telephone?

After behavioral clues to drug use, there usually comes the telltale physical evidence which is difficult to deny. The child will usually lie or give half-truths to parents when caught.

7. **Is the child becoming careless in his drug use?** Does the child forget to replace the liquor stolen from parents, put the bottle under the mattress, leave the “roach” in a flowerpot, bathroom, or car ashtray, forget who vomited in the family car or insist that marijuana found in the car or room belongs to someone else?

8. **Is the child becoming drug dependent?** Does the child take money from parents, brothers, or sisters, steal objects from home that are easily converted to cash, lie chronically, drop out of school? Is the child caught shoplifting, charged with burglary, charged with prostitution, arrested for drug use or a delinquent act? Does the child attempt suicide?

(Thomas J. Gleaton, Jr., Ed.D. President, PRIDE Executive Director, Southeast Regional Center for Drug-Free Schools and Communities.)

Health Education

(References: F.S. 1003.42(o) Health Education; Polk County Public Schools Critical Issues)

The Polk County Public Schools has a carefully designed, abstinence-directed, comprehensive health education curriculum in grades K through 12. Many of the lessons are taught by the classroom teachers. School RNs are responsible for Reproductive Health Education grades 4-8. HOPE teachers are responsible for high school Reproductive Health content approved by the state and School Board.

Clinic nurses/health contacts shall **not** to use any personal materials related to human sexuality in the clinic, due to PCPS’ strict health education policies. This includes the use of posters, pamphlets, books, t-shirts, videos, etc.

Chapter 18

DOCUMENTING HEALTH RELATED ACTIVITIES

General Information

Thorough documentation of all clinic activities is essential. Accurate records allow the principal, by way of the clinic nurse/health contact, to monitor student health and safety issues, communicate better with parents/guardians, collect accurate data relating to school health issues and ensure accurate information should liability issues arise. Principals should encourage their clinic nurses/health contacts to be diligent in their record keeping and should foster an open line of communication between themselves and their health staff regarding school health issues.

Health Documents

1. **Medical Information Form (MIF):** This document must be completed and **signed** by the parents/guardians at the beginning of each school year, whenever there is a change in the information on the form, and whenever the student transfers to a new school.

Medical Information Forms must be kept in a locked cabinet in the clinic when not in use. The information on these forms is confidential and should only be released to other school staff on a “need to know” basis. Information from these sheets should be transferred to the Health Alert/High-Risk section under Medical Information in FOCUS. Teachers have access to the Health Alert report. Volunteers and students should not have access to this information. The back of the MIFs also contain consent information that should be transferred to FOCUS. MIFs should be kept for a period of 7 years, at which time they may be shredded.

2. **Individual Daily Health Services Log:** This information is found in FOCUS and is entered based upon the information written on the Clinic Pass. The clinic nurse/health contact must document their activities on this log. Clinic Passes may be shredded after the information has been documented in the Individual Daily Health Services Log in FOCUS.
3. **Student Accident Report:** This form is found on the Johns Eastern website and should be utilized under the following circumstances:
 - A. any head injury
 - B. suspected sprain or fracture
 - C. accidents other than those listed below
 - D. anytime a parent/guardian is called as a result of an injury or accident
 - E. anytime a student is detained in the school clinic for observation due to an accident

It is **not** necessary to complete a Student Accident Report under the following circumstances:

- A. minor cuts and scrapes where nothing more than cleaning and a Band-Aid were required
- B. minor bumps and bruises other than to the head
- C. particles in the eyes which were removed with no complications
- D. minor injuries incurred during athletic competition with no unusual circumstances
- E. traffic accidents that do not involve PCPS property or events

Refer to the *Student/Visitor Accident/911 Reporting Process* form regarding distribution.

4. **Authorization for Medication:** The *Authorization for Medication* must be completed and signed by the parents/guardians and the student's physician/mid-level practitioner provider before any medication may be given to the student. Refer to the Polk County Public Schools Medication Policy and Procedures for specific policies and procedures relating to the *Authorization for Medication*.
5. **Student Medication Log:** All medication related activities must be documented on this individualized *Student Medication Log*. Training in medication administration includes specific directions of the use of this document.

The *Student Medication Logs* and *Authorizations for Medication* that are currently in use should be kept in a confidential medication notebook in the school clinic.

6. **Report of Medication Error:** This document must be completed anytime a medication error (wrong medication, wrong dose, early/late dose or missed dose) occurs. Specific directions relating to the use of the *Report of Medication Error* may be found in the Polk County Public Schools Medication Policy and Procedures. All clinic nurses/health contacts receive detailed instruction in the use of the *Report of Medication Error* during New Health Contact Training.

Authorizations for Medication/Treatment, Student Medication Logs and *Reports of Medication Error* that are no longer in use must be filed in the student's Cumulative Health Record for seven years.

7. **Health Communication Form:** See Chapter 11: Communicable Diseases, for information relating to the use of this form. Returned Health Communication Forms should be filed in the Cumulative Health Folder for 3 years.