Health Services Manual

2022-2023

OKALOOSA COUNTY SCHOOL DISTRICT
HEALTH MANUAL
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Okaloosa County School District
School Health Introduction

Purpose: This manual is the product of a joint effort by the Okaloosa County School District, Aveanna Health Care and the Department of Health in Okaloosa County. Through this partnership, we strive to ensure the students of the Okaloosa County School District are receiving the highest level of health care in order to meet their educational objectives. This manual is a resource book that contains basic information, guidelines and protocols utilized by the Okaloosa County School District and the Aveanna Health Care staff.

This manual is intended to:

- Serve as a resource for appropriate practices that relate to school health
- Serve as a tool for orienting new school personnel
- Serve as guidelines for procedures, which may be modified to meet student specific needs

Goals:

- To render the highest quality of medical care through efficient, cost-effective operations
- To provide comprehensive and quality health care in the school environment
- To respect the rights of students/ families in a non-judgmental manner
- To provide education to students/ families regarding aspects of care
- To advise the student/ families of community support and services as appropriate

*A resource entitled, “Emergency Guidelines for Schools, 2019 Florida Edition” has been provided to each school by the Florida Department of Health and the Department of Health in Okaloosa County. This resource should be located in each school clinic and should be used in conjunction with this manual.

Okaloosa County School District
Procedure for Confidentiality and HIPAA Compliance

Purpose: This procedure establishes guidelines to educate clinic staff on the HIPAA laws and the subsequent responsibilities of staff to ensure full compliance of those laws.

Definitions: **HIPAA** – Health Insurance Portability and Accountability Act.

Confidentiality – the medical ethics principle that the information a patient reveals to a health care provider is private and has limits on how and when it can be disclosed to a third party.

Procedure: I. All records that are generated by school staff concerning student/staff care or services will be treated confidentially and will comply with HIPAA policies.

II. Clinic staff will discuss information only with appropriate school personnel and/or medical provider in a continuance of care situation. Accessibility to the students' school health records is to be limited to authorized staff.

III. Notification will be provided to the school principal or designee whenever a request to provide school health records has been received.

IV. Reasonable measures will be taken to ensure the security of school clinic records against loss, defacement, tampering, and unauthorized use. Records will be stored in a manner that minimizes the possibility of damage from fire and water.

V. Additionally, it is each clinic staff's responsibility to ensure that he/she does not breach confidentiality as per HIPAA policies. Examples include, but are not limited to:

A. Taking extreme care to ensure that no one can hear any student information other than the authorized person to whom you are relaying this information (both in face-to-face and telephone conversations).
B. In clinics where the public may come in, taking precautions to ensure that charts and other written information are not seen by visitors.
C. When copying formats that contain multiple names, always blacken out the names that are not pertinent.

Okaloosa County School District
Procedure for Management of School Health Records

Purpose: This procedure establishes guidelines for how health information and school health records are managed in the school setting. These guidelines are in accordance with Florida Statute 1002.22, Florida Statute 381.026, Florida Administrative Code 64F-6.005, Federal Education Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Definitions: **Confidential Information –** Personal, sensitive information obtained most often by a health professional/paraprofessional concerning the physical, develop-mental or mental health of a student.

Cumulative Health Record – (DH3041) A school district document containing an individual student's health information, as required by law, including but not limited to: immunization record, physical exam, health screening results, referrals and follow-up, health history including chronic conditions, health care plan, authorization for medication administration or special procedures, student medication and procedure records, and documentation of health emergencies occurring at school.

Need to Know – Health information that cannot be shared by school health staff unless the individual has a legitimate educational interest.

Statutorily Protected Health Information – Sensitive health information that is protected by specific state statutes: family planning, sexually transmitted diseases, HIV/AIDS, tuberculosis, drug and alcohol prevention, and psychiatric conditions.

Confidential Nursing Record – A confidential nursing record of student health information including documentation of nursing assessments/interventions, health room care and statutorily protected health information.

Secured Area – A room with a reliable locking system and doors that are locked at all times when unoccupied.

Information Custodian – The individual designated responsible for securing the health information records for the purposes of protecting confidentiality, data integrity and appropriate access as detailed in the position description.

Procedure: **School Clinic sites will maintain a reliable locking system to the office door when unoccupied. The school clinic staff will maintain a system for locking confidential student information within the office.**

I. Cumulative Health Record
   A. According to Florida Administrative Code 64F-6, personnel authorized by School Board policy shall maintain cumulative health records on each student in the school. The cumulative health record is stored within the student education records with limited access by designated staff. The cumulative health record will contain the following documentation including but not limited to:
      1. Student Physical Exam (DOH 3040)
      2. Student Immunization Record (DOH 680)
      3. Screening Forms
      4. Student Individual Health Care Plan, as appropriate

II. Student Emergency Health Information
   A. The Emergency Health Card (MIS 6344) will be collected for each student at the beginning of the school year and stored in the health room or front office as designated by the school administration.
   B. It is important that the card is checked for up-to-date telephone numbers and physician/dentist contacts, as well as parent/guardian signature. The school staff does

not have parental/guardian permission to offer first aid or any other comfort measures without parent/guardian signatures on this card.

C. The Emergency Health Card (MIS 6344) serves as permission for mandated health screenings for students in specific grades and as a release for communication with other providers for continuity of care.
D. If a health condition is identified, the clinic staff will add the condition to the health risk/health concerns list and notify the clinic RN or nursing supervisor. The clinic RN or nursing supervisor will evaluate the need for an Individual Health Care Plan (ICHP).
E. **Only Silver Sands School and Richbourg School use the Emergency Health Form (MIS 6343).**

III. Student Screening Records

A. The school clinic staff will utilize an individual screening record for each student screened, to be filed in the cumulative health record upon completion of documentation.
B. The student screening record will document results of health screenings and any notes on referrals and referral follow-up.

IV. School Clinic Staff Screening Referral Follow-up Logs

A. The school clinic staff will maintain a referral follow-up log for each school to track school health screening referrals to completion.
B. The referral follow-up logs will be maintained in a locked area when not in use by the school clinic staff as follows:
    1. Locked within the school's clinic office
    2. Locked in a car out of obvious sight, when traveling**.**

V. Confidentiality

A. Any information placed in a student cumulative health record is confidential and should not be released without written consent from the parent or guardian. Consent in emergency situations is provided through the Okaloosa Health Form (MIS 6343) or the Okaloosa Medical Card (MIS 6344). Access to the cumulative health record should be limited to those with a need to know as per School Board policy.

B. Confidential and sensitive information (i.e. student discussing suicidal thoughts, pregnancy, STD's, tuberculosis, etc.) is <u>not</u> to be recorded on the student cumulative health record. This information should be kept confidential and stored in a secure location. This record will serve as documentation indicating that the situation has been addressed as well as protecting sensitive information.

VI. Records Management

A. During the school year, all records will be maintained in a confidential manner as dictated by the HIPAA regulations.
    1. The computer screen will be turned so parents/students cannot read information pertaining to other students
    2. All notebooks and logs will be closed when leaving the clinic. The clinic should be locked at night
B. At the completion of the school year, each clinic staff member will be responsible for packing and storing their records.
    1. All records must be kept for a minimum of five years
    2. The principal or designee will determine where they would like the records to be located
    3. Non child specific forms will be placed in sections, in a box large enough to hold all of the forms – divider tabs to mark the sections
    4. Boxes will be clearly marked with the school year on at least 2 sides
    5. Child specific forms will be separated for filing in the health folder

Okaloosa County School District
School Entry Medical Examinations

Florida statutes require that each child who is entitled admittance to pre-kindergarten, kindergarten or any other initial entrance into a Florida public school must present certification of a school entry medical examination performed within the twelve months prior to enrollment in school. Without such certification, a medical appointment slip from a licensed physician signifying that the child will in fact have a physical examination within thirty (30) school days must be presented to the school. A child may then be allowed to register and enter school. If the parent or legal guardian of the child fails to present evidence of a medical examination within thirty school days, the principal will exclude the student until medical examination documentation is presented to the principal.
F.S. 1003.22 (1), F.S. 1003.22 (10)(a)(b)

A child shall be exempt from the requirements upon written request of the parent or guardian of such student stating objections on religious grounds. A form certifying the same may be obtained in the school office and must be entered into the child's record.

Okaloosa County School District
Immunization Requirements
(Updated for 2022-2023 School Entry Requirements)

Immunization Requirements for Entrance:
Florida Certificate of Immunization (DH680) is required, documenting the following:
Public/Non-Public Schools K-12 (children entering, attending or transferring to Florida schools)

Diptheria, Tetanus, and Pertussis (DTap)	5 doses or 4 if last dose given after age 4
Polio	3, 4, or 5 doses: If the 4th dose is administered prior to 4th birthday, a 5th dose is required for entry into Kindergarten
Measles, Mumps, Rubella	2 doses
Hepatitis B	2-3 doses depending on when child started the vaccines series
Varicella	2 doses ALL Kindergarten-Gr. 12 children 1 dose Grade 12 OR documented history of varicella disease by a healthcare provider
Tetanus booster (Tdap)	Gr. 7 - 12 Tdap

Children entering, attending or transferring to Kindergarten through Grade 12 in Florida schools will be required to have documentation of a second dose of mumps and rubella in addition to the present requirement of 2 measles vaccines.

A second dose of varicella will be required for children entering, attending or transferring to Kindergarten. Students may not begin Kindergarten until **all i**mmunization requirements are met.

The 7th grade requirement has been modified to include only the Tdap vaccine.

Public/Non-Public Pre-K

Diptheria, Tetanus, and Pertussis (DTap)	Age-appropriate doses as indicated
Polio	Age-appropriate doses as indicated
Measles, Mumps, and Rubella	1 dose
Hepatitis B	2-3 doses depending on when child started the vaccine series
Varicella	1 dose
Haemophilus influenza type b (Hib)	Age-appropriate doses as indicated

Hepatitis B

1. All students entering or attending public or non-public school will be required to have the hepatitis B vaccine series.
2. Children who have no documentation of the hepatitis B vaccine series should be admitted after the first dose, issued a temporary medical exemption, and scheduled for the next appropriate dose.
3. An alternate two-dose hepatitis B vaccine series for adolescents 11 through 15 years of age has been approved. Children in this age group who receive the two-dose series should be considered in compliance with Florida's hepatitis B immunization requirement for school entry and attendance.

Varicella

1. Beginning with the 2008/2009 school year, children entering kindergarten will be required to receive two doses of varicella vaccine.
2. Effective July 1, 2001 children entering or attending childcare facilities or family daycare homes are required to have varicella vaccine.
3. Varicella vaccine is NOT required if there is a history of varicella disease documented by the health care provider in the space provided on the DH 680.

Okaloosa County School District
Procedure for Providing and Conducting Health Screenings in the School Setting
(Vision, Hearing, Height/ Weight/ Body Mass Index (BMI), Scoliosis)

Purpose: This procedure establishes guidelines for providing health screenings in the school environment as mandated by the *Florida Administrative Code Chapter 64F-6.003*. The screenings will allow the school nurse to identify students with suspected abnormalities who will subsequently be referred for appropriate follow-up care.

Definitions: **Body Mass Index** – (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

CDC - Centers for Disease Control and Prevention.

Myopia - a vision abnormality commonly known as "near-sightedness." The student will readily see things that are near, but may have trouble seeing objects at a distance (i.e. the board, road signs, etc.).

Hyperopia – a vision abnormality commonly known as "far-sightedness." The student will be able to see things at a distance, but will have difficulty clearly seeing objects that are near (i.e. words in a book, on a computer screen, etc.).

Strabismus – the deviation of an eye from its axis so the eyes are not focused together on the same object. This is due to an eye muscle imbalance.

Scoliosis –a disorder in which there is a sideways curve of the spine, or backbone. Curves are often S-shaped or C-shaped.

Procedures: (procedures for specific screenings will follow on subsequent pages)

I. Parents should be notified of general population screenings via letter, newsletter, school website, etc.
II. Parents and students have the right to refuse screenings and may "opt out" of screenings by notifying the school; documentation of the refusal should be kept in the student cumulative health file.
III. Screenings are provided to students in response to the Florida mandate as well as by referral for a suspected abnormality or as a routine part of evaluating students for special services.
IV. Students may be referred for screening by
    A. Guidance counselor or other school administrative personnel.
    B. Teacher.
    C. Clinic staff.
    D. Parent.
    E. Self referred.
V. The school nurse may also decide that screening is appropriate based on the assessment of the student.

Okaloosa County School District
Procedure for Hearing Screening

Procedure:

I. Students to be screened
- A. All kindergarten, first and sixth grade students.
- B. Any student in second, fourth, and fifth grades that has never attended a Florida school.
- C. Any student referred by guidance or teachers for screening.
- D. A student may be self-referred or referred by parent for a screening.

II. Screening set-up
- A. Audiometers should be calibrated and maintained as recommended by the manufacturer.
- B. Screening should take place in a quiet area or room, taking care to control the level of surrounding noise as much as possible.
- C. Audiometers should be operating with batteries or the screening area should be located near an electrical outlet for its power source. Ensure that power cords will not be a safety hazard.
- D. For screening large numbers of students, volunteers may be needed to help administer the screenings. Ensure that volunteers are appropriately trained in the use of the audiometer.

III. Administering the hearing screening
- A. Explain to the student how the audiometer will be used to screen hearing.
  1. Instruct the student to raise and lower their hand when the tone is heard in the right or the left ear.
  2. Remind the student that the headphones fit snugly.
- B. If the student wears hearing aids his/her hearing will not be screened.
- C. Have the student put the earphones on or place the earphones on the student (depending on the student's age, abilities, and nurse preference).
  1. The red ear piece is placed on the right ear, and the blue side is placed on the left ear.
  2. Be sure that the earphones are snug over the ears and that nothing interferes with the placement (i.e. earrings, glasses, barrettes, etc.).
- D. Have the student face away from the audiometer or ensure that the student is unable to see the audiometer during the screening.
- E. The hearing threshold should be set at 30dB (may increase to 35 if noise level increases and is unavoidable), and the hearing should be tested at frequencies of 6000Hz, 4000Hz, 2000Hz, and 1000Hz in both ears.
- F. If necessary, vary the tones from right to left to prevent an established pattern that the student may recognize.
- G. To pass the screening, the student can miss no more than 1 tone in a single ear. If the student misses more than one tone in a single ear he/she fails that ear and but if a single tone is missed in each ear then the student fails both ears.
- H. Record the results on the screening form.
- I. Rescreen students at a later date as needed for possible failures due to ambient noise in the screening area, the presence of nasal congestion, etc.
- J. If a student fails the screening, retest in 2-3 weeks.
- K. After any necessary rescreening is accomplished, a referral letter recommending follow-up with a professional provider is sent to the parents/guardians of those students with screening failures.
- L. If no parental response is received, a second letter should be sent to the parents.
- M. A third attempt is made to follow-up on the referral as needed per telephone call.
- N. A hearing failure with no parental response or professional evaluation is considered an incomplete referral.
- O. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student's cumulative health record when the process is complete.

Okaloosa County School District
Procedure for Vision Screening

Procedure: I. Students to be screened

A. All kindergarten, first, third and sixth grade students.
B. Any student in the second, fourth, and fifth grades that has never attended a Florida school.
C. Any student referred by guidance or teachers for screening.
D. A student may be self-referred or referred by parent for a screening.

II. Screening set-up

A. Screening should take place in a well lit area with minimal glare.
B. Depending on available space and age of student, a wall chart, lighted chart or Titmus machine may be utilized to perform the screening.

Wall chart and light box:

1. Place the eye chart or light box at eye level for the student. The chart should be attached to an uncluttered wall.
2. Measure a 10 or 20 foot distance (depending on chart), and mark the area with a line of tape to indicate where the student will need to stand to perform the screening.
3. The distance between the line and the chart should be free of objects, and the electrical cord from the light box should not pose a safety hazard.

Titmus Machine:

1. If utilizing a Titmus machine, position the machine on a table or counter at a comfortable viewing height for student.
2. Clean lenses as needed so that they are clear and free of smudges
3. Plug in the power cord for the machine, assuring that the cord will not be a safety hazard for the student. Turn the machine on.
4. Assure that there is space for the nurse to remain near the student and to adjust the machine controls as needed.

C. For screening large numbers of students, volunteers may be needed to help administer the screenings. Ensure that volunteers are appropriately trained in the use of the Titmus or eye chart.
D. During the general grade level screenings, distance vision will be routinely checked for each student. For individual student screenings, the nurse may screen for distance and/or near vision as indicated.
E. During any screening procedure, the screener should take note of any eye abnormality (i.e. eye deviation, “lazy eye”, etc.).
F. Notify school to have student wear or bring corrective lens as appropriate.

III. Administering the vision screening (using an eye chart)

A. Position the student at the measured and marked distance from the chart.
B. If the student wears glasses, perform the screening with the student’s glasses on.
C. Have the student occlude one eye using their hand (or other occluding device) and have the student read the appropriate line of the chart (20/40, 20/30, etc).
D. Have the student occlude the other eye and repeat the process.
E. To pass the screening, the student must correctly read one more than half of the letters or pictures on the 20/30 line (for students age 6 and over; for students 5 and under, correctly reading the 20/40 line is considered passing).
F. Record visual acuity for each eye (i.e. the smallest line correctly read) on the screening form.
G. Rescreen students at a later date if necessary (i.e. if student forgot glasses, had an eye infection/ problem on the day of screening, if nurse feels rescreening is appropriate, etc).
H. Alert teacher \ appropriate school personnel as needed to provide preferential seating

for those students who fail the screening, until results of a professional evaluation are received.

I. A referral letter recommending follow-up with a professional provider is sent to the parents/guardians of those students with screening failures.
J. If no parental response is received, a second letter should be sent to the parents.
K. A third attempt is made to follow-up on the referral by telephone call.
L. A vision failure with no parental response or professional evaluation is considered an incomplete referral.
M. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student's cumulative health record when the process is complete.

IV. Administering the vision screening (using the Titmus machine)
A. Position the student in front of the Titmus machine at a comfortable viewing height for the student.
B. If the student wears glasses, perform the screening with the student's glasses on.
C. Instruct the student to look into the machine, keeping both eyes open throughout the test.
D. Ask the student to read the letters on the 20/30 line. If the student is unable to read the 20/30 line, instruct him to move up to the 20/40, 20/50, etc.
E. The right column indicates the visual acuity for the right eye. The left column indicates the visual acuity for the left eye. The center column is a test of visual acuity in both eyes.
F. The student may miss one letter in each column and pass for that acuity level. Record visual acuity for each eye (i.e. the smallest line correctly read) on the screening form. 20/30 acuity in each eye is needed to pass the screening.
G. Rescreen students at a later date if necessary (i.e. if student forgot glasses, had an eye infection/ problem on the day of screening, if nurse feels rescreening is needed.
H. Alert teacher/ appropriate school personnel as needed to provide preferential seating for those students who fail the screening, until results of a professional evaluation are received.
I. A referral letter recommending follow-up with a professional provider is sent to the parents/guardians of those students with screening failures.
J. If no parental response is received, a second letter should be sent to the parents.
K. A third attempt is made to follow-up on the referral by telephone call.
L. A vision failure with no parental response or professional evaluation is considered an incomplete referral.
M. All information concerning the referral, follow-up, and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student's cumulative health record when the process is complete.

Okaloosa County School District
Procedure for Scoliosis Screening

Procedure:

I. Students to be screened
   A. All sixth grade students.
   B. Any student referred by guidance or teachers for screening.
   C. A student may be self-referred or referred by parent for a screening.

II. Screening set-up
   A. This screening is best done by registered nurses or other medical professionals.
   B. Screening should take place in an area/room that allows for privacy.

III. Performing the scoliosis screening
   A. Prepare students for the screening by explaining the procedure.
   B. First, have the student stand erect, with feet slightly apart, and arms hanging loosely at their sides. (A mark can be placed on the floor to indicate where the student should stand.) The examiner should be several feet behind the student to best visualize the appearance of the back. Make note of any of the following possible abnormalities.
      1. One shoulder is higher than the other
      2. One shoulder blade is higher or more prominent than the other
      3. The spine has an S-shaped or C-shaped curve
      4. One hip is higher than the other
      5. The space between the arm and the body is greater on one side than the other side
      6. The head does not appear centered directly over the pelvis.
   C. Next view the student in a forward-bending position. The student should bend forward at the waist 90 degrees. Palms of the hands are held together. The head should be down. Make note of any of the following possible abnormalities:
      1. One side of the rib cage is not symmetrical with the other
      2. One side of the lower back is not symmetrical with the other
      3. A curve in the alignment of the spinous processes
   D. Record observations and results on the screening form. Additionally, make note of any student complaint of back pain or history of scoliosis.
   E. Rescreen students at a later date if needed.
   F. A student found to have a possible abnormal spinal curve should be referred to a physician for further evaluation. A referral letter recommending this follow-up is sent to parents/guardians of those students identified.
   G. If no parental response is received, a phone call is made to the parents.
   H. A scoliosis referral with no parental response or professional evaluation is considered an incomplete referral.
   I. All information concerning the referral, follow-up and outcome is recorded on and/or attached to the screening form. Screening forms are filed in the student's cumulative health record when the process is complete.

Okaloosa County School District
Procedure for Growth and Development Screening:
Height, Weight and BMI

Procedure:

I. Students to be screened
   A. All first, third, and sixth grade students.
   B. Any student referred by guidance or teachers for screening.
   C. A student may be self-referred or referred by parent for a screening.

II. Screening set-up
   A. These screenings should be performed on a flat, level, and hard surface.
   B. If possible, screening should take place in an area that allows for privacy.
   C. Utilize a standard floor scale with measuring bar for weight and height; or use an electronic scale or standard scale for weight and a stadiometer or wall-mounted measuring tape for height.
      1. Locate the electronic scale near an electrical outlet as needed for power or ensure that batteries are charged.
      2. Equipment should be calibrated and maintained as recommended by the manufacturer or as determined by the Department of Health.
   D. When screening large numbers of students, volunteers may be needed to help administer the screenings. Ensure that volunteers are appropriately trained in the use of the equipment.
   E. The student's gender and date of birth will be needed for BMI calculation. Obtain this information from student records or utilize screening forms with labels printed with appropriate demographic information.
      1. Student labels for grade level screenings may typically be obtained from the Okaloosa County District Schools.

III. Performing the height and weight screening
   A. Prepare students for the screening by explaining the procedure.
   B. Have the students remove bulky jackets or sweaters. Students should be weighed in minimal indoor school clothing.
   C. If practical, have the student remove shoes. Otherwise, adjust the height recording if needed to reflect an accurate measurement.
   D. Student may need to remove hair accessories for measurement.
   E. Measuring the student
      1. Instruct the student to stand with back as straight as possible, with feet slightly apart, and arms relaxed. The heels, buttocks and shoulder blades should touch the wall or measuring surface being used
      2. Lower the measuring bar or paddle to the crown of the head.
      3. Record the height on the screening form.
   F. Weighing the student
      1. Instruct the student to stand in the middle of the scale or as indicated for the equipment being used.
      2. Student should remain still until the measurement is recorded.
      3. Record the weight on the screening form.

IV. Determining BMI
   A. The CDC's BMI calculator may be used to obtain the BMI. This can be found at https://www.cdc.gov/healthyweight/bmi/calculator.html
      1. The date of measurement, date of birth, gender, height and weight data should be entered into the calculator
      2. Record the BMI on the screening form
      3. Record the BMI-for-age percentile on the screening form
   B. Other acceptable WEB calculators or programs may be used to determine BMI.
      1. Record calculated BMI and BMI-for-age percentile on the screening form.

C. BMI may be determined by manual calculation.
   1. Use the formula: weight (in pounds) divided by height (in inches) divided by height, and then multiply by 703

$$\frac{\text{weight (lb)}}{\text{height (in)} \times \text{height (in)}} \times 703$$

   2. The result of the calculation is the student's BMI
   3. Next, plot the BMI on the growth chart/graph to determine the BMI-for-age percentile
   4. Record the BMI and the BMI-for-age percentile on the screening form

V. Interpreting BMI results and appropriate follow-up
   A. The following are the CDC's categories for BMI-for-age percentiles.
      1. Underweight: less than the 5th percentile
      2. Healthy weight: 5th percentile up to the 85th percentile
      3. Overweight: 85th percentile to less than the 95th percentile
      4. Obese: equal to or greater than the 95th percentile
   B. School nurse discretion: according to the Florida School Health Administrative Guidelines, in special situations, "consideration should be made for environmental and genetic influences in determining the average size of children in various populations."
   C. Based on the percentile categories and nursing discretion, an informational letter will be sent to the parents/guardians of the students in the underweight or obese categories.

USE SCHOOL LETTERHEAD

SAMPLE HEALTH SCREENING LETTER TO PARENTS

Dear Parent/Guardian,

The Okaloosa School District is committed to promoting and protecting your child's health. In partnership with Aveanna Healthcare, Inc., trained Health Technicians, LPNs, and RNs work with students everyday to:

- Provide health related education
- Perform health related assessments
- Provide emergency care as needed

This team of nurses will be providing health screenings to students in the Okaloosa County Schools during the school year. Florida Statute 381.0056 or the School Health Services Act requires these screenings. The screenings are designed to detect health problems that could affect your child's learning and/or growth. The routine screenings provided include:

- Vision – using the Snellen chart or Titmus Tester
  (Grades Kg, 1, 3, 6 and students new to Florida schools Grades 2, 4, 5)
- Hearing – using the Maico Audiometer
  (Grades Kg, 1, 6 and students new to Florida schools Grades 2, 3, 4, and 5)
- Scoliosis – frequently called "Curvature of the Spine" and is done by visual inspection (Grade 6)
- Body Mass Index – through weighing and measuring (Grades 1, 3, 6)

Body Mass Index (BMI) - This calculation tells us if a child is within normal range of height and weight, or is outside the norm and therefore has increased potential to develop certain chronic diseases during childhood or adulthood. It is based upon a child's age and gender, calculated using a child's weight and height and compared to standardized growth charts. BMI screening is an additional School Health service to assist in appraising protecting and promoting the health status of your child. **It is intended to encourage good nutritional habits and healthy physical activity.**

These screenings will be performed by trained staff and will not harm your child in any way. If your child does not pass any part of the screening, you will be notified in writing. Please note that all of your child's health information will remain confidential. The screening is provided at no charge. If you have questions about the screenings, please speak to the school health clinic staff.

If you <u>do not</u> want your child to participate in this screening program, please notify the school in writing.

Okaloosa County School District
Procedure for Observing Universal Precautions

Purpose: The purpose of this procedure is to establish guidelines for observing universal precautions as it pertains to the School Health environment.

Definition: **Universal Precautions (also, Standard Precautions)** -All students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV, and other bloodborne pathogens. It is not possible to identify all students with infectious diseases by taking a medical history or conducting a physical assessment. Therefore, blood or other body fluids or materials must be treated as potentially infectious.

Bloodborne pathogens - Substances present in the blood that can cause infection or disease. For example, hepatitis B and hepatitis C viruses are bloodborne pathogens since they are spread through blood and can cause a liver infection.

Personal protective equipment (PPE) - Devices used to protect the user from injury or contamination by shielding the eyes, face, and/or head, limbs, and/or torso. In the clinic setting these devices may include, but are not limited to, masks, face shields, non-sterile exam gloves, protective eyewear, and gowns.

Procedure:

I. In the presence of blood or body fluids, the provider must use appropriate PPE for the conditions.

II. Wash hands thoroughly before and after <u>all</u> procedures.

III. Sterile disposable supplies are to be used whenever possible. Items which touch only the intact skin (e.g. blood pressure cuffs) rarely, if ever, transmit disease. These items should be cleaned between patient uses. Should this equipment become contaminated with blood or body secretions, it should be cleaned with a 1:10 bleach solution or a chemical germicide.

IV. Students will not share personal supplies, even disposables, such as lancets or nebulizer treatment tubing. Used lancets will be disposed of after use (see Biohazard Waste Management). Care should be taken when removing lancets from device to avoid needle stick. Use mechanical control device (i.e., hemostat) as necessary. Nebulizer equipment will be cleaned, allowed to air dry, and then stored in a clear plastic bag labeled with the student's name.

V. Work surfaces will be decontaminated immediately (or as soon as feasible) after any spill of blood or other infectious materials, and whenever the surfaces are visibly contaminated. Use an approved disinfectant or a 1:10 bleach solution.

VI. If an occupational exposure occurs, (i.e. needle stick or splash of blood or body fluids to a mucous membrane such as the eyes or mouth) immediately wash or rinse the area with copious amounts of water, and soap if possible. Then, contact your immediate supervisor, and follow your organization's Exposure Control Plan. For school faculty and staff, provide first aid and then refer to your school's administration.

Okaloosa County School District
Procedure for Hand Washing

Purpose: This procedure establishes guidelines for appropriate hand hygiene practices as a method of reducing infections.

Procedure: I. Indications for washing hands

A. Wash hands with soap and water when:
1. Visibly dirty or contaminated
2. Visibly soiled with blood or other body fluids
3. Following use of the restroom

B. Perform hand hygiene with either soap/water or alcohol based hand rub:
1. After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings
2. Prior to handling medication or preparing food

******Although running water and soap are the preferred choice, alcohol-based antiseptic hand cleaning products or pre-moistened hand washing towelettes (antimicrobial-impregnated wipes) may be used for hand washing. If contact with blood or body secretions occurs, hand washing shall be done with soap and running water as soon as possible.***

II. Hand washing is one of the single most important procedures used to assist in prevention of infections. The following procedure shall be utilized when washing hands:

A. Turn the faucet on.
B. Wet hands and wrists under warm, running water, holding fingertips down. (Avoid using hot water because repeated exposure to hot water may increase the risk of dermatitis).
C. Scrub hands, wrists, and fingers vigorously with soap for at least fifteen seconds, covering all surfaces of the hands and fingers.
D. Pay special attention to the fingernails and between the fingers.
E. Rinse hands and wrists thoroughly under running water holding the fingertips down. Leave the water running.
F. Dry hands with a clean towel or paper towel. Use the towel to turn the faucet off.

****When decontaminating hands with an alcohol based rub, apply product to the palm of one hand and rub hands together covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer's recommendations regarding the volume of product to use.***

Okaloosa County School District
Procedure for Biohazard Waste Management

Purpose: The purpose of this procedure is to establish guidelines for the handling and disposal of biohazard waste in the clinic setting as it pertains to the School Health environment.

Definitions: **Biohazard waste** is any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, discarded sharps, human blood, and body fluids. Also included are used, absorbent materials such as bandages, gauze or sponges which are visibly **saturated** with blood or body fluids.

Examples of items that can be **considered bio-hazardous waste** would be:
Blood saturated gauze or cotton ball, tissue saturated with bloody nasal secretions, any porous material saturated with body fluids.

Examples of items **not to be considered biohazardous waste**:
Band-Aids, cotton ball for finger sticks, blood glucose strips, gloves, catheters, any non-porous item that cannot be saturated with body fluids.

Personal protective equipment (PPE) are devices used to protect the user from injury or contamination by shielding the eyes, face, and/or head, limbs, and/or torso. In the clinic setting these devices may include, but are not limited to, masks, face shields, non-sterile exam gloves, protective eyewear, and/or gowns. (See school custodial staff for equipment, as needed)

Sharps typically include, but may not be limited to, needles for delivering insulin or other medications and lancets used to obtain a blood specimen for testing.

Procedure: I. All used sharps will be placed immediately into a puncture-resistant, leak-proof sharps container. Do not exceed the fill line as established by manufacturer or other authority.

II. All employees who handle biohazardous waste must wear personal protective equipment (PPE) appropriate for conditions. Avoid aerosolizing contaminants in sharps or absorbent materials.

III. When filled, the cover of sharps containers will be secured and taped, and ready for pick-up. All sharps containers are picked up by a Pediatric Services of America (PSA) representative as needed, but not less than annually.

Okaloosa County School District
Procedure for Emergency Response

Purpose: This procedure establishes guidelines for responding to emergencies. (refer to Emergency Procedure tab in Emergency Guidelines for Schools)

Procedure:

I. Remain calm, and communicate a calm, supportive attitude to the ill or injured individual.

II. Never leave an ill or injured individual unattended.
   A. Have someone else call a parent and/or 911.
   B. Have someone notify the principal of a serious accident or illness.

III. **Do not** move an injured individual or allow the person to walk, unless the environment is considered unsafe.
   A. Bring help and supplies to the individual.
   B. Other school staff or responsible adults should be enlisted to help clear the area of students who may congregate following an injury or altercation.

IV. If necessary, institute CPR.

V. **Do not** become involved in using treatment methods beyond your skill. Recognize the limits of your competence. Perform procedures only within your scope of practice.

VI. 911 should be called immediately for the following:
   A. Breathing problem
   B. Bleeding - severe or difficult to control
   C. Severe allergic reaction
   D. Burns – serious or covering large area
   E. Head, neck or back injury
   F. Concern about heart problem
   G. Diabetic coma or insulin reaction
   H. Drug overdose
   I. Unconsciousness (beyond fainting)
   J. Serious limb injury or amputation
   K. Penetrating injury or impalement
   L. Foreign object in throat

VII. Guidelines for 911 calls
   A. Anytime an emergency medication is given, i.e. Epipen, Glucagon, Diastat.
   B. Anytime delegated in the Individual Health Care Plan.
   C. Anytime delegated by the school health registered nurse and/or the parent/ guardian.

VIII. AED use: See AED Guidelines

**Note: Always notify school administration of emergency situations and 911 calls.*

Okaloosa County School District
Procedure for Clinic Communication

Purpose: This procedure establishes guidelines for communication of information in the School Health Clinic.

Procedure: I. Reporting Injuries:

A. Injury to student – An *Incident Report (MIS 5063)* is required to be completed and turned in to the principal (or other designee) for any student or staff member that visits the clinic due to any injury on school property/field trip which may or may not result in loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc. The clinic staff is only required to complete the sections of the report that are pertinent to the care that they provided, to include phone calls and follow-up made by the health technician/clinic staff. The school staff that was in charge of the student at the time of the injury is responsible for initiating the incident report and ensuring its completion and submission to the principal or his/her designee.

B. Injury to Aveanna staff – Any event that causes injury to Aveanna staff while on duty must be communicated to the Aveanna Nursing Supervisor immediately. Aveanna staff will generate an *Aveanna Injury/Incident Report* that must be sent to the corporate office within 24 hours of the injury.

1. Examples of reportable employee injuries/near injuries include, but are not limited to:
   a. Musculoskeletal injuries from overexertion
   b. Accidental trauma from a slip, trip, or fall
   c. Exposure to blood borne pathogens or other potentially infectious material
   d. Inhalation of harmful smoke or fumes

C. Sharps Injuries – in keeping with the requirements related to record keeping, a "Sharps Injury Log" will be maintained at the Aveanna main office for all Aveanna staff injuries.

1. If a sharps injury occurs, the following information must be reported:
   a. The type and brand of device involved in the incident
   b. The environment of care where the exposure incident occurred
   c. The event during which the exposure occurred
   d. The affected body part
   e. Presence of safety device

II. Communication to Parent or Guardian:

A. A signed MIS 6344 must be in place to provide non-emergent care and / or treatment.
B. Parent / guardian will be notified of any injury or illness requiring care.
C. Document notification and/or attempted notification in FOCUS

III. Distribution of education materials to parents:

A. Only previously approved form letters can be given out in the clinic. These are for the sole purpose of education.
B. No letters of mass communication to parents will be created by Health Technicians or Nurses until reviewed and approved by the School Principal or the Student Intervention Services Program Director.
C. Clinic staff are permitted to draft letters of information if requested; however, the letters must be signed and approved by the appropriate person(s) before dissemination.

IV. Communication to school staff:

A. Communication of any unnecessary information to teachers, aides, secretaries, etc. of students' medical information is a breach of student confidentiality.
B. School staff may receive student medical information on a "need to know" basis only, for the continuity of care for that student.
C. Unless the individual is a parent or health care provider (EMS, Family Physician, etc), clinic staff is not permitted to give out any information about a student.

Okaloosa County School District
Common Symptom Management,
First Aid, and Wound Care in the Clinic

Purpose: This procedure establishes guidelines regarding the most common symptoms seen in the School Health Clinic: **(Corresponding Emergency Guidelines For Schools 2019 – see corresponding tabs for condition / situation)**

Procedure: I. **Bites / Insect Stings (see corresponding tab in Emergency Guidelines for Schools – 2019)**

A. **Animal bites** (Bites from the following animals can carry rabies and may need medical attention: dog, bat, opossum, raccoon, fox, coyote, cat).
   1. Wear disposable gloves when exposed to blood or other body fluids.
   2. Wash bite area with soap and water; hold under running water for 2-3 minutes.
   3. If bite is from a snake, hold the bitten area still and below the level of the heart. Call 911.
   4. If the bite is large and gaping or bleeding uncontrollably and profusely, control bleeding, call EMS.
   5. Notify school principal/designee and parent/guardian.

B. **Human bites (see corresponding tab in Emergency Guidelines for Schools – 2019)**
   1. Follow step 1 and 2 above.
   2. Parent/guardian of the student who was bitten and of the student who was biting should be notified that their child may have been exposed to blood from another student. Incident report must be completed.
   3. Notify school Clinic Staff and appropriate school personnel.

C. **Stings (see corresponding tab in Emergency Guidelines for Schools – 2019)**
   1. If available, follow student's Individual Health Care Plan.
   2. Assess the student carefully for
      a. Difficulty breathing
      b. A rapidly expanding area of swelling, especially around the lips, mouth or tongue
      c. A history of allergy to stings
   3. If available, administer doctor and parent approved medications for that student. **Remember if emergency medications (Epi-pen, Glucagon or Diastat) are administered, always call EMS!**

***** A student may have a delayed allergic reaction up to 2 hours after the sting. Adults supervising student during normal activities should be aware of the sting and watch for any delayed reaction.***

II. **Blisters (see corresponding tab in Emergency Guidelines for Schools – 2019)**
(blisters heal best when kept clean and dry)
   A. Gently wash area with soap and water.
   B. If blister is broken, apply clean dressing to prevent further rubbing.
   C. If blister is not broken, do not break blister.
   D. If infection is suspected (drainage, redness, swelling), notify the parent/ guardian.
   E. Document what you see and your treatment.

III. **Fractures / Sprains (see corresponding tab in Emergency Guidelines for Schools 2019)**

A. Treat all injured body parts as if they could be fractured/ broken.
B. Assess the injured body part for:
   1. Pain in one area
   2. Swelling
   3. Feeling "heat" in the injured area
   4. Discoloration
   5. Limited movement
   6. Bent or deformed bone
   7. Numbness or loss of sensation
C. Rest injured part by not allowing student to put weight on it or use it.
D. Gently support and elevate the injured part.
E. Apply ice, covered with a cloth or paper towel, to minimize swelling
F. After period of rest, recheck injured part.
   1. If pain is gone and the student can move or put weight on injured part without discomfort, and there is no presence of numbness or tingling, then the student can return to class.
   2. If pain, swelling, or numbness continues, contact parent/ guardian
   3. Document all observations and treatments
   4. Notify parent/guardian.

*****Always notify parent/guardian when student is injured at school.***
****** Don't forget to initiate/complete your section of the Incident Report (MIS 5063)***

P.R.I.C.E- Here are five things you can do to encourage the healing of a child's strain/sprain injury in the first 3 days:
P- Protect the injured part from further aggravation and stop activities that make things worse. **R-** Rest the injured part but keep it mobile so long as it is comfortable to do so. **I-** Apply ice packs to the affected area as soon as possible. Use crushed ice wrapped in a damp towel. Leave on for 10-15 minutes, repeat every 2 hours. **C-** Compress the area using a bandage to cover 8 inches to either side. Make sure bandage is not too tight. **E-** Elevate the injured part above the level of the heart and remove any compression bandages.

IV. **Burns (see corresponding tab in Emergency Guidelines for Schools – 2019):**

Any burn that involves a substantial portion of the face, hand, feet, groin, buttocks, or a major joint will require emergency medical attention.

A. First degree burns: superficial and may cause mild swelling, pain and redness. Causes may include scalding from hot water or steam, sunburn, etc. Treatment as follows:
   1. Remove rings, bracelets, or any constricting jewelry before swelling occurs.
   2. Place burned area under cold running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides.
   3. Cover burn with dry, clean gauze, dressing or cloth.
   4. **DO NOT** apply any type of ointment, cream or salve, etc.
   5. Notify parent / guardian.

B. Second degree burns: deeper than first degree burns, and may split or blister the skin layers. The skin will be red or mottled in appearance and may appear wet or shiny. Second degree burn are usually very painful, cause blisters and significant swelling over a period of time. Treatment is as follows:
   1. Remove rings, bracelets, or any constricting jewelry before swelling occurs.
   2. Place burned area under cold running water, apply ice packs or cool compresses for 15 minutes or until pain/heat subsides.

3. Cover burn with dry, clean gauze, dressing or cloth. Avoid fluffy cotton or material that may get lint in the burn.
4. If arms or legs are burned, elevate them above the level of the heart.
5. **DO NOT** apply any type of ointment, cream or salve, etc
6. **DO NOT** attempt to break blisters or remove burned tissue.
7. Notify parent / guardian, administration and call 911 if necessary.

C. Third degree burns: destroy all layers of the skin and extend into deeper tissues. This type of burn may be painless due to the destruction of nerve endings. The skin may appear dry and white, black or charred. Third degree burns are most frequently caused by ignited clothing, immersion in hot water, contact with flames, fire or electricity. Immediate treatment as follows:
1. Call 911
2. Notify parent / guardian and administration
3. Remove rings, bracelets or any constricting jewelry or clothing before swelling occurs.
4. **DO NOT** attempt to remove garments that are clinging or sticking to the skin.
5. If arms or legs are burned, elevate them above the level of the heart.
6. **DO NOT** apply any type of ointment, cream or salve, etc
7. Keep student warm, calm and reassured.
8. Administer CPR, if necessary.

D. Chemical Burns: Treatment as follows:
1. If possible, immediately remove all contaminated items and clothing.
2. Read container labels for guidance or call Poison Control at 1-800-222-1222
3. Provide treatment as directed on container label or directed by Poison Control.
4. Cover burn area with dressing depending on the degree of burn.
5. Notify parent / guardian and administration.
6. Call 911 if burn is severe.

E. Burns of the Eye: A burn to the eye may initially appear only slightly injured, but later it may become deeply inflamed and develop tissue damage. Sight may be lost.
1. Flush eye with tap water for at least 15 minutes.
2. If student is lying down, turn head to the side and pour water into eye from inner corner of the eye outward; hold eye open, and **DO NOT** wash chemical into the other eye during this process.
3. Instruct student not to rub eye.
4. Immobilize eye by covering it with dry dressing. If possible, cover both eyes.
5. Notify parent / guardian and administration.
6. Call 911 if burn is severe or does not improve with flushing.

V. **Diarrhea and Vomiting (see corresponding tab in Emergency Guidelines for Schools – 2019)**:
may be the result of illness, injury, food poisoning, pregnancy, heat exhaustion, or overexertion. Always wear disposable gloves when handling blood or body fluids.

A. Apply a cool, damp cloth to the student's face or forehead.
B. Have a bucket available.
C. Have student lie down on his/her side.
D. Do not give foods or medications.
E. Notify parent / guardian and if condition persists (**more than once**), student must be picked up from school.
F. Student must be symptom free for twenty-four (24) hours before returning to school.

VI. **Fever (see corresponding tab in Emergency Guidelines for Schools – 2019):**
a temperature of **100.0F** and over is considered a fever.

A. Take temperature using approved thermometer.
B. Document your reading.
C. If fever is questionable, have the child lie down and repeat in 5-10 minutes, then document this temperature as well, before calling parent/guardian.
D. Do not give any medications unless previously authorized.
E. Notify parent/guardian to pick up child if temperature is **100.0 or above**.
F. Student must be fever free without being medicated for twenty-four (24) hours before returning to school.

VII. **Head Injury (see corresponding tab in Emergency Guidelines for Schools – 2019):**
A head injury is any trauma that leads to injury of the scalp, skull, or brain. The injury can range from a minor bump on the skull to a serious brain injury. Most head trauma involves injuries that are minor but emergency personnel should immediately treat any serious or potentially serious head injury.

A. Mild cuts or lacerations to the forehead or scalp: The forehead and scalp have an abundant blood supply. As a result, any injury to these areas often results in bleeding, swelling, or bruising.
   1. Treatment for minor cuts or lacerations:
      a. Maintain universal precautions
      b. Clean area with soap and water (do not clean area if large amount of bleeding is present)
      c. Stop bleeding by applying pressure to the wound with gauze or a clean cloth.
      d. If dressing becomes saturated, add more dressings **(do not remove original dressing)**.
      e. Notify school administration or designee. Notify parent / guardian of injury. Call 911immediately for any potentially serious head injury.
   2. Treatment for bleeding under the skin "goose egg", bruising or swelling.
      a. Immediately apply ice for 15 – 20 minute. **(do not apply ice directly to the skin)**
      b. Notify parent/guardian of injury.

B. Severe cuts, lacerations or penetrating injuries to forehead or scalp:
   1. Treatment for severe cuts, lacerations or penetrating injuries to forehead or scalp:
      a. Maintain universal precautions.
      b. Call EMS, notify administration, parent / guardian.
      c. Do not apply direct pressure to wound or remove any objects or debris from wound.
      d. Gently cover wound with gauze or clean cloth. If gauze / cloth become saturated, add more but **do not remove original dressing.**

C. Minor head injury: A minor head injury may cause the brain to have trouble working normally for only a short period of time. It is often caused from a blow to the head from falling, bumping heads, or sports injury. Signs and symptoms may include one or more of the following:
   a. Brief loss of consciousness, drowsiness or decreased amount of energy
   b. Sense of being "dazed" or seeing "stars"
   c. Mild to moderate headache
   d. Blurred vision, dizziness, temporary loss of balance
   e. Nausea or vomiting
   f. Change in mood, irritability
   g. Trouble thinking, or concentration
   h. Ringing in ears
   1. Treatment of minor head injury:
      a. Notify school administration or designee. Notify parent/guardian of injury. Call 911 immediately for any potentially serious head injury.

b. Keep the student lying down, still, and quiet until parent or until medical help arrives.
c. Prevent movement of the neck and spine.
d. Maintain universal precautions
e. If the student is vomiting, roll the head, neck, and body as one unit to prevent choking
f. Stop bleeding by applying gentle pressure to the wound with gauze or a clean cloth. If gauze / cloth become saturated, add more but **do not remove original dressing**.

D. Severe head injury: A severe head injury may involve symptoms lasting from several minutes, days, or longer. The student may suffer from severe and sometimes permanent neurological deficits or may die from a severe head injury. They are often caused by a forceful impact from objects, falls, motor vehicle accidents, or sports injury. Signs and symptoms may include one or more of the following:
   a. Confusion, slurred speech
   b. Mood and personality changes
   c. Drowsiness, weakness
   d. Inability to move arm or leg
   e. Loss of balance
   f. Loss of consciousness for more than one (1) minute
   g. Severe headache, sensitivity to light
   h. Vomiting more than once
   i. Severe head or facial bleeding
   j. Clear or bloody fluid draining from nose, mouth, or ears
   k. Changes in or unequal size of pupils
   l. Seizures
   m. Black and blue discoloration below the eyes or behind the ears
   n. Slow breathing rate

   1. Treatment of severe head injury:
      a. Call 911 immediately. Notify school administration, parent /guardian, and follow-up with immediate supervisor after emergency is resolved.
      b. Keep student lying down, still, and quiet until medical help arrives
      c. Prevent movement of the neck and spine
      d. Maintain universal precautions
      e. If the student is vomiting, roll head, neck, and body as one unit to prevent chocking
      f. Stop bleeding by applying gentle pressure and covering the wound with gauze or a clean cloth. If the gauze / cloth becomes saturated, add more but **do not remove original dressing**. Do not remove any object or debris from the wound.
      g. Perform CPR if needed

VIII. **Heat Stroke (see corresponding tab in Emergency Guidelines for Schools – 2019):** strenuous activity in the heat may cause heat-related illness.
A. Observe student for the following symptoms:
   1. Red, hot, dry skin
   2. Weakness and fatigue
   3. Cool, clammy hands
   4. Vomiting
   5. Loss of consciousness
   6. Profuse sweating
   7. Headache
   8. Nausea
   9. Confusion
   10. Muscle cramping
B. Remove student from heat to a cooler place.

C. If student is not vomiting or confused, and student is awake and fully alert, give clear fluids in small amounts.
D. If student begins to get confused or loses consciousness, place on his/her side to protect airway.
   1. Call 911
   2. Look, listen and feel for breathing.
   3. If child is not breathing, start CPR.
   4. Notify parent / guardian and administration
F. Attempt to cool student by placing wet towels on him with room temperature water, not ice water.

IX. **Nose Bleeds / Broken Nose and Object in Nose (see corresponding tab in Emergency Guidelines for Schools – 2019):**
A. Put on gloves when handling any blood or body fluids.
B. Place student in a forward sitting position, with nose slightly down (**do not** allow student to hold head tilted back with nose upwards); or, you may have the student lie down with head raised up on a pillow.
C. Ice can be placed on the bridge of the nose.
D. **Do not** place any foreign objects in the child's mouth.
E. Apply constant pressure to bridge of nose.
F. Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.
G. Notify parent / guardian, even if nose bleed resolves.

X. **Rashes (see corresponding tab in Emergency Guidelines for Schools – 2019)**
A. Rashes can have many causes including: heat, infection, illness, reaction to medications, insect bites, dry skin or skin irritations.
B. Some rashes may be contagious; always wear disposable gloves when in contact with any rash.
C. Document:
   1. Location
   2. Color
   3. Raised or flat appearance
   4. Size of lesion/area (compare to coins, i.e. dime, quarter size, etc.)
   5. Drainage: Describe amount, color and odor of drainage. **All rashes with drainage must be covered**.
   6. Presence of other symptoms, i.e. fever, headache, diarrhea, sore throat, vomiting.
D. Because of the probability of rashes being contagious, any student with a rash of unknown origin, should be picked up by the parent/guardian and advised to seek medical clearance to return to school.
E. If you suspect that the student has a heat rash, have him/her rest and cool down; if rash disappears, the student may return to class.

XI. **Stomach Pain (see corresponding tab in Emergency Guidelines for Schools – 2019)**
A. Stomach aches may have many causes including: illness, hunger, over-eating, diarrhea, food poisoning, menstrual symptoms, psychological issues, constipation, gas pain, and pregnancy.
~~B. Instruct the student to lie down in a room with privacy.~~
C. Take the student's temperature (note that a temp of $\geq$100.0F is a fever).
D. If the student has fever or vomiting, contact parent/guardian for pick-up.
E. If no fever or vomiting accompanies the stomach ache and the student feels better, he/she may return to class.
F. If stomach ache persists or becomes worse, contact the parent/guardian to inform them of the student's condition.

XII. **Teeth (see corresponding tab in Emergency Guidelines for Schools – 2019)**

A. Loose teeth (non-permanent)
   2. In order to not cause any tissue tearing/damage, do not pull loose teeth.
   3. Provide student with a container to place tooth in once it comes out.
   4. Have student rinse out mouth with cold water.

B. Knocked out or broken permanent teeth
   1. Find tooth: if tooth is dirty, clean it gently by rinsing with water. Do not scrub or brush the tooth.
   2. The tooth must not dry out! The following steps are listed in order of preference: (within 15-20 minutes).
      a. Place tooth gently back in socket, and have student hold it in place; or
      b. Place tooth in glass of skim milk or low fat milk; or
      c. Place tooth in normal saline; or
      d. Instruct student to spit into a cup; place tooth in the cup; or
      e. Place tooth in a glass of water.
   3. Apply a cold compress to face to minimize swelling.
   4. Contact parent/guardian.

XI. **Ticks (see corresponding tab in Emergency Guidelines for Schools – 2019):**

A. Please remember that the role of the Health Technician **does not** allow for any invasive procedures, including tick removal.

B. If a tick can be visualized, call the parent/guardian to inform them. Explain that the child has an apparent tick that will need to be removed.

C. The parent/guardian has the option of coming to the clinic to attempt removal of the tick themselves or taking the child to the physician to ensure complete removal.

XII. **Wound care/first aid**:

Care and treatment of wounds:

1. Always wear disposable gloves when exposed to blood and body fluids.
2. Wash area with soap and water to remove dirt. Rinse with running water, pat dry and apply clean dressing, bandage or Band-Aid. **The only approved cleaning agent for wounds in the school clinic is soap and water.**
3. Notify parent / guardian.

A. Documentation / observation:

1. Clearly document the following:
   a. how and when the wound occurred.
   b. location of wound
   c. approximate amount of bleeding or drainage
   d. First Aid care provided.

C. Vaseline ointment is permitted to be used on lips only.

D. Lip balm / chap stick, sunscreens and lotions are checked into the clinic or are permitted to be carried by students at the discretion of the Principal or Principal's designee only. Check with the Principal on what his/her preferences are and this ruling should be in writing.

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated October 20, 2016

Florida Department of Health

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

You are an invaluable part of disease surveillance in Florida!
Please visit www.FloridaHealth.gov/DiseaseReporting for more information. To report a disease or condition, contact your CHD epidemiology program (www.FloridaHealth.gov/CHDEpiContact). If unable to reach your CHD, please call the Department's Bureau of Epidemiology at (850) 245-4401.

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

!	Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance
+	Acquired immune deficiency syndrome (AIDS)
☎	Amebic encephalitis
!	Anthrax
•	Arsenic poisoning
!	Arboviral diseases not otherwise listed
•	Babesiosis
!	Botulism, foodborne, wound, and unspecified
•	Botulism, infant
!	Brucellosis
•	California serogroup virus disease
•	Campylobacteriosis
+	Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors
•	Carbon monoxide poisoning
•	Chancroid
•	Chikungunya fever
☎	Chikungunya fever, locally acquired
•	Chlamydia
!	Cholera (*Vibrio cholerae* type O1)
•	Ciguatera fish poisoning
+	Congenital anomalies
•	Conjunctivitis in neonates <14 days old
•	Creutzfeldt-Jakob disease (CJD)
•	Cryptosporidiosis
•	Cyclosporiasis
!	Dengue fever
!	Diphtheria
•	Eastern equine encephalitis
•	Ehrlichiosis/anaplasmosis
•	*Escherichia coli* infection, Shiga toxin-producing
•	Giardiasis, acute
!	Glanders
•	Gonorrhea
•	Granuloma inguinale
!	*Haemophilus influenzae* invasive disease in children <5 years old
•	Hansen's disease (leprosy)
☎	Hantavirus infection
☎	Hemolytic uremic syndrome (HUS)
☎	Hepatitis A
•	Hepatitis B, C, D, E, and G
•	Hepatitis B surface antigen in pregnant women and children <2 years old
☎	Herpes B virus, possible exposure
•	Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old
+	Human immunodeficiency virus (HIV) infection
•	HIV-exposed infants <18 months old born to an HIV-infected woman
•	Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old
!	Influenza A, novel or pandemic strains
☎	Influenza-associated pediatric mortality in children <18 years old
•	Lead poisoning (blood lead level ≥5 µg/dL)
•	Legionellosis
•	Leptospirosis
☎	Listeriosis
•	Lyme disease
•	Lymphogranuloma venereum (LGV)
•	Malaria
!	Measles (rubeola)
!	Melioidosis
•	Meningitis, bacterial or mycotic
!	Meningococcal disease
•	Mercury poisoning
•	Mumps
+	Neonatal abstinence syndrome (NAS)
☎	Neurotoxic shellfish poisoning
☎	Paratyphoid fever (*Salmonella* serotypes Paratyphi A, Paratyphi B, and Paratyphi C)
☎	Pertussis
•	Pesticide-related illness and injury, acute
!	Plague
!	Poliomyelitis
•	Psittacosis (ornithosis)
•	Q Fever
☎	Rabies, animal or human
!	Rabies, possible exposure
!	Ricin toxin poisoning
•	Rocky Mountain spotted fever and other spotted fever rickettsioses
!	Rubella
•	St. Louis encephalitis
•	Salmonellosis
•	Saxitoxin poisoning (paralytic shellfish poisoning)
!	Severe acute respiratory disease syndrome associated with coronavirus infection
•	Shigellosis
!	Smallpox
☎	Staphylococcal enterotoxin B poisoning
☎	*Staphylococcus aureus* infection, intermediate or full resistance to vancomycin (VISA, VRSA)
•	*Streptococcus pneumoniae* invasive disease in children <6 years old
•	Syphilis
☎	Syphilis in pregnant women and neonates
•	Tetanus
•	Trichinellosis (trichinosis)
•	Tuberculosis (TB)
!	Tularemia
☎	Typhoid fever (*Salmonella* serotype Typhi)
!	Typhus fever, epidemic
!	Vaccinia disease
•	Varicella (chickenpox)
!	Venezuelan equine encephalitis
•	Vibriosis (infections of *Vibrio* species and closely related organisms, excluding *Vibrio cholerae* type O1)
!	Viral hemorrhagic fevers
•	West Nile virus disease
!	Yellow fever
!	Zika fever

Coming soon: "What's Reportable?" app for iOS and Android

*Subsection 381.0031(2), Florida Statutes, provides that "Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health." Florida's county health departments serve as the Department's representative in this reporting requirement. Furthermore, subsection 381.0031(4), Florida Statutes, provides that "The Department shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners..."

Conjunctivitis (“Pink-Eye”)

Conjunctivitis (or pink-eye) is an inflammation of the mucous membranes that line the eyelids, most often caused by a virus but occasionally caused by bacteria or allergies. With this inflammation, the white part of the eye becomes pink and the eye produces lots of tears and discharge. In the morning, discharge may make the eyelids stick together.

Transmission

Organisms that cause conjunctivitis are transmitted by direct contact with discharge from the conjunctivae (mucous membranes that line the eyes) or upper respiratory tracts of infected people. The organisms are also transmitted from contaminated fingers, clothing, or other articles (e.g., shared eye makeup, washcloths, towels, or paper towels). Children under 5 are most often affected. The incubation period is usually 24-72 hours.

Diagnosis

Conjunctivitis is diagnosed by a typical appearance of the eye(s). However, it is often difficult to tell if the cause is bacteria or viral. Occasionally, the doctor will examine the discharge under a microscope or culture it.

Treatment

Parents of students who have symptoms of conjunctivitis and staff who have symptoms of conjunctivitis should be advised to contact their health care provider to decide whether medication is needed.

School Exclusion Guidelines

Conjunctivitis is transmissible during the course of active infection. Student should be excluded from school while symptomatic or until 24 hours of antibiotic treatment has been completed.

Hand, Foot and Mouth Disease (Coxsackievirus)

Hand, foot, and mouth disease is a mild viral disease caused by coxsackievirus. Symptoms may include fever, sore throat, stomach pain and diarrhea, and a rash of tiny blisters on the palms of the hands, soles of the feet, and in the mouth, lasting 7-10 days. This illness is most commonly seen in the summer and fall.

Transmission

The virus that causes hand, foot, and mouth disease is transmitted by direct contact with nose and throat discharges and feces of infected people (who may be asymptomatic) and aerosol droplet spread. Adults and children are susceptible; however, incidence is highest in young children. A person can be a source of infection as long as the virus is shed in the stool, usually several weeks (as long as 8-12 weeks). The incubation period is 3-6 days.

Diagnosis

Diagnosis is usually presumptively made, based on symptoms. Specimens for viral isolation can be obtained from the site of clinical involvement.

Treatment

No specific anti-viral treatment is available. Care is supportive.

School Exclusion Guidelines

The virus is contagious before symptoms begin and continues to be transmissible as long as the virus is shed in the stool. School exclusion is not indicated if the person is well enough to attend school. Good hand washing, especially after toileting, and environmental cleaning and sanitation is key to transmission prevention.

Notification Guidelines

None usually indicated unless an outbreak occurs in the school. If an outbreak of hand, foot, and mouth disease occurs within the school population, school health personnel will notify the Student Intervention Services Program Director at 833-3108. Together in consultation with the Okaloosa County Department of Health and school administrators, it will be determined whether some or all parents should be notified.

Methicillin-Resistant Staphylococcus Aureus (MRSA)

Staphylococcus aureus is a type of bacteria commonly found on the skin or in the nose of the healthy individuals. Some Staphylococcus aureus is resistant to certain antibiotics, which makes it more difficult to treat than a normal staph infection. The name methicillin-resistant Staphylococcus, or MRSA, is used for the drug resistant strain of the bacteria. Although antibiotics from the methicillin family are ineffective against the treatment of MRSA, many other sensitive antibiotics are prescribed for treatment.

Transmission

MRSA is most commonly spread among individuals having close physical contact with an infected person, although a person can have MRSA on their skin, show no signs of illness, and still spread the bacteria. An individual can also become infected by touching objects contaminated with MRSA. Objects such as towels, sheets, wound dressings, clothes, and razors can become contaminated from the skin of an infected individual. MRSA is not spread through air. Contaminated hands play a significant role in spreading the bacteria, either directly person to person or indirectly by contaminated objects.

Diagnosis

A laboratory test is necessary to determine if an individual is infected with MRSA. Typically, the infection is drained and a sample of the fluid/pus from the infection is tested by a laboratory.

Treatment

Antibiotics will need to be taken according to directions and only according to directions. When antibiotics are prescribed, they should be taken to completion, even if the wound is healing. Keep all infections, especially those that are draining or are pus-filled, covered with clean, dry bandages. Frequent hand washing with soap and water is imperative. Disposable gloves must be worn when changing bandages, Band-Aids or other wound dressings followed with hand washing with soap and water. Alcohol based hand hygiene products may be used if hand washing is not immediately available.

School Exclusions

MRSA is transmissible through **direct contact** with an infected sore or old dressing. A student diagnosed with MRSA may return to school as soon as effective medical treatment has been initiated. All wounds must be covered with a clean, dry dressing at **ALL** times until fully healed.

Tinea (Ringworm)

Tinea and ringworm are general terms used to describe various fungal diseases that involve the scalp, body, feet, and groin.

School Exclusion Guidelines

All tinea infections are transmissible as long as the fungus is present in the infected area. Viable fungus may persist on contaminated materials for long periods.

School exclusion is not indicated as long as infected area can be covered or the student's condition is being treated by a health care provider.

Examination of siblings and other household contacts for evidence of Tinea is recommended.

Notification Guidelines

None usually indicated unless an outbreak occurs in the school. If more than one person in a classroom develops a tinea infection, school health personnel will notify the Student Intervention Services Program Director at 833-3108. Together in consultation with the Okaloosa County Department of Health and school administrators, it will be determined whether some or all parents should be notified.

Prevention Guidelines

Keep the environment as clean, dry and cool as possible since ringworm fungi grow easily on moist, warm, surfaces.

Follow general cleanliness and hand washing guidelines.

Keep affected areas of the body loosely covered with gauze, bandage, or clothing to prevent shedding of infected scales.

Students and staff should be discouraged from sharing ribbons, combs, and brushes.

Students and staff with active athlete's foot (tinea pedis) should be discouraged from using swimming pools, locker room, and shower rooms without wearing footwear as these areas are conducive to transmission of this infection.

Viral Meningitis

Meningitis is an infection of the tissues lining the spinal cord and the brain. Viral meningitis is very common but rarely life threatening. Many types of viruses can cause viral meningitis. Knowing whether meningitis is viral or bacterial is important because of differences in the seriousness of the illness and the treatment needed. Viral meningitis us usually relatively mild but still may require hospitalization in some cases. It clears up in a week or two without specific treatment. Viral meningitis is also called aseptic meningitis. Symptoms are fever, headache, stiff neck and tiredness. Rash, sore throat and vomiting can also occur.

Transmission

Viral meningitis is caused by a wide variety of infectious agents, many of which are associated with other specific diseases. Many viruses are capable of producing meningeal features. Enteroviruses, mumps, varicella, herpes simplex and mosquito-borne viruses may be causes of viral meningitis. However, in half or more of the cases a specific virus cannot be identified. Viral meningitis is found worldwide. The way people get viral meningitis depends on the virus involved. Fortunately, very few people who become infected with these viruses usually develop meningitis.

Diagnosis

Viral agents may be isolated in early stages from throat washings and stool, occasionally from cerebrospinal fluid (CSF) and blood. CSF findings may show increased protein and normal sugar but will have an absence of bacteria. In more than half of the cases of viral meningitis, the cause is never found.

Treatment

No specific treatment is available for viral meningitis. Treatment is usually supportive and to provide relief of fever. Antibiotics do not work against viruses.

School Exclusion Guidelines

Since the viral agent responsible for viral meningitis varies and may be unknown there are no specific exclusion guidelines. If the causative viral agent is known, exclusion would be according to guidelines for that specific virus. No special precautions are needed beyond routine sanitary practices. No quarantine needed and investigation of contacts is not usually indicated. Immunization of contacts is not indicated, unless the specific viral disease is known and a suitable vaccine is available.

Prevention Guidelines

Good hygienic practices such as hand washing help prevent infection with many of the viruses that can cause viral meningitis. Wash hands with soap and warm water after using the toilet, after changing diapers, before preparing and eating food, and after sneezing and coughing. Avoid mosquito bites. If possible, stay inside between dusk and dark. This is when most types of mosquitoes are most active. When outside between dusk and dark, wear long pants and shirts. Spray exposed skin with an insect repellent.

Okaloosa County School Health
Procedure for Assessment and Treatment of Lice/Nits

Purpose: This procedure establishes guidelines for the assessment and treatment of lice in the school environment.

Procedure: School Board Policy 4-42:

(A) Students in Okaloosa County School District schools may be checked for head lice by the school clinic staff. School officials will take the following steps when a student is identified with head lice:

(1) Parents or Guardians will be called to transport the student home. Students are not permitted to ride the bus when head lice are identified.

(2) School clinic staff will give parents written procedures on the treatment of head lice.

(3) After treatment and upon return to school, parents will bring the student back to the clinic with documentation that the head lice was treated and the clinic staff will check that the student is free of lice and/or live nits.

i) Live nits are defined by the Centers for Disease Control as nits that are located no more than ¼ in. from the base of the hair shaft and/or scalp.

(4) Students will be allowed to return to class once he/she is checked by clinic staff and found to free of lice and live nits.

(5) The school principal or his/her designee shall be notified upon the third incident of lice or live nits in a single semester.

Statutory Authority: Section 1001.41; Florida Statutes
Laws Implemented: Section 1001.42(8), Florida Statutes
Adopted: August 13, 2007
Revised: March 28, 2011; September 28, 2015, August, 2018

Head Lice: A Real Head Scratcher
Fact Sheet for Parents

While the odds of your son or daughter developing head lice are relatively small, the following includes useful information on how to spot and treat this condition.

What are head lice?
Head lice are small parasitic insects that survive by removing small amounts of blood from the scalp every few hours. Generally found close to the scalp, primarily around the ears and at the back of the neck, the adult louse is about the size of a sesame seed and can be the color of your child's hair. Eggs, or nits, are smaller and are silver in color.

What are the symptoms of head lice?
The most common symptom of head lice is itching caused by an allergic reaction to the louse saliva. There may be redness or sores caused by scratching. Your child may be irritable and experience sleeplessness.

How common are head lice?
About one in every 100 U.S. elementary school children will be infested with head lice in any given year.3 Infestation can occur throughout the year, although the peak is generally experienced during the summer and back-to-school time periods. Girls are more likely than boys to become infested because of sharing personal hair items.

How do you get head lice?
Lice are "equal opportunity" parasites. They infest all socioeconomic groups, races, genders and ages, but are more commonly found in children due to their close contact with each other. While head lice are not considered an infectious disease, spread from one child to another can occur primarily through direct head to head contact or secondarily through the sharing of personal items such as hats, scarves, helmets, brushes, combs or pillows. It is important for you to know that lice are not a sign of poor hygiene and they do not spread disease. If someone in your child's class at school develops head lice, there is no reason to panic and automatically assume that your child will "catch" head lice.

How do I know if my child has head lice?
Diagnosis of head lice is made on the basis of symptoms and confirmed through the identification of a live louse on the head. If your child is scratching his or her head, and you see red bite marks, sores, lice or nits on their scalp, he or she should be examined by a medical professional.

How do I prevent head lice?
While preventing head lice entirely can be difficult, children should avoid head to head contact during lice outbreaks. Secondly, parents should discourage their children from sharing personal items such as hats, scarves, headbands, helmets, brushes, combs or pillows to decrease the likelihood of spread from one person to another. All recently worn clothing, hats, bedding, and towels used by anyone having lice or thought to be exposed to lice can be washed in hot water (130 degrees) or dry cleaned. Personal care items such as combs, brushes and hair clips should also be washed in hot water. Toys such as stuffed animals can be placed in a hot dryer for 30 minutes or in a plastic bag for 2 weeks.

How can I treat head lice?
Treatments for head lice include:

- Over-the-counter (OTC) products
- Prescription products
- Alternative therapies – natural and herbal. These products have not been proven effective and are not regulated by the Food and Drug Administration (FDA).5,6
- Nit picking (hair combing) with a fine-tooth comb is often used to remove the nits (eggs) from the hair. Combing takes time and patience. While it may remove the eggs or empty shells, alone, it is not considered an effective treatment for head lice.

Many approved products are safe and effective but like all medical treatments, they must be used as directed. Also, studies have shown that head lice are learning to outsmart many pesticides and are developing resistance to OTC pyrethrin and pyrethroid products, in much the same way that some bacteria have developed resistance to antibiotics. If a child is suspected of having head lice, he or she should be examined by a medical professional.

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Head Lice 101

What You Should Know About Head Lice

Lice LESSONS

Overview

Head lice are a common community problem. An estimated 6 to 12 million infestations occur each year in the United States, most commonly among children ages 3 to 11 years old. Children attending preschool or elementary school, and those who live with them, are the most commonly affected.[1]

Head lice are not dangerous.[1] They do not transmit disease, but they do spread easily, making it a community issue.[1] Additionally, despite what you might have heard, head lice often infest people with good hygiene and grooming habits.[2,3] Your family, friends or community may experience head lice. It's important to know some basics, including how to recognize symptoms and what to do if faced with an infestation.

NIT

What Are Head Lice?

Head lice are tiny, wingless insects that live close to the human scalp. They feed on human blood.[1] An adult louse is the size of a sesame seed. Baby lice, or nymphs, are even smaller. Nits are the tiny, teardrop-shaped lice eggs. They attach to the hair shaft, often found around the nape of the neck or the ears. Nits can look similar to dandruff, but cannot be easily removed or brushed off.[1]

Nymph

Fast Facts

- An estimated 6 to 12 million infestations occur each year among U.S. children 3 to 11 years of age[1]
- Head lice often infest people with good hygiene[2,3]
- Head lice move by crawling; they cannot jump or fly[1]
- Head lice do not transmit disease, but they do spread easily[1]
- If you or your child exhibits signs of an infestation, it is important to talk to your doctor to learn about treatment options

Full-Grown Louse

How Are Head Lice Spread?

- Head lice move by crawling and cannot jump or fly.[1]
- Head lice are mostly spread by direct head-to-head contact – for example, during play at home or school, slumber parties, sports activities or camp.[1]
- It is possible, but not common, to spread head lice by contact with items that have been in contact with a person with head lice, such as clothing, hats, scarves or coats, or other personal items, such as combs, brushes or towels.[1]
- Head lice transmission can occur at home, school or in the community.[1]

What Are the Signs & Symptoms of Infestation?

Signs and symptoms of infestation include[1]:

- **Tickling** feeling on the scalp or in the hair
- **Itching** (caused by the bites of the louse)
- **Irritability and difficulty sleeping** (lice are more active in the dark)
- **Sores on the head** (caused by scratching, which can sometimes become infected)

Finding a live nymph or adult louse on the scalp or in the hair is an indication of an active infestation. They are most commonly found behind the ears and near the neckline at the back of the head.[4]

Head Lice 101

What You Should Know About Head Lice

Lice LESSONS

What If My Child Gets Head Lice?

If you suspect your child might have head lice, it's important to talk to a school nurse, pediatrician or family physician to get appropriate care. There are a number of available treatments, including new prescription treatment options that are safe and do not require nit combing. Other things to consider in selecting and starting treatment include:

- Follow treatment instructions. Using extra amounts or multiple applications of the same medication is not recommended, unless directed by healthcare professional.[2]
- Resistance to some over-the-counter head lice treatments has been reported. The prevalence of resistance is not known.[6,7]
- There is no scientific evidence that home remedies are effective treatments.[8]
- Head lice do not infest the house. However, family bed linens and recently used clothes, hats and towels should be washed in very hot water.[4]
- Personal articles, such as combs, brushes and hair clips, should also be washed in hot soapy water or thrown away if they were exposed to the persons with active head lice infestation.[4]

All household members and other close contacts should be checked, and those with evidence of an active infestation should also be treated at the same time.[4]

Myths & Facts About Head Lice

Myth: Only dirty people get head lice.

Fact: Personal hygiene or household or school cleanliness are not factors for infestation. In fact, head lice often infest people with good hygiene and grooming habits.[3,5]

Myth: Head lice carry diseases.

Fact: Head Lice do not spread diseases.[1]

Myth: Head lice can be spread by sharing hairbrushes, hats, clothes and other personal items.

Fact: It is uncommon to spread head lice by contact with clothing or other personal items, such as combs, brushes or hair accessories, that have been in contact with a person with head lice.[1]

Myth: Head lice can jump or fly, and can live anywhere.

Fact: Head lice cannot jump or fly, and only move by crawling. It is unlikely to find head lice living on objects like helmets or hats because they have feet that are specifically designed to grasp on to the hair shaft of humans. Additionally, a louse can only live for a few hours off the head.[1]

Myth: You can use home remedies like mayonnaise to get rid of head lice.

Fact: There is no scientific evidence that home remedies are effective treatments.[8] A healthcare provider can discuss appropriate treatment options, including prescription products.

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SANOFI PASTEUR

NASN National Association of School Nurses

Información básica sobre piojos

Lo que debe saber acerca de los piojos

Lice LESSONS

Introducción

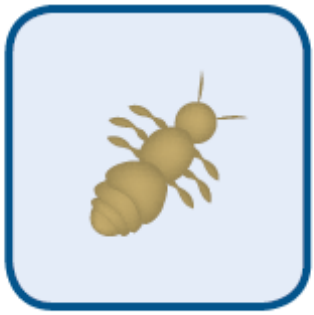
Los piojos de la cabeza son un problema frecuente para la comunidad. Se estima que se producen entre 6 y 12 millones de infestaciones todos los años en los Estados Unidos, con mayor frecuencia entre niños de 3 a 11 años de edad. Los niños que asisten a la escuela preescolar o elemental y las personas que viven con ellos son con frecuencia los más afectados.[1]

Los piojos no son peligrosos.[1] No transmiten enfermedades pero se contagian fácilmente, por lo que son un problema para la comunidad.[1] Además, a pesar de lo que pueda haber escuchado, los piojos a menudo infestan a personas con buenos hábitos de higiene y aseo.[2,3] Su familia, amigos o comunidad puede tener piojos. Es importante conocer algunos datos básicos, por ejemplo cómo reconocer los síntomas y qué hacer ante una infestación.

Liendre

¿Qué son los piojos?

Los piojos son insectos diminutos y sin alas que viven cerca del cuero cabelludo humano. Se alimentan de sangre humana.[1] Un piojo adulto es del tamaño de una semilla de sésamo. Los piojos bebé, o ninfas, son aún más pequeños. Las liendres son huevos pequeños con forma de lágrima. Se adhieren al tallo capilar y, por lo general, se encuentran alrededor de la nuca o las orejas. Las liendres pueden tener un aspecto similar a la caspa pero no pueden quitarse fácilmente o eliminarse con un cepillo.[1]



Ninfa

Datos rápidos

- Se estima que se producen entre 6 y 12 millones de infestaciones todos los años en niños estadounidenses de entre 3 y 11 años de edad.[1]
- Los piojos a menudo infestan a personas con buenos hábitos de higiene.[2,3]
- Los piojos se arrastran; no pueden saltar ni volar.[1]
- Los piojos no transmiten enfermedades pero se contagian fácilmente.[1]
- Si usted o su hijo exhiben signos de infestación, es importante hablar con su médico para conocer las opciones de tratamiento.

Piojo adulto

¿Cómo se transmiten los piojos?

- Los piojos se arrastran; no pueden saltar ni volar.[1]
- Los piojos se transmiten mayormente por contacto directo de cabeza a cabeza, por ejemplo, mientras los niños juegan en el hogar o en la escuela, fiestas de pijamas, actividades deportivas o campamentos de vacaciones.[1]
- Es posible, aunque no frecuente, la transmisión de piojos por contacto con artículos que hayan estado en contacto con una persona con piojos, por ejemplo ropa, sombreros, bufandas o abrigos, u otros artículos de uso personal, como peines, cepillos o toallas.[1]
- La transmisión de piojos puede ocurrir en el hogar, la escuela o en la comunidad.[1]

¿Cuáles son los signos y síntomas de infestación?

Entre los signos y síntomas de infestación se incluyen[1]:

- **Sensación de cosquilleo** en el cuero cabelludo o en el cabello
- **Picazón** (provocada por las picaduras del piojo)
- **Irritabilidad y dificultad para dormir** (los piojos son más activos en la oscuridad)
- **Lastimaduras en la cabeza** (provocadas al rascarse, que a veces pueden infectarse)

Una indicación de infestación activa es encontrar una ninfa o un piojo adulto vivos en el cuero cabelludo o en el cabello. Se encuentran con mayor frecuencia detrás de las orejas y cerca de la línea del cuello en la parte posterior de la cabeza.[4]

Información básica sobre piojos

Lo que debe saber acerca de los piojos

Lice LESSONS

¿Qué sucede si mi hijo tiene piojos?

Si sospecha que su hijo podría tener piojos, es importante hablar con el enfermero escolar, el pediatra o el médico de la familia para recibir atención adecuada. Hay varios tratamientos disponibles, entre ellos nuevas opciones de tratamiento de venta con receta que son seguras y no requieren extraer las liendres con el peine. Entre otras cosas para tener en cuenta al seleccionar y empezar un tratamiento se incluyen:

- Cumplir con las instrucciones del tratamiento. No se recomienda utilizar cantidades adicionales o aplicaciones múltiples de la misma medicación, a menos que lo indique un profesional de atención médica.[5]
- Se ha informado que hay resistencia a algunos tratamientos para piojos de venta libre, No se conoce la prevalencia de la resistencia.[6,7]
- No hay evidencia científica de que los remedios caseros sean tratamientos efectivos.[8]
- Los piojos no infestan la casa. Sin embargo, la ropa de cama familiar y la ropa, las toallas y los sombreros recién usados deben lavarse con agua muy caliente.[4]
- Los artículos de uso personal, como peines, cepillos y hebillas para el cabello, también deben lavarse con agua caliente con jabón o desecharse si estuvieron expuestos a personas con infestación activa de piojos.[4]

Se debe examinar a todos los que viven en el hogar y otros contactos cercanos, y quienes tengan evidencia de una infestación activa también deben recibir tratamiento al mismo tiempo.[4]

Mitos y realidades sobre los piojos

Mito: Solo la gente sucia tiene piojos.

Realidad: La higiene personal o la limpieza del hogar o de la escuela no son factores para la infestación. De hecho, los piojos a menudo infestan a personas con buenos hábitos de higiene y aseo.[2,3]

Mito: Los piojos portan enfermedades.

Realidad: Los piojos no transmiten enfermedades.[1]

Mito: Los piojos pueden transmitirse al compartir cepillos para el cabello, sombreros, ropa y otros artículos de uso personal.

Realidad: Es muy raro que los piojos se transmitan por contacto con la ropa u otros artículos de uso personal, como peines, cepillos o accesorios para el cabello que hayan estado en contacto con una persona con piojos.[1]

Mito: Los piojos pueden saltar o volar, y pueden vivir en cualquier parte.

Realidad: Los piojos no pueden saltar ni volar; solo se mueven arrastrándose. Es poco probable encontrar piojos que vivan en objetos como cascos o sombreros porque tienen patas que están específicamente diseñadas para aferrarse a los tallos capilares de los seres humanos. Además, un piojo solo puede vivir pocas horas fuera de la cabeza.[1]

Mito: Se pueden utilizar remedios caseros como la mayonesa para librarse de los piojos.

Realidad: No hay evidencia científica de que los remedios caseros sean tratamientos efectivos.[8] Un proveedor de atención médica puede evaluar opciones adecuadas de tratamiento, incluidos los productos de venta con receta.

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La iniciativa educativa Lice Lessons es posible a través de la colaboración con Sanofi Pasteur
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SANOFI PASTEUR

NASN National Association of School Nurses

Bedbugs

Signs and Symptoms

It is difficult to distinguish bed bug bites from other insect bites. Bed bug bite sites are usually red, often with a darker red spot in the middle; itchy; arranged in a rough line or in a cluster; usually located on the face, neck, arms and hands. Some people have a reaction to the bites, while others experience an allergic reaction that can include itching, blister and hives.

Description

Bed bugs are reddish brown, oval and flat about the size of an apple seed (1/4 to 3/8 inch). During the day, they hide in cracks and crevices of beds, box springs, headboards, bed frames, loose wallpaper, carpeting, upholstered furniture seams and under light switches or electrical outlets. They feed on the blood of a human host, usually while they sleep. They do not live on the host, but bedbugs can crawl quickly between hosts. The EPA and CDC consider bed bugs a public health pest. **There are not known to transmit disease, but the can cause significant itchiness, anxiety and sleeplessness.**

Incubation Period

Bed bugs usually stay on the human host after their meal but also go to clothing or other places at times. Bed bugs are more common in crowded lodgings with several human hosts.

Transmission

As bed bugs infest more homes, they may find their way into schools in backpacks, clothing, books or other items. They do not like living in school buildings- they prefer environments where people (their host) sleep at night.

Identification / Screening

Bites as described above. Redness and itch associated with bites usually goes away without treatment within a week or two. Environment should be inspected for bed begs. Signs that might indicate the presence of bed bugs are: Dark specks from excrement; empty exoskeletons; bloody smears where bed bug might have been crushed.

Treatment of Suspected Bites

Cleanse the area well and monitor for infection. If multiple bites or allergic response is present, refer to health care provider. Treatment options can be skin creams with hydrocortisone; oral antihistamine; antibiotic. Advise parents to seek guidance from a professional exterminator.

Control and Prevention Measures

Environmental:

- Regularly wash and heat-dry all dress-up clothing or other shared clothing items.
- Regularly inspect the environment. Maintenance and custodial employees should be aware of procedures to reduce the risk of infestation and steps to take if bed bugs are discovered. Hard surfaces can be cleaned with standard cleaning products**.**
- If a suspected bed bug is found in a classroom, the plant operator should attempt to capture the specimen, store it in a sealed container, and notify the custodial department.
- The district pest management contractor may confirm that the specimen is a bed bug and inspect the area for evidence of infestation.
- If infestation is confirmed, pest control by the District's contracted provider will be necessary, for the specific area of infestation.
- Inspect the classroom(s) regularly.

Child's Clothing and Belongings:

- Discreetly remove the student from the classroom. The school nurse, health tech or qualified individual should examine the student's clothing and other belongings for presence of bed bugs. Any bugs found should be removed and collected for identification by a qualified pest control professional

- If a suspected or confirmed bed bug is found on a student, the principal or school nurse should inform the parent of the finding and provide them with educational materials. Advise parent to inspect or have a pest management professional inspect the home.
- If the child's home is infested, parents should be advised to store any items that travel back and forth to the school in plastic containers to prevent bed bugs from getting into them at home. The number of items that travel between school and home should be minimized.
- If the home is infested, advise the parent to store their child's clean clothing in sealed plastic bags until they are put on in the morning.
- Inspect backpacks and other items that travel back and forth daily. Provide student with plastic bags or bins in which to store their belongings at school to prevent spreading to other student's belongings.
- Continue to use these measures until successful treatment of the home has been verified.
- Determine if student has sibling in other classes or schools.

School Exclusion

No exclusion from school unless bite is oozing and / or draining.

References

https://www.epa.gov/bedbugs
https://www.epa.gov/sites/production/files/documents/BB_in_Schools_May_2012.pdf
http://www.mayoclinic.org/search/search-results?q=bedbugs

Bed Bugs

Bed bugs are small, wingless insects that can feed on sleeping humans at night. These nocturnal insects hide along seams of mattresses, in box springs, or in cracks and crevices near sleeping areas. Eliminating an infestation requires removing or treating all infested material and monitoring to be sure bed bugs are gone.

Bed bug identification and biology.

- Adults are small (about 1/5 inch), oval, and rusty red. Nymphs, or immature bed bugs, are smaller and lighter colored.
- Bed bugs feed only on blood and must have one blood meal prior to molting to the next, larger nymphal stage.
- Adults can feed every few days but can survive many months without food.

What are associated health problems?

- Bed bug feeding is painless. Victims usually remain asleep.
- Areas around bites might redden, swell, and itch. Some people have no reaction.
- Bed bugs aren't known to spread diseases, but scratching bites can lead to infections.

How does a bed bug infestation start?

- People can carry bed bugs on luggage, clothes, bedding, furniture, or other objects and can pick them up in hotels.
- Hotels, homeless shelters, furnished apartments, and dormitories are most at risk.
- Second-hand mattresses and furniture can be a source.

Detecting bed bugs.

- Using a flashlight and magnifying glass, look for bed bugs, their dark fecal spots, and light-brown shed skins.
- Focus on mattresses, box springs, bed frames, and areas around the bed.
- Bed bugs like to hide. Remove bedding. Look in cracks and holes. Turn furniture upside down and take apart frames if necessary.
- Bed bug detection traps are available.

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Remove or treat all infested materials as soon as you detect bed bugs.

- Vacuum along mattress seams, baseboards, and other areas.
- Wash all bedding and clothing in hot (120°F) water and dry in a hot dryer.
- Consider steam cleaning.
- If possible, replace infested mattresses.
- Specially designed mattress encasements might be helpful.

Serious infestations might require insecticide treatment.

- Hire an experienced pest control professional. They have access to the most effective products.
- Apply insecticides to cracks, crevices, baseboards, and bed frames but not directly to mattresses or bedding. Use special dusts for wall voids and other out-of-the-way spots.
- Insecticides alone won't control bed bugs. Remove infested materials, and seal hiding spots.
- Inspect after treatment to be sure bugs are gone.

See Pest Notes: Bed Bugs at www.ipm.ucdavis.edu for more details.

Adult bed bug (1/5 inch).

Minimize the use of pesticides that pollute our waterways. Use nonchemical alternatives or less toxic pesticide products whenever possible. Read product labels carefully and follow instructions on proper use, storage, and disposal.

For more information about managing pests, contact your **University of California Cooperative Extension** office listed under the county government pages of your phone book or visit the UC IPM Web site at **www.ipm.ucdavis.edu**.

What you use in your landscape affects our rivers and oceans!

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Chinche de cama

Las chinches de cama son insectos pequeños sin alas que suelen alimentarse de sangre humana durante la noche. Estos insectos nocturnos se esconden en las costuras de los colchones, en sus bases o en hendiduras y grietas cercanas a la cama. Para combatir una infestación de chinches de cama se debe retirar o fumigar todo material infestado y asegurarse que las chinches hayan desaparecido.

Cómo identificar una chinche de cama.

- Los adultos son pequeños (cerca de 1/5 pulgada), ovalados y de color rojo tirando a café. Las ninfas o chinches inmaduras son más pequeñas y de color más claro.
- Las chinches de cama sólo se alimentan de sangre y deben alimentarse una vez antes de pasar a la siguiente fase de ninfa.
- Los adultos se pueden alimentar cada pocos días, pero pueden sobrevivir muchos meses sin alimento.

¿Qué enfermedades se asocian con las chinches de cama?

- víctimas por lo general continúan durmiendo.
- Alrededor de la picadura puede enrojecerse, inflamarse o dar comezón. Algunas personas no presentan reacción alguna.
- No se conocen casos de transmisión de enfermedades por las chinches de cama, pero si uno se rasca puede infectar la picadura.

¿Cómo empieza una infestación de chinches?

- Las personas pueden llevarlas en su ropa, maletas, ropa de cama, muebles y otros objetos y algunas veces las adquieren en hoteles.
- Los lugares de mayor riesgo para adquirirlas son los hoteles, albergues, departamentos amueblados y dormitorios comunales.
- La fuente de infestación también pueden ser colchones y muebles de segunda mano.

Cómo detectar a las chinches de cama.

- Busque al insecto, sus desechos fecales en forma de puntitos oscuros y la piel café claro que van mudando.
- Concéntrese en los colchones, sus bases, el marco de la cama y los sitios a su alrededor.
- A las chinches de cama les gusta esconderse. Retire toda la ropa de cama. Busque en grietas, hendiduras y orificios. De ser necesario, voltee el mueble y desarme el marco de la cama.
- Use una linterna y una lupa.

Retire o fumigue todo material infestado tan pronto encuentre chinches de cama.

- Aspire a lo largo de las costuras y las bases de los colchones y otras áreas.
- Lave toda la ropa de cama en agua caliente (120°F) y séquela en una secadora con aire caliente.
- Considere la posibilidad de limpiar a vapor.
- Si es posible, reemplace los colchones infestados.
- Fundas diseñadas especialmente para colchones pueden proteger.

Las infestaciones graves pueden requerir fumigación con insecticida.

- Contrate a un profesional de control de plagas. Ellos tienen acceso a los productos más efectivos.
- Aplique el insecticida a las grietas y hendiduras, las bases del colchón y el marco de la cama, pero no directamente a los colchones o la ropa de cama. Use polvos especiales para los huecos en las paredes y otras áreas inaccesibles.
- Los insecticidas por sí solos no sirven para controlar a las chinches de cama. Retire todo material infestado y selle los sitios donde pueden esconderse.
- Revise bien después de fumigar para asegurarse que las chinches han desaparecido.

Para mayores detalles en inglés, vea *Pest Notes: Bed Bugs* en www.ipm.ucdavis.edu, o visite las oficinas de Extensión Cooperativa.

Una chinche de cama adulta (¼ pulgada).

Reduzca al mínimo el uso de pesticidas que contaminan nuestros canales. Utilice alternativas sin químicos o productos pesticidas menos tóxicos siempre que sea posible. Lea las etiquetas de los productos cuidadosamente y siga las instrucciones sobre el uso, almacenaje y desecho correcto.

Pida mayores informes sobre control de plagas a la oficina local de **Extensión Cooperativa de la Universidad de California** que se encuentra en las páginas del gobierno del condado en el directorio telefónico o visite la página en la Red del Programa Integrado de Control de Plagas de la UC, www.ipm.ucdavis.edu.

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Okaloosa County School District
Procedure for Vital Signs

Purpose: This procedure establishes guidelines for obtaining and appropriately documenting vital signs: blood pressure, temperature, pulse (heart rate), respirations, and oxygen saturation.

Definitions: **Vital Signs** -- indicators to how the body is functioning.
TPR – the abbreviation for temperature, pulse, and respirations.
VS – the abbreviation for vital signs, which includes TPR and blood pressure.
Oxygen saturation – the amount of oxygen in the blood stream.

Procedure:

I. **Temperature** – the normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, and time of day.
   A. Digital thermometer is the preferred choice in the school clinic setting.
      1. Follow manufacturer's instructions

II. **Pulse** – the pulse rate is a measurement of the heart rate, or the number of times the heart beats per minute.
   A. Children and adolescents: the radial or carotid pulse is counted for one full minute.
   B. Take the pulse before taking the child's temperature, as use of the thermometer may cause the child to cry and increase the heart rate.

III. **Respirations** – The respiration rate is the number of breaths a person takes per minute. Respiration rates may increase with fever, illness, and with other medical conditions. When checking respirations, it is important to also note whether a person has any difficulty breathing.
   A. Obtain respiratory rate by auscultation with a stethoscope or visualizing respiratory expansion of the chest or abdomen for one full minute.
   B. In older children, count the respirations for 30 seconds and multiply by two.

IV. **Blood Pressure** – Blood pressure is the force of the blood pushing against the artery walls.
   A. Obtain blood pressure using the appropriate size cuff on the student's arm.
   B. The cuff must cover 2/3 of the length of the upper arm.
   C. The blood pressure should be taken when the child is at rest; hyperactivity may increase the reading by as much as 50mm Hg.

V. **Oxygen Saturation**
   A. This assessment is not a standard assessment. O2 saturations are only to be obtained when there is an Individual Health Care Plan that dictates it and with a physician's order.

VI. **Documentation**
   A. Document the VS (TPR and BP).

VII. **Chart of "Normal" Vital Signs for Children**

Normal Vital Signs in Childhood

	Infant	Toddler	PreSchooler	School-Age	Adolescent
Heart Rate	100-190	98-140	80-120	75-118	60-100
Respiratory Rate	30-53	22-37	20-28	18-25	12-20
Systolic blood pressure Diastolic blood pressure	72-104 37-56	86-106 42-63	89-112 46-72	97-115 57-76	110-131 64-83

http://www.pedscases.com/sites/default/files/Vital%20Signs%20Reference%20Chart%201.2_1.pdf

Okaloosa County School District
Procedure for Administering Medication

Purpose: This procedure establishes guidelines on the proper administration of prescription and non-prescription medications for those trained in medication administration.

Definitions: **Medicine** - 1. A drug or remedy.
2. The act of maintenance of health, and prevention of disease and illness.
3. Treatment of disease by medical, as distinguished from surgical treatment.

Medicate - 1. To treat a disease with drugs.
2. To permeate with medicinal substances.

Medication Error - Administering the wrong medication, administering an incorrect dose of medication, failing to administer a prescribed medication, or administering the medication at the incorrect time or via the incorrect route.

Medication Administration Record (MAR) - Report that serves as documentation/ legal record of the drugs administered to a patient at a facility.

Universal Precautions (also, Standard Precautions) - All students and all blood and body fluids will be treated as if known to be infectious with HIV, HBV and other blood borne pathogens. See procedure for *Universal Precautions*.

Procedure:

I. Steps to administering medication
- A. Wash hands.
- B. Obtain medication and supplies.
- C. Review the Dispersion of Medication form (MIS 5183), medication label and expiration date, and the parental consent for administering medication.
- D. Check the seven rights of medication administration (Note: follow universal precautions).
  1. RIGHT student
     a. Ask the student to state his/her name.
     b. Repeat the student's name ask them to verify.
     c. Wait for student response.
  2. RIGHT medication
  3. RIGHT dosage
  4. RIGHT time
     a. Dose should be given no earlier than 30 minutes before or no later than 30 minutes after dose time to be considered "on time"
  1. RIGHT route
  2. RIGHT reason
  3. RIGHT documentation
- E. Administer the medication.
- F. Document on the student's Medication Administration Record immediately

II. Administering medication via multiple routes

- A. Oral medications
  1. Administering medication
     a. Dropper – Squirt medication to the back and side of the student's mouth in small amounts.
     b. Medicine cup – Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so. If the student is unable to hold the cup, hold the cup and allow the student to drink the medication.

c. Tablet – If the student is able to swallow a tablet, have the student place it on the middle of the tongue; then swallow the tablet with juice or water.
   i. School personnel should not divide un-scored tablets.
   ii. Do not force the student to take the tablet if he/she resists because of the potential for aspiration.
d. Capsule – Give the student the capsule and instruct him/her to place the capsule on the back of the tongue, and have the student swallow with lots of fluids. Some capsules may be opened and sprinkled on a spoonful of food. Check with a pharmacist to see if this may be done.

B. Nose drops
1. Ask student to blow nose into a tissue to clear nasal passages first.
2. Student may be able to give own medication if they are able to sniff the medication. If not, slightly tilt student's head back and instill the prescribed number of drops into each nostril.

C. Ear drops
1. Tilt student's head away from the affected ear.
2. Pull pinna (outer edge of ear) upwards and back. Instill ear drops as ordered.
3. Student should remain in this position for 5-10 minutes. Then, place a piece of cotton into the ear canal.

D. Eye drops or ointment
1. Place student in supine position (lying down on his/her back).
2. For drops, pull lower eyelid down and out to expose the conjunctiva sac. Drop solution into the conjunctiva sac. Close eye gently and attempt to keep eye closed for a few moments
3. For ointment, pull lower eyelid down and apply ointment along the edge of the lower eyelid from the nose side to the opposite side of the lid.
4. Avoid touching the tip of the medication container to the eye to prevent contamination of the medication.

E. Rectal medication
1. Provide privacy, and position student on left side with right knee slightly bent.
2. Lubricate tip of applicator, if applicable; spread buttocks, and insert applicator or medication. Do not force.
3. Administer the medication; remove applicator, and dispose of it appropriately.

F. Subcutaneous injection
1. Apply clean gloves and select an injection site.
2. Cleanse site with alcohol swab in a circular motion, starting from center outward. Allow to dry.
3. Remove needle guard and hold syringe in dominant hand. Use non-dominant hand to pinch subcutaneous tissue to be injected.
4. While holding syringe between thumb and forefinger, inject in a dart-like fashion at a 45-90 degree angle. Release bunched skin and use non-dominant hand to stabilize syringe while using dominant hand to aspirate gently on plunger. If blood appears in syringe, withdraw needle and prepare new injection.
5. **Do not aspirate when injecting anticoagulants** (Ex: Heparin,Lovenox) **or insulin**
6. Slowly inject medication and remove the needle. Do **not** recap needle.
7. Dispose of needle and syringe in sharps container.

G. Topical medications
1. Apply to clean skin surface.
2. Use a cotton tip applicator or tongue depressor to apply ointment, lotion or salve; never apply with fingers.
3. Cover site with gauze or Band-Aid, if indicated.

III. Possible problems with medication administration
    A. Failure to follow any of the seven rights of medication administration.
    B. Medications not given – report to parents immediately.
    C. Choking – stop giving medication immediately.
        1. If student recovers and is breathing normally, medication may be given.
        2. If student is believed to have an obstructed airway, perform the abdominal thrusts, activate emergency response, and begin CPR as needed.
    D. Allergic reaction to medication – see procedure for *severe allergic reaction.*

Note: Herbal medications and essential oils are treated as "over the counter" medication. The herbal medication and essential oils should have a printed label with appropriate age indications, dosing and potential side effects on the label. If such packaging is not available, a physician's order must be submitted outlining such information.

Note: Cough drops, lotions, lip balms and sunscreens are checked into the clinic or permitted to be carried by students at the discretion of the school principal or designee only. This decision can vary depending on the school. Check with the principal on what his/her preferences are. Preferably, this ruling should be in writing.

Okaloosa County School Board Policy

4-25 ADMINISTERING MEDICINES TO STUDENTS(Last revised 9/13/2921)

(A) Each school principal shall designate a person(s) on his/her staff to administer medications according to District guidelines, in addition to contracted health room personnel. The principal and the principal's designee shall be trained, pursuant to §1006.062, *Florida Statutes*, in procedures to assist students in the administration of prescribed medicine.

(1) It shall be encouraged that all medications be administered outside school hours other than those that would cause ill effects without their use.

(2) An asthmatic student shall be permitted to carry a metered dose inhaler during school hours, while participating in school sponsored activities or in transit to or from school if the school principal has been provided written approval from the student's parent(s) or legal guardian(s) and physician/medical provider. This written approval must identify the inhaler the student can carry and the extent to which the student is capable of self-administering his/her medication. The written copy of the approval from the student's parent(s) or legal guardian(s) and physician/medical provider shall be kept on file in the school. The Dispersion of Medication Form (MIS 5183) must be completed by the parent or legal guardian and kept on file at the school with school district personnel and contracted health room personnel.

(3) A student with diabetes shall be permitted to carry diabetic supplies and attend to the management and care of his/her diabetes during school hours, while participating in school sponsored activities or in transit to or from school if the school principal has been provided written approval from the student's parent(s) or legal guardian(s) and physician/medical provider. This written approval must identify the diabetic supplies and equipment the student can carry, and must describe the activities the student is capable of performing without assistance. The written copy of the approval from the student's parent(s) or legal guardian and physician/medical provider shall be kept on file in the school. A student with diabetes cannot be assigned to a particular school solely on the basis that the student has diabetes. The Dispersion of Medication Form (MIS 5183) must be completed by the parent or legal guardian and kept on file at the school with school district personnel and contracted health room personnel.

(4) A student with a pancreatic insufficiency or cystic fibrosis shall be permitted to carry and self-administer prescribed pancreatic enzyme supplements during school hours, while participating in school sponsored activities or in transit to or from school if the school principal has been provided written approval from the student's parent(s) or legal guardian(s) and physician/medical provider. This written approval must identify the pancreatic enzyme supplement and the extent to which the student is capable of self-administering his/her medication. The written copy of the approval from the student's parent(s) or legal guardian and physician/medical provider shall be kept on file with the school principal. The Dispersion of Medication Form (MIS 5183) must be completed by the parent or legal guardian and kept on file at the school with school district personnel and contracted health room personnel.

(5) A student with life-threatening allergies shall be permitted to carry and self-administer an epinephrine auto-injector during school hours, while participating in school sponsored activities or in transit to or from school if the school principal has been provided written approval from the student's parent(s) or legal guardian and physician/medical provider. This written approval must identify the epinephrine auto-injector and the extent to which the student is capable of self-administering his/her medication. The written copy of the approval from the student's parent(s) or legal guardian and physician/medical provider shall be filed in the school. The Dispersion of Medication Form (MIS 5183) must be completed by the parent or legal guardian and kept on file at the school with school district personnel, contracted health room personnel and/or county health department personnel.

(6) Any abuse or misuse or distribution to other students of medically approved supplies or equipment may subject the student to disciplinary action.

(7) All medications, except as provided in subsections (2), (3), (4) and (5) herein, shall be delivered to the school office/clinic by the student's parent(s) or legal guardian(s) in its original container with prescription label. Non-prescription medication shall be in its original container labeled with the student's name.

(a) For each prescribed medication, the following information shall be provided on the Dispersion of Medication Form (MIS 5183) signed by the student's parent(s) or legal guardian(s):

1. Name and purpose of medication;
2. Reason for administering the medication during the school day;
3. Time the medication is to be given;

4. Specific instructions on the administration of the medication;
5. Approximate duration of the medication;
6. A list of any possible side effects; and
7. Permission for school officials to administer medication.

(b) Instructions on the use of a prescription shall be provided by a physician or pharmacist.

(c) Parents or legal guardian(s) are requested to pick-up left-over medications within one week after the ending date noted on the Dispersion of Medication (MIS 5183) form. Any medication not picked up by parent or guardian by the end of the school day on the last day of school will be discarded by clinic staff. Medications will not be sent home with students.

(d) The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction.

(e) Any medication to be administered by school district personnel or contracted health room personnel shall be received, counted, and stored in its original container, kept under lock and key in a secure place designated by the principal with the student's name attached, and accessed only by a staff member(s) or contracted health room personnel who are authorized to administer said medication.

(f) A record shall be kept on each student who received medication during school hours including the time each dose of medication was administered. These records shall be made available daily to the principal and the school-health supervisory nurse.

(g) When dispensing medication, it is recommended the school district employee or contracted health room personnel assist/observe the student taking the medication.

(h) If a medication error is made in administering/not administering medication, the Medication Error Report (MIS 5330) shall be filed in the school clinic and the school principal shall be notified.

(i) Schools shall not administer medication other than that medication authorized by and provided by the student's parent(s) or legal guardian(s).

Legal
Statutory Authority: §§385.203, 1001.41(1)&(2), 1001.42(28), 1002.20, and 1006.062, Florida Statutes
Laws Implemented: §1006.062, Florida Statutes

Exp. Date _____

OKALOOSA COUNTY SCHOOL DISTRICT

MIS 5183
Rev. 6/2019

STUDENT INTERVENTION SERVICES
DISPERSION OF MEDICATION FORM

School Board Policy for Administering Medication to Students by School Personnel

1. Any medication, either prescription or nonprescription, to be administered to a student on school premises or at school functions (including field trips) must be brought to the school by the parent/guardian/authorized adult representative for retention and administering. No student will be allowed to have medication, prescription or nonprescription with the exception of an enzyme, Epipen, insulin pen, or an asthma inhaler, in his/her possession on school premises, on a school bus, or at a school function. Enzymes, Epipens, insulin pens, or asthma inhalers will be permitted to be carried with parental permission and physician's authorization.
2. Medication brought to school must be in the original prescription container, properly labeled with the child's name, doctor, name of medication, route, dosage, time to be administered, directions, and expiration date. A "**Dispersion of Medication Form"** must be completed for each medication and a method of disposal of any unused or expired medication designated. The medication must be counted jointly by the parent/guardian and a school clinic staff member. The parent/guardian and school clinic staff member must both sign the **"Registry of Medication Form"** for the initial medication drop off and each time additional medication is brought to the school. Any medication that is unused must be picked up within one week of the ending date noted or at the end of the school day on the last day of school. All unused medications left after these dates will be discarded by the school clinic staff.
3. Parents are encouraged to request prescriptions for medications which limit administration during school hours. First morning doses should be given at home with only mid-day doses administered by a school staff member.
4. Medication(s) will not be provided by the school.
5. The student will be accountable for appropriate use of medications/equipment in his/her possession. In the event of misuse of supplies or equipment, the students may be subject to disciplinary action.
   ****By my signature on this form, I authorize designated Okaloosa County School District personnel, and any other contracted healthcare agencies to provide emergency care for my child and/or to exchange medical information as necessary to support the continuity of care of my child.**

This is to verify that, _____ _____ a student at _____
Student's Legal Name *Date of Birth* *School*

has my permission to take or have administered to him/her the following medication during the school day:

Name of Medication/Strength: _____ Dosage: _____
(Be specific) *(Be specific)*

Reason for taking medication: _____ Route: _____
(Ex: by mouth, injection, topical)

Frequency: _____ Time: _____
(How often can medication be given) *(Be specific)*

Comments concerning medication (i.e., to be taken with food, etc.): _____

Possible side effects of medication: _____

Unused/expired medication for my child will be disposed of by: ☐ Parent Pick-Up ☐ School Disposal

*If not picked up within 1 week of last dose, or by the last day of school, medication will be disposed of by clinic staff.

Date last dose of medication to be given: _____ ☐ Last day of School

List allergies: _____

Parent/Guardian: _____ Date: _____
Signature

Home Phone # _____ Cell Phone # _____ Work Phone # _____

This form complies with applicable Florida Statute and will become the property of the school for filing purposes.

REGISTRY OF MEDICATION FORM

Date	Medication	#Meds Counted	Parent/Staff* Signature	Staff Signature

FIELD TRIP SIGN OUT

Date	Medication	# Signed Out	# Returned	Teacher/Staff Signature	Clinic Staff Signature

***Staff signature may be used as verification of medication count only in the event that a parent/guardian signature cannot be obtained.**

****By my signature, I acknowledge that I have received training on Medication Administration procedures this school year.**

OKALOOSA COUNTY SCHOOL DISTRICT
MEDICATION PROTOCOL AT SCHOOL
PARENT RESPONSIBILITIES
(This form is to be given to the parent upon medication check in)
Prescription Medications

1. An **Okaloosa County School District Dispersion of Medication Form** (MIS 5183) must be completed and signed by the parent/guardian. There must be a written physician's order for a student to carry any emergency medication. (i.e. Epipen, Inhaler, and Insulin)

2. A separate authorization form must be filled out for **EACH** medication.

3. Changes in medication require a new authorization form to be completed and signed by the parent/guardian.

4. Medication must be in the original pharmacy-labeled container and may not be expired.

5. A parent /guardian must deliver and pick-up the medications in the school clinic.

6. Morning and evening doses of medication should be given at home.

7. Notify clinic staff directly of any medication changes, including discontinued medications.

8. Discontinued medications must be picked up by parent/guardian within one week of the stop date. Unclaimed Medications will be destroyed.

9. During the last month of the school year, bring only enough medication to be used by the last day of school. **Unclaimed medication will be destroyed after school is dismissed on the last day of the school year**, **with the exception of unexpired inhalers, Epipens and Diazepam which must be kept in a locked cabinet in the clinic until the following school year**. If the student does not return to school the following school year, those medications will be destroyed. Yearly Dispersion of Medication form (MIS 5183) must be completed for stored inhalers, Epipens and Diazepam to be used the following school year.

Non-Prescription Medications
(Over the Counter)

1. An **Okaloosa County School District Dispersion of Medication Form** (MIS 5183) must be filled out for **EACH** medication and must be signed by the parent/guardian.

2. Medication must be in the original container (small or travel sized) with manufacturer's label and may not be expired.

3. A parent/guardian must deliver and pick up the medications in the school clinic.

4. Medication dosage must be age appropriate as stated on the manufacturer's label.

5. Notify clinic staff directly of any changes, including discontinuation of any medications.

6. Clinic staff can only administer the manufacturer's recommended dose of any over-the-counter medication. A physician prescription is required if the dose requested is greater than the manufacturer's recommended dose.

7. When a medication is discontinued it must be picked up immediately. All medication must be picked up by dismissal time on the last day of the school year. U**nclaimed, over-the-counter medication will be destroyed after school is dismissed on the last day of the school year**. The school will not store any over-the-counter medication over the summer.

8. Parent will be notified by clinic staff if the student has requested an over-the-counter medication three days in a row or more than 5 isolated times, unless pre-existing conditions exists.

Okaloosa County School District
Procedure for Medications During Extra-Curricular/Off-Campus Activities

Purpose: This procedure establishes guidelines for the proper check-out of medications from the clinic for extra-curricular/off-campus activities.

Procedure:

I. Checking-out medication from the School Health Clinic:
   A. School personnel who will be in charge of the medication on the field trip activity must check out the medication in the clinic.
   B. School personnel must report to the clinic on the day of the off-campus activity to check out medication.
   C. Clinic staff will count the amount of medication in the container and send the original container with the school personnel.
   D. School personnel will verify the medication count by signing the medication out on the Registry of Medication form.
   E. By signing the medication out on the Registry of Medication form, staff are affirming that they have been trained in medication administration.
   F. Upon return to campus, school personnel must immediately return any remaining medication to the clinic and must document on the Medication Administration Record any doses of medication that were given during the off-campus activity.
   G. Clinic staff will count the returned medication, verify the medication count, and document it on the Registry of Medication form.

II. Administering medication to students during extra-curricular/off-campus activities
   A. Only school personnel who have been trained in medication administration may administer medication during extra-curricular activities/field trips.
   B. School personnel must administer medication using the seven rights of medication administration.
      1. RIGHT drug
      2. RIGHT student
      3. RIGHT dosage
      4. RIGHT time
      5. RIGHT route
      6. RIGHT reason
      7. RIGHT documentation
   C. Medication must be stored in a location that is not accessible to other students.
   D. Medication must be stored in the proper environment (i.e. correct temperature, out of sunlight, etc.).
   E. If an emergency medication is administered during any extra-curricular/ off-campus activity, 911 must be called immediately. Parents and school must then be notified.
   F. Follow emergency medication procedure.

III. Temporary Control of Medications During Extra-Curricular Activities
   A. In the event a student is carrying allowable medications (i.e. asthma inhalers, Epipens, enzymes, insulin pen), the teacher/coach of the extra-curricular activity may hold such medications for student.

Okaloosa County School District
Procedure for Disposal of Medication

Purpose: This procedure establishes guidelines on the proper disposal of medications in the school setting.

Procedure:

I. Parent pick-up/ school disposal of medication:
   A. Always encourage parent or guardian to pick-up medication that has been signed into the school clinic, when applicable.
   B. Never release medication to students, unless Medication Dispersion Form (MIS 5183) is completed for student to carry (must include physician and parent/guardian signature).
   C. Medication should be counted prior to disposal or during parent pick-up by clinic staff and witness. (Witness: parent, Aveanna Healthcare / co-worker or school employed personnel).
   D. If a student is authorized to carry emergency medications and the medication is sent home with the student, as witness must sign the medication count, in addition to the clinic staff. (Student may not sign – see acceptable witness list above.)
   E. Document medication disposal on Medication Count Verification form.
      1. Document the date.
      2. Verify the medication count by: adding the total medication count signed-in for the school year, then subtracting the total medication count administered for the school year. Document this number. This total should be equal to the total medication count wasted or picked-up by the parent.
      3. Document total amount wasted, if applicable
      4. Circle “med wasted” or “parent pick-up” on the medication count form.
      5. Sign and ensure witness signature
   F. Document medication disposal of the Over the Counter (OTC) medication on the back of the Medication Count Verification Form or the Dispersion of Medication Form.

II. Disposal of labeled containers:
   A. Mark through the name and prescription number on the label with a black marker.
      1. Discarded medication labels should not be identifiable
   B. Dispose of empty, unidentifiable container into standard garbage can.

III. Disposal of medication:
   A. Pills, tablets, capsules, liquids, etc – Empty medicine contents into a prepared, opaque, sealable rigid container and discard empty, unidentifiable container into standard garbage can.
   B. Inhalers – Remove inner cartridge and place inner cartridge only into red biohazard sharps container and discard unidentifiable, empty outer shell into standard garbage can.
   C. Nebulizer vials, syringes (Epipen, Glucagon, Insulin, Diastat, etc) – Remove item from case/container. Do not remove needle cap or tip cover. Place unidentifiable medication item into red biohazard sharps container, and discard empty, unidentifiable outer case/ container into standard garbage can.

Okaloosa County School District
Communicable Disease Guidelines

Purpose: The purpose of this procedure is to provide guidelines for managing communicable diseases in the school environment including disease control in individuals as well as disease outbreaks among groups.

Definitions: **Bacteria** - Unicellular microorganisms.

Communicable disease - An illness due to a specific infectious agent or its toxic products that arises through the transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host; either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment. (Synonym: infectious disease)

Communicable period - The time or times during which an infectious agent may be transferred directly or indirectly from an infected person to another person, from an infected animal to man, or from an infected person to an animal, including arthropods.

Contact - A person or animal that has been in such association with an infected person or animal or a contaminated environment as to have an opportunity to acquire the infection.

Contamination - The presence of an infectious agent on a body surface, in clothes, bedding, toys, surgical instruments or dressings, or other inanimate articles or substances, including water and food.

Epidemic - The occurrence, in a community or region, of cases of an illness (or an outbreak) with a frequency clearly in excess of normal expectancy.

Host - A person or other living animal, including birds and arthropods, that affords subsistence or lodgment to an infectious agent under natural (as opposed to experimental) conditions.

Incubation period - The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

Infection - The entry and development (of many parasites) or multiplication of an infectious agent in the body of persons or animals.

Infectious agent - An organism (virus; minute organism) that needs a living cell in order to reproduce.

Infectious disease - A clinically manifested disease of humans or animals resulting from an infection.

Organism - Any living thing, plant, or animal. The principal causes of infection are organisms (i.e., infectious agents) belonging to the following groups: bacteria, virus, parasites.

Report of a disease - An official report notifying an appropriate authority of the occurrence of specified communicable or other diseases in humans or animals.

Reservoir (of infectious agents) - Any person, animal, arthropod, plant, soil or substance (or combination of these) in which an infectious agent normally lives and multiplies, on which it depends primarily for survival, and where it reproduces itself in such manner that it can be transmitted to a susceptible host.

Transmission of infectious agents - Any mechanism by which an infectious agent is spread from a source or reservoir to a person. These mechanisms are as follows:

A. **Direct Transmission**: Direct and essentially immediate transfer of infectious agents to a receptive portal of entry through which human or animal infection may take place.
B. **Indirect Transmission:** Indirect transfer of infectious agents through contaminated inanimate materials or objects.
C. **Airborne:** The dissemination of microbial aerosols, suspensions of particles in the air, to a suitable portal of entry, usually the respiratory tract.

Vector - Any agent (person, animal, or microorganism) that carries and transmits a disease (e.g., mosquitoes are vectors of malaria and yellow fever).

Viruses: Minute organisms that require a living cell for reproduction and growth.

Procedure:

I. Students who are deemed to have a communicable disease and are excluded from school may typically be required to wait 24 hours after cessation of symptoms to return.

II. A physician statement is required before the student is to return to school.

III. Notify administration and RN Supervisor.

10-01 COMMUNICABLE DISEASES

(A) The School Board recognizes the need for maintaining a healthy school environment. To this end it recognizes the need to institute controls designed to prevent the spread of communicable diseases.

(B) The term "communicable disease" as used in this rule shall mean an illness due to a specific infectious agent or its toxic products which arises through transmission of that agent or its products from a reservoir to a susceptible host either directly as from an infected person or animal or indirectly through an intermediate plant or animal host, vector or the inanimate environment.

(C) The Superintendent or his/her designee shall work together with the Department of Health in Okaloosa to enforce all laws and rules that undergird compliant school health services programs including, but not limited to:

(1) The School Health Services Act, *Fla. Stat.* §381.0056.

(2) The Comprehensive Health Education Act, *Fla. Stat.* §381.0057.

(3) School Entry Health Examination, *Fla. Stat.* §1003.22.

(4) The School Compulsory Immunization Act, *Fla. Stat.* §1003.22.

(D) The Superintendent shall enforce all state laws requiring immunization of all school children. The diseases include, but are not limited to, polio, diphtheria, pertussis, tetanus, measles, mumps, rubeola, rubella, Hepatitis B, chicken pox and other communicable diseases as determined by rules of the Department of Health.

(E) A teacher or staff person who reasonably suspects that a student or employee has a communicable disease shall immediately notify the school administrator. The school administrator shall notify the Superintendent. A list of the current reportable diseases will be distributed by the Department of Health.

(F) The Superintendent or his/her designee, in accordance with applicable laws and rules, shall promptly report to the Department of Health in Okaloosa the occurrence or suspected occurrence of any communicable disease.

(G) For the purpose of assigning students or employees with confirmed cases of the diseases covered under this policy, said diseases will be categorized under one of two classifications. These classifications will include (1) diseases susceptible to being immunized against, and (2) non-immunizable diseases.

(H) Students with communicable diseases for which immunization is required by §1003.22, *Florida Statutes*, will be temporarily excluded from school while ill and during recognized periods of communicability and until specified by the Department of Health in Okaloosa Director or his/her designee. Any student in the school who does not have adequate immunization documentation will be excluded from the school during a period of outbreak.

(I) Employees with communicable diseases for which immunization is required by §1003.22, *Florida Statutes*, shall be placed on sick leave by the Superintendent or his/her designee during recognized periods of communicability and until released for duty by the Department of Health in Okaloosa Director or his/her designee. A hearing shall be promptly convened before the conference committee for the purpose of determining whether reasonable accommodations can be made to return the employee to such other duties as will minimize the spread of such diseases to other employees and to students.

(J) The Superintendent or his/her designee will conduct a case conference to determine the most appropriate instructional program for a student or employment of any employee diagnosed or

suspected of having a communicable disease for which immunization is not required by *Fla. Stat.* §1003.22.

(1) For any student identified so diagnosed, a Case Conference Committee shall be convened to function as set forth herein. The Case Conference Committee shall be composed of: (1) an administrator from Student Services, (2) an administrator from the student's school, (3) any other district employee, consultant or professional person deemed appropriate by the Superintendent, (4) the Medical Director or designee of the Department of Health in Okaloosa and (5) student's physician and/or attorney (if requested by the student or his/her parents). The Superintendent shall appoint the Committee Chairman. Should the student or the student's parents request the student's physician and/or attorney to participate in the Case Conference Committee as provided above, it shall be the student's physician and/or attorney's responsibility, upon reasonable notice, to attend such Case Conference Committee meetings as are scheduled. The unavailability or absence of the student's physician and/or attorney after reasonable notice will not preclude the Case Conference Committee from proceeding with formulating recommendations for an individual instruction program for the student. The student's parents or guardian shall be permitted to attend the Case Conference Committee's meetings. Any student who is not debilitated or exhibiting symptoms or behaviors that would facilitate transmission of the disease will remain in the regular classroom.

(2) For any employee identified so diagnosed, a Case Conference Committee shall be convened to function as set forth herein. The Case Conference Committee shall be composed of: (1) a representative from Human Resources, (2) any other district employee, consultant or professional person deemed appropriate by the Superintendent, (3) the Medical Director or designee of Department of Health in Okaloosa, (4) the employee or his/her designee and (5) the employee's physician and/or attorney (if requested by the employee). The Superintendent shall appoint the Committee Chairman. Should the employee request his/her physician and/or attorney to participate in the Case Conference Committee as provided above, it shall be the employee's physician and/or attorney's responsibility, upon reasonable notice to attend such Case Conference Committee meetings as are scheduled. The unavailability or absence of the employee's physician and/or attorney after reasonable notice will not preclude the Case Conference Committee from proceeding with formulating recommendations for an employment program for the employee. The employee shall be permitted to attend the Case Conference Committee's meetings. Any employee with handicapping conditions will be provided reasonable accommodations.

(3) If the nature of the disease and the circumstances warrant, the committee shall require an examination of the student or employee to verify the diagnosis, make an investigation to determine the source of infection, and recommend appropriate action to control the spread of the disease.

(4) Prior to making any recommendation to the Superintendent regarding the placement, assignment, reassignment, suspension, transfer or change of location of any such student or employee, the conference committee shall convene a hearing (subject to confidentiality of student records laws) for the purpose of determining whether reasonable accommodations can be made for such students or employees as will minimize the spread of such disease to other employees and students. Individuals, including teacher or other impacted party, who can best determine the contact with and risk of susceptible students and/or employees will be included in this hearing.

(5) The Superintendent shall review the committee's recommendation and shall assign the student or employee to the school, class or program that best serves the needs of such student or employee and which minimizes the exposure of other persons to said disease.

(K) Any employee not a member of a bargaining unit recognized by the Board and represented by an exclusive bargaining agent may seek review by the Board of any decision by the Superintendent or his

designee. Such review may, upon request of the employee, include a hearing pursuant to §120.57, *Florida Statutes*, and the Board's decision shall constitute final agency action. Any employee who is a member of a bargaining unit recognized by the Board and represented by an exclusive bargaining agent may seek review of the decision of the Superintendent or his designee in accordance with the provisions set forth in the appropriate collective bargaining agreement.

(L) Any student with a communicable disease for which immunization is not required by §1003.22, *Florida Statutes*, shall, upon request, be entitled to a review by the Board of any decision made by the Superintendent or his designee following receipt of the recommendations from the conference committee. Such review may, upon request, include a hearing pursuant to §120.57, *Florida Statutes*, and the Board's decision shall constitute final agency action.

Statutory Authority: Sections 1001.41; 1001.42; 1003.22; 381.0056; 381.0057, *Florida Statutes*
Adopted: 11/16/99
Reviewed: 7/13/15
Revised: 7/2022

10-02 FIFTH DISEASE

In the event that a case of Fifth Disease is confirmed at a work site, the following procedure will apply:

(A) The Principal or immediate Supervisor shall notify all female employees.

(B) Any female employee at an affected work site who is pregnant or is planning a pregnancy should be advised to be tested for immunity to the Fifth Disease.

(C) Female employees who are pregnant or plan to become pregnant and are found not to be immune should be advised to seek and follow their physician's advice in taking leave.

Statutory Authority: Sections 1001.41; 1001.42, *Florida Statutes*
Adopted: 11/16/99
Revised: 7/13/15;
Reviewed: 7/2022

10-03 HIV/AIDS POLICY

(A) It is the School Board's intent to protect employees and students from exposure to infectious diseases and to provide reasonable accommodations to infected students or School Board employees. Epidemiological studies show that Human Immunodeficiency Virus (HIV) disease is transmitted via direct contact with certain body fluids of an infected person. Since there is no evidence of casual transmission by sitting near, living in the same household, or playing together with an individual who has an HIV infection, there is no reason to treat infected individuals any differently than any other person who has not been diagnosed with an HIV infection.

(B) All students and staff members diagnosed as having Human Immunodeficiency Virus (HIV) infection or Acquired Immune Deficiency Syndrome (AIDS), including clinical evidence of infection with AIDS - associated virus (HIV) and receiving medical attention are able to participate in normal daily activities unless their condition poses a threat to themselves or others. Federal and state law (including IDEA and ADA) also mandate, pursuant to the laws protecting disabled individuals, that those individuals not be discriminated against on the basis of their disabilities, and that if it becomes necessary, some reasonable accommodations be made to enable the individual to continue to engage in daily activities.

(C) The School Board realizes that an individual's health condition is personal and confidential. Medical files or information about a person's HIV/AIDS status is exempt from public disclosure. In addition, information relating to a specifically named individual, the disclosure of which would constitute an unwarranted invasion of personal privacy, is prohibited. Thus, special precautions should be taken to protect such information regarding an employee or student's health condition in order to prevent instances of disclosure. All information regarding the HIV status of any individual shall be held in strict confidence and released only to those who have a legitimate need to know.

(D) The use of standard OSHA precautions must be used with all individuals since it is impossible to know who may be infected with any potentially infectious disease. Mandatory HIV testing of employees and students is prohibited.

(E) Any persons known to have an infectious disease and who is exhibiting behavior which may result in the person being a threat to themselves or others will be evaluated on an individual basis by the Human Resources office (for employees) or the educational planning team (for students). Recommendations will be based solely upon current medical and educational information consistent with established ethical guidelines and considerations in accordance with guidelines of the Center for Disease Control and other scientific and relevant professional bodies.

Statutory Authority: Sections 1001.41; 1001.42, *Florida Statutes*
Laws Implemented: Sections 1001.42; 1001.43; 1002.22; 1003.01, *Florida Statutes*
State Board of Education Rule(s): 6A-6.03020; 6A-6.0331
Adopted: 9/11/06
Reviewed: 7/13/15
Revised: 7/2022

Okaloosa County School District
Procedure for Individual Health Care Plans

Purpose: This procedure establishes guidelines for school nurses in collaboration with clinic staff and school personnel to develop or revise student individual health care plans.

Definitions: **Individual Health Care Plan** - A written plan of action developed for students with emergency health conditions that require an action or a response of school personnel to protect and preserve the health and safety of that student during the school day.

Emergency Health Condition - Any physical or mental health issue that would require emergency responses to protect and preserve the health and safety of the student.

Accommodations - Modification of actions to meet the needs of the student.

Procedure:

I. Identification of students with emergency health conditions
- A. Review previous year health care plans to create a list of current students.
- B. Review school health clinic medications and/or medication log.
- C. Review Student Medical Information & Parent Consent (MIS 6344).
- D. Request teachers submit list of students with emergency health conditions.
- E. Request data entry list of students with health conditions.
- F. Utilize KG registration log to identify students.
- G. Direct observation of student(s).

II. Communication
- A. Parent/guardian communication
  1. Obtain information on student from:
     - a. Student Medical Information & Parent Consent (MIS 6344).
     - b. Okaloosa County School District Registration Form
     - c. School District data entry for student demographics
- B. School based communication.
  1. Initiate Individual Health Care Plan as indicated
  2. Provide Health Alert to school staff on a “need to know” basis.

III. Individual Health Care Plan completion-Note: This document is to be written by a registered nurse.
- A. Student demographics
  1. Obtain data from Student Medical Information & Parent Consent (MIS 6344).
  2. Parent interview
- B. Health condition/length of time
  1. List chronic health condition(s).
  2. Utilize health care plan template for:
     - a. Asthma
     - b. Diabetes
     - c. Nut allergy
     - d. Peanut allergy
     - e. Insect allergy
     - f. Seizures
     - g. ~~Migraines~~
     - h. Pancreatic insufficiency
  3. Note time of onset or length of time existed.

- C. Allergies – check appropriate category and list allergy within that category.
  1. None
  2. Food

3. Medication(s)
4. Other (environmental, animal, insects…)

D. Medications
   1. Medications at home- list medications taken at home.
   2. Medications at school- list any medications to be taken at school and the medication storage location.
      a. Clinic
      b. Classroom
      c. Student backpack
      d. Other

E. Potential Emergency and Emergency Response
   1. Use health care plan template (for asthma, diabetes, nut allergy, peanut allergy, insect allergy, seizures, migraines, pancreatic insufficiency). Verify dose with Medication Authorization Form.
   2. List the potential emergency situation.
   3. Note the symptoms that would be seen.
   4. Record the actions to be taken for each emergency situation or symptom listed.

F. Special needs and limitations
   1. Diet
      a. Describe any foods or items restricted from diet.
      b. List foods that may be allowed.
      c. Note if student eats from school cafeteria or lunch from home.
   2. Activity level/physical restrictions
      a. Note any restrictions in physical activity at recess or PE.
      b. Note activities that may not be allowed.
      c. Note any activities allowed to participate.
      d. Note any actions to be taken during physical activity such as water breaks, rest periods, etc.
   3. Accommodations needed in classroom
      a. Define teacher responsibilities for student during class.
      b. Define classroom accommodations for class parties, field trips, or class activities, etc.
      c. Define accommodations specific to child's health condition.

G. Other considerations
   1. Define plan for field trips.
   2. Note anything that was not addressed above.

H. Send copies of Individual Health Care Plan and/or Health Alert to appropriate staff.

I. Signature section
   1. Parent signature obtained if possible, or documented telephone verification.
   2. Obtain signatures of school personnel involved in the health care plan.

J. Updates
   1. 2 annual updates allowed: check if done by person-to-person interview or by telephone interview.
   2. Obtain signatures of those involved in health care plan update.

K. Individual Health Care Plan disposition
   1. Maintain originals of individual health care plans, stored alphabetically in a binder in the school clinic.
   2. File copy of the individual health care plan in student's cumulative health file.
   3. Allow for individual communication with school personnel who need to be informed of individual health care plan.

Okaloosa County School District
Glossary of Terms for Diabetes

Definitions:

Blood Glucose Level: The amount of glucose or sugar in the blood obtained by student by using a drop of their blood and a specially calibrated device.

Bolus: A dose of insulin delivered when a child eats or to lower high blood glucose levels in response to a high blood glucose reading.

Carbohydrate Counting: The method of calculating the number of grams of carbohydrates in the food a student eats.

Correction Factor: 1 unit of insulin for every (blank) mg/dl points that the blood sugar is above or below (blank/target blood sugar).

Delegation: The transference of authority to a competent individual to perform a selected task or activity in a selected situation.

Diabetes: A chronic condition in which the body cannot properly metabolize glucose.

Type 1: Most common type in children.
An auto-immune disease.
Pancreas produces very little or no insulin.

Type 2: More common in adults. The Pancreas can make insulin, but either doesn't make enough or the insulin is not used efficiently.

Diabetic Ketoacidosis (DKA): High blood glucose values (above 250 mg/dl) with the presence of persistent large amounts of ketones resulting in the blood becoming acidic. This occurs as a result of not enough insulin. People with DKA usually complain of nausea, vomiting, abdominal pain, rapid breathing and sometimes have a "fruity" odor on their breath. Students in this condition need immediate insulin and medical attention.

Glucagon: A hormone produced in the pancreas that raises the level of glucose in the blood. Also available as an injection that may be given to a diabetic in an emergency to raise extremely low blood glucose levels.

Glycosylated Hemoglobin (HbA1c) : The two to three month average of blood glucose values expressed in percent. The normal range varies with different labs and is expressed in % (such as 4-6%).

Goal Blood Sugar: Target blood sugar (number assigned by MD).

Hyperglycemia: A condition in which blood glucose levels rise to an unacceptable level and may occur due to an imbalance of food, exercise and/or insulin. Symptoms may include: excessive thirst, dry mouth, frequent urination, headache, fatigue, and blurred vision.

Hypoglycemia: A condition in which blood glucose levels are low.
Symptoms may include: behavioral changes, pale complexion, hunger, sweating, sudden weakness, headache, confusion, a dazed look, drowsiness, non-responsiveness to questions. If untreated, may lead to: seizures, convulsion or loss of consciousness.

Individual Health Care Plan (IHCP): A student specific plan of care developed by the school nurse describing the way health related services will be provided to specific students in the school setting.

Insulin: A hormone secreted by the islet cells in the pancreas that allows the body's cells to absorb glucose for energy. It is used as a medication when the body does not make enough insulin to maintain proper blood glucose levels.

Insulin to Carbohydrate Ratio: 1 unit of insulin for every (blank) grams of carbohydrates eaten.

Licensed Practical Nurse (LPN): Any person licensed in this state to practice practical Nursing.

Ketones: The chemical produced by the body when a person has high blood glucose levels and not enough insulin to metabolize the glucose.

Mg/dl - Milligrams per deciliter: A unit of measurement used in blood glucose monitoring to describe how much glucose is in a specific amount of blood.

Non-Medical Assistive Personnel: An individual who has been trained and delegated to perform health related services for students while they are in school.

Registered School Health Nurse: A professional registered nurse, licensed to practice in Florida who is employed by the local school district through a contracted community based agency.

Sliding Scale: A medical order for adjusting the insulin dose on the basis of blood glucose monitoring. It is sometimes referred to as supplemental insulin or a correction dose. In some cases the amount of insulin to be given is calculated with a simple mathematical formula specific to the student.

Supervision: The provision of guidance by a qualified nurse and periodic inspection by the nurse for the accomplishment of a nursing task or activity provided by unlicensed assistive personnel.

Universal Blood & Body Fluid Precautions: Measures intended to prevent the transmission of hepatitis B, Human Immunodeficiency Virus (HIV) and other infections, as well as decrease the risk of infection for care providers and students. It is not currently possible to identify all infected persons; therefore, blood and body fluid precautions must be used with every student, regardless of medical diagnosis.

Unlicensed Assistive Personnel: Unlicensed persons who have been assigned and trained to function in an assistive role to registered nurses or licensed practical nurses in the provision of patient care services through regular assignments or delegated tasks or activities and under the supervision of a nurse.

Okaloosa County School District
Procedure and Guidelines for Managing Diabetes in the School Setting
(see Diabetes tab in Emergency Guidelines for Schools – 2019)

Purpose: The Okaloosa County School District and Aveanna Healthcare have developed this procedure that establishes guidelines for competently meeting the medical needs of a student with diabetes in the school environment.

Definitions: *Refer to Glossary*

The following procedure pertains to guidelines for managing diabetes via an insulin pen or syringe. For students with an insulin pump, refer to "Guidelines for Managing Diabetes: Insulin Pump."

Procedure:

I. School personnel and school health personnel responsibilities

A. Staff education – school personnel must have an understanding of diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the school district and the school health nurse to implement annual training for each school that has a student with diabetes. Training should include in-depth training for all school based staff that has direct contact with the student; and individualized training to meet specific student needs.

B. Obtain and follow "Authorization for Diabetes Management" / MD orders to include the physician's and parent/guardian signatures.

1. Only a registered school health nurse or licensed practical nurse (LPN) may obtain verbal MD orders to facilitate management of the student with diabetes or to document a need for change in the student's plan of care
2. Original signature is preferred for all doctor's orders, but a faxed order may be accepted.

C. A student specific Individual Health Care Plan (IHCP) should be developed by a school health registered nurse.

1. The registered school health nurse should delegate a trained, competent school-based person(s) to follow the IHCP and the "Authorization for Diabetes Management" /MD orders.

D. Provide a safe, private and accessible space for the finger stick procedure and for the insulin administration.

1. The clinic is the preferred site for these procedures.
2. Alternative sites for diabetes management may be identified on the IHCP with consideration of student safety, proximity of the classroom to the clinic, availability of appropriately trained staff, and the documented level of student competency/ responsibility.

E. Provide a trained, competent or licensed person to perform, assist with, or observe the blood glucose monitoring procedure and the insulin administration based on the student's Self-care Assessment (see Authorization for Diabetes Management").

F. Unless the MD or nursing documentation allows for the student to perform calculations and insulin administration independently, provide verification of insulin calculation and dosage with the school health nurse, the designated school personnel, or the parent/guardian prior to insulin administration.

G. Designated school personnel should be trained and knowledgeable of:

1. Treatment of hypoglycemic emergencies
2. Administration of emergency glucose source

H. Notify appropriate personnel of student health care needs. Notify parent/guardian as indicated on the action plan of the "Authorization for Diabetes Management" and/or the IHCP.

I. Document glucose levels, presence of ketones, and amount of insulin administered on the Diabetic Monitoring Log; record student visit on the Daily Activity Log.

J. Provide carbohydrate counts of foods as documented through the

School District's Food Service.

K. Provide sharps containers for clinics.
L. Insulin will be labeled the first day of use and will not be given after 30 day of use.
M. Call for emergency help as needed

Medication Note – For the safety of all students, medications (pills, insulin, glucagon, etc.) shall be received in the original container, counted, and then stored under lock/key. The student specific IHCP will notate if a student will carry insulin/supplies or if the insulin/supplies will be kept in an alternate site other than the clinic.

II. Health care provider responsibilities
   A. Provide consultation in the development of and maintenance of the student health care needs and management.
   B. Complete "Authorization for Diabetes Management" upon diagnosis, on a yearly basis, and as needed for changes in diabetes management.
      1. Documentation includes the initial Self-Care Assessment of the student's knowledge, skill level, and ability to self-manage care; whether the student needs assistance with care, or if the student is dependent for care.
   C. If applicable, complete additional insulin orders/ Flexible Insulin Therapy (FIT) upon diagnosis, on a yearly basis, or as needed for changes in diabetes management.
   D. Provide phone order to school health registered nurse or LPN in order to facilitate management of student needs with diabetes and/or to initiate a change in the student's plan of care / MD orders.
   E. Provide consultation in training and education of designated school-based providers.

III. Parent/ guardian responsibilities
   A. Provide school with completed "Authorization for Diabetes Management," to include physician signature and date. The form must also include the parent/ guardian signature and date for parental permission.
      1. Form to be provided upon diagnosis, updated at the beginning of each school year, and as needed to initiate change
   B. When applicable, provide the school with additional insulin orders/FIT upon diagnosis, at the beginning of each school year, and as needed to initiate change.
   C. Notify the school of changes in diabetes orders that may affect medical management during the school day.
   D. Participate in the development of the student's IHCP
   E. Meet with appropriate personnel to establish and maintain services.
   F. Authorize MD to release medical information to appropriate school personnel as per "Authorization for Diabetes Management."
   G. Provide equipment and supplies needed for procedures, treatment and management of diabetic needs, to include hypoglycemic supplies, snacks and medications.
   H. Maintain the calibration of the blood glucose monitor used at school.
   I. Provide the school with names and telephone numbers of people to be notified in case of uncertainty in management or in the event of an emergency.
   J. Retain responsibility for care that is provided by the personal designee of the parent/ guardian, i.e. friend or relative.
   K. Accept financial responsibility for 911 calls and transportation to the hospital if needed.

IV. Student responsibilities
   A. The student's health care provider will determine the level of responsibility of diabetic care as indicated on the "Authorization for Diabetes Management" under the student's Self Care Assessment.
   B. The parent/ guardian, school health nurse, or school administration may request re-

evaluation of student's competency whenever indicated.

C. Only the physician may update the student's self-care assessment.

D. Levels of care/ responsibility.

1. **Self care** – demonstrates competency, knowledge, skill and ability to perform blood glucose monitoring and insulin administration independently. The student should be able to:
   a. Describe signs and symptoms of hypoglycemia
   b. Verbalize plan for blood glucose level consistently
   c. Utilize plan for blood glucose level
   d. Perform blood glucose monitoring independently, including calibration of monitor to test strip
   e. Check for ketones with blood glucose level of 300 or higher
   f. Determine insulin dosage and administer insulin independently
   g. Dispose of sharps and store equipment safely and correctly
   h. Document test results and insulin dosage accurately, when applicable
2. **Assisted care** – exhibits competency at one or more tasks, but is not yet functioning independently. Student will need assistance from a RN trained school health staff member or RN trained school staff member or a parent/ guardian. The student should be able to:
   a. Cooperate in all diabetes tasks at school
   b. Describe some signs and symptoms of hypoglycemia
   c. Follow plan for blood glucose levels, with assistance as needed
   d. Perform blood glucose monitoring, with assistance as needed
   e. Check for ketones with blood glucose level of 300 or higher
   f. Calculate, or attempt to learn calculations for insulin dosage. Verify calculation of insulin dosage with parent/ guardian or school-based person(s) unless MD or nursing documentation allows for student's independence
   g. Self administer insulin after verification of dosage on pen or syringe with designated personnel
   h. Dispose of sharps and store equipment safely and correctly
   i. Document test results and insulin dosage accurately, when applicable
3. **Dependent care** – student is unable to independently exhibit competency with tasks of performing blood glucose monitoring and insulin administration. The student will require assistance from a RN trained school health staff member or RN trained school staff member or a parent/ guardian.to perform and manage care. The student should be able to:
   a. Cooperate in all diabetes tasks at school
   b. Report to clinic for diabetes management needs
   c. Cooperate in the delegation of care to provide finger stick monitoring, treatment of glucose levels, and the calculation/ administration of insulin

Okaloosa County School District
Procedure for Using Glucagon as Emergency Response to Hypoglycemia

Purpose: This procedure establishes guidelines for the use of glucagon treatment as an emergency response for hypoglycemia in a student with diabetes in the school environment.

Procedure:

I. Glucagon – a hormone produced by the body that stimulates the liver to raise the blood glucose level
   A. Available in an injectable form for use in diabetics.
   B. Must have a health care provider medication order on file to administer.

II. Indications for use of glucagon in the diabetic student
   A. Unconsciousness.
   B. Seizure activity.
   C. When student has low blood sugar and is unable to take liquid or food by mouth due to severe sleepiness, unresponsiveness, etc.

III. Instructions for use of glucagon
   A. Delegate co-worker to call 911 and to notify parent/ guardian.
   B. Position the student lying down on his/her side in a safe area.
   C. Prepare the glucagon.
      1. Remove the flip off seal from the bottle of glucagon
      2. Remove the needle protector from the syringe
      3. Inject entire contents of the syringe into the bottle of glucagon
      4. Shake the bottle gently until the glucagon dissolves and the solution becomes clear.
         a. Glucagon should not be used unless the solution is clear and of water-like consistency
         b. Glucagon should be injected immediately after mixing
      5. Draw up the appropriate dose (1mg or 0.5mg, per MD order) of the solution into the syringe
   D. Cleanse the injection site on buttock, arm or thigh with alcohol.
   E. Insert the needle into the loose tissue under the skin area and then inject the glucagon solution.
   F. Withdraw the needle and apply light pressure at the injection site.
   G. Keep the student in a side-lying position in case of vomiting.
   H. The blood sugar should rise at least 50-75 mg/dl within 15-20 minutes.
   I. Feed the student as soon as he/she awakes and is able to swallow.

Okaloosa County School District
Guidelines for Managing Diabetes: Insulin Pump

Procedure:

I. School personnel and school health personnel responsibilities

A. Staff education – school personnel must have an understanding of diabetes and its management to facilitate the appropriate care of students with diabetes. Training should include in-depth training for all school based staff that has direct contact with the student; and individualized training to meet specific student needs.

B. Obtain and follow "Diabetes Authorization for Insulin Pump"/MD orders to include the physician's and parent/guardian signatures.
   1. Only a registered school health nurse or licensed practical nurse (LPN) may obtain verbal MD orders to facilitate management of the student with diabetes or to document a need for change in the student's plan of care.
   2. Original signature is preferred for all doctor's orders, but a faxed order may be accepted.

C. A student specific Individual Health Care Plan (IHCP) should be developed by a school health registered nurse.
   1. Registered school health nurse should delegate a trained, competent school-based person(s) to follow the IHCP and the "Diabetes Authorization for Insulin Pump" /MD orders.

D. Provide a safe, private and accessible space for diabetic care.
   1. The clinic is the preferred site
   2. Alternative sites for diabetes care may be identified on the IHCP with consideration of student safety, proximity of the classroom to the clinic, availability of appropriately trained staff, and the documented level of student competency/ responsibility.

E. Provide a trained, competent or licensed person to perform, assist with, or observe the blood glucose monitoring procedure and the insulin administration based on the student's Self-Care Assessment (see "Diabetes Authorization for Insulin Pump").

F. Unless the MD or nursing documentation allows for the student to perform calculations and insulin administration independently, provide verification of insulin calculation and dosage with the designated school personnel, or the parent/guardian prior to insulin administration.

G. Designated school personnel should be trained and knowledgeable of:
   1. Treatment of hypoglycemic emergencies
   2. Administration of emergency glucose source
   3. Disconnection of the insulin pump

H. Notify appropriate personnel of student health care needs. Notify parent/guardian as indicated on the action plan of the "Diabetes Authorization for Insulin Pump" and/or the IHCP.

I. Document glucose levels and insulin administration on the Diabetic Monitoring Log; record the student visit on the Daily Activity Log.

J. Provide the carbohydrate counts of foods as documented through the School District's Food Service Department.

K. Call for emergency help, as needed.

II. Health care provider responsibilities

A. Provide consultation in the development of and maintenance of the student health care needs and management.

B. Complete "Diabetes Authorization for Insulin Pump" upon diagnosis, on a yearly basis, and as needed for changes in diabetes management.
   1. Documentation includes the initial Self-Care Assessment of the student's knowledge, skill level, and ability to self-manage care; whether the student needs assistance with care, or if the student is dependent for care.

C. If applicable, complete additional insulin orders upon diagnosis, on a yearly basis, and as needed for changes in diabetes management.

D. Provide phone order to clinic staff in order to facilitate management of student needs with diabetes and/or to initiate a change in the student's plan of care / MD orders.
E. Provide consultation in training and education of designated school-based providers.

III. Parent/ guardian responsibilities
A. Provide school with completed "Diabetes Authorization for Insulin Pump," to include physician signature and date. The form must also include the parent/ guardian signature and date for parental permission.
1. Form to be provided upon diagnosis, updated at the beginning of each school year, and as needed to initiate change.
B. When applicable, provide the school with additional insulin orders/ FIT upon diagnosis, at the beginning of each school year, and as needed to initiate change.
C. Notify the school of changes in diabetes orders that may affect medical management during the school day.
D. Participate in the development of the student's IHCP.
E. Meet with appropriate personnel to establish and maintain services.
F. Authorize MD to release medical information to appropriate school personnel as per "Diabetes Authorization for Insulin Pump."
G. Provide equipment and supplies needed for procedures, treatment and management of diabetic needs, to include hypoglycemic supplies, snacks, and medications.
H. Maintain the calibration of the blood glucose monitor used at school.
I. Provide the school with names and telephone numbers of people to be notified in case of uncertainty in management of care or in the event of an emergency.
J. Retain responsibility for care that is provided by the personal designee of the parent/ guardian, i.e. friend or relative.
K. Accept financial responsibility for 911 calls and transportation to the hospital if needed.

IV. Student responsibilities
A. The student's health care provider will determine the level of responsibility of diabetic care as indicated on the "Diabetes Authorization for Insulin Pump" under the student's Self Care Assessment.
B. The parent/ guardian, school health nurse, or school administration may request re-evaluation of student's competency whenever indicated.
C. Only the physician may update the student's self-care assessment.
D. Levels of care/responsibility.
1. **Self care** – demonstrates competency, knowledge, skill and ability to perform blood glucose monitoring, determine insulin dosage and administration of insulin independently. The student should be able to:
a. Describe signs and symptoms of hypoglycemia.
b. Verbalize plan for blood glucose level consistently.
c. Utilize plan for blood glucose level.
d. Perform blood glucose monitoring independently, including calibration of monitor to test strip.
e. Check for ketones with blood glucose level of 300 or higher.
f. Determine insulin dosage and administer insulin independently.
g. Trouble shoot insulin pump problems.
h. Dispose of sharps and store equipment safely and correctly.
i. Document test results and insulin dosage accurately, when applicable.

2. **Assisted care** – exhibits competency at one or more tasks, but is not yet functioning independently. Student will need assistance from a RN trained school health staff member or RN trained school staff member or a parent/ guardian. The student should be able to:

a. Cooperate in all diabetes tasks at school.
b. Describe some signs and symptoms of hypoglycemia.
c. Follow plan for blood glucose levels, with assistance as needed.
d. Perform blood glucose monitoring, with assistance as needed.
e. Check for ketones with blood glucose level of 300 or higher.
f. Calculate, or attempt to learn calculations for insulin dosage. Verify calculation of insulin dosage with parent/ guardian or school-based person(s) unless MD or nursing documentation allows for student's independence.
g. Self administer insulin after verification of dosage on pump/ syringe/or pen with designated personnel.
h. Trouble shoot insulin pump problems, with assistance as needed.
i. Dispose of sharps and store equipment safely and correctly.
j. Document test results and insulin dosage accurately, when applicable.

3. **Dependent care** – student is unable to independently exhibit competency with tasks of performing blood glucose monitoring and insulin administration. Student will need assistance from a RN trained school health staff or RN trained school staff member or a parent/ guardian. The student should be able to:
   a. Cooperate in all diabetes tasks at school.
   b. Report to clinic for diabetes management needs.
   c. Cooperate in the delegation of care to provide finger stick monitoring, treatment of glucose levels, the calculation/ administration of insulin, and troubleshooting insulin pump problems.

Okaloosa County School District
Procedure for Recognizing and Responding to Anaphylactic Events
(see Allergic Reaction tab in Emergency Guidelines for Schools – 2019)

Purpose: This procedure establishes guidelines to meet the health needs of a student or staff member experiencing anaphylaxis in the school environment.

Definitions: **Anaphylaxis** – a rapid, sudden, severe allergic response that occurs when a person is exposed to an allergen to which he or she has been previously sensitized. Anaphylaxis can affect various organs including the skin, upper and lower respiratory tracts, cardiovascular system, eyes, uterus, and bladder.

Allergen - an allergy causing substance. Common allergens are stinging insects, foods (particularly peanuts, eggs, and shellfish), medications and contact, such as latex, animal hair, and chemicals. In rare cases, the cause may be idiopathic or unknown.

Antihistamine – A medication designed to counter the effects of a mild allergic reaction. A common antihistamine is Diphenhydramine.

Epinephrine Auto-injector (Epipen) - An easy to use, disposable, self-administered drug delivery system that provides emergency treatment using Epinephrine, the drug of choice for all anaphylactic episodes. Epinephrine works directly on the cardiovascular and respiratory systems to counter the potentially fatal effects of anaphylaxis. The sooner the allergic reaction is treated, the greater the likelihood of survival.

Florida Statute 1002.20(3)(i) (Kelsey Ryan Act) - 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.

Epinephrine (adrenaline) - 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.

**See Epi-pen administration guidelines and Emergency Medication administration procedures.*

Procedure:

I. Anaphylaxis
   A. RN to develop an individual health care plan as needed for students identified as having allergies requiring emergency medical intervention.
      1. Distribute plan/notify appropriate personnel of the student's individual health care plan needs.
   B. Assure that at least two staff members are trained to administer emergency medication for Anaphylaxis.
      1. School staff and paraprofessionals must have an understanding of the management of systemic allergic reactions. It is the responsibility of the principal to implement annual education.
      2. The nursing supervisor will be available as needed to provide individual training upon request.

C. Recognize the signs/symptoms of a severe allergy. Symptoms may appear within a few seconds, or up to two hours after exposure.

Common signs are:

- **Hives, rash, 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.**

1. Anaphylaxis should never be minimized as death can occur within minutes.
2. Other reactions that may mimic allergic symptoms are hyperventilation, anxiety attacks, alcohol intoxication, and low blood sugar

D. Assist in setting up a safe school environment for the affected student. The best treatment for anaphylaxis is prevention, avoiding substances and situations that are known to trigger extreme allergic reactions.

E. Maintain documentation of medical records, emergency health care plans, food allergy lists, and school based medical management training.

II. Emergency Response

A. Recognize the severity of anaphylactic symptoms:

Differentiating Between a Mild (Local) and a Severe (Systemic) Allergic Reaction:

Sign or Symptom	Mild Reaction	Systemic Reaction
Itching	Yes	Generalized
Hives	Localized only	Generalized
Flushed Skin	Localized	Widespread
Cyanosis	No	Yes*
Edema (swelling)	Mild /Moderate	Severe
Heart Rate	Normal/Slight Increase	Significantly Increased
Blood Pressure	Normal	Decreased*
Peripheral Pulses	Present and Normal	Very Weak to Absent
Mental Status (LOC)	Normal	Decreased to Unresponsive
Breathing Rate	Normal/Slight Increase	Severely Increased/Decreased and/or Absent Respirations
Wheezing	No	Present in All Lung Fields
Stridor	No	Yes

***Call 911 if uncertain about severity of any reaction**

B. Administer emergency medication as directed.
1. Note time medication was delivered; document time on auto-injector and send auto-injector with EMS

C. Refer to individual health care plan: call 911, notify administrator, and notify parent/designee.

D. Document and review event.
1. Document risk management's accident report and appropriate student medical records.
2. Review response with Risk Management and school site safety committee.

Okaloosa County School District
Procedure for Recognizing and Responding to Asthmatic Events
(see Asthma / Wheezing tab in Emergency Guidelines for Schools – 2019)

Purpose: This procedure establishes guidelines to meet the health needs of a student or staff member experiencing asthma related events in the school environment.

Definitions: **Asthma** – Asthma is a chronic inflammatory disorder of the airways which causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and early morning. It is characterized by excessive sensitivity of the lungs to various stimuli and with physical exertion causing airflow obstruction.

Florida Statute 1002.20(3)(h) - allows students with proper authorization to carry on their person prescribed metered inhaler.

Nebulizer - delivers medications, in mist form, directly into the lungs via air compressor (i.e., air pump).

Triggers - are stimuli that cause asthma episodes such as: respiratory infections, pollen, mold, animal dander, feathers, dust, food, vigorous exercise, sudden temperature changes, air pollution, fumes, strong odors, cigarette smoke, excitement, and/or stress.

Procedure: I. Responsibilities in Asthma Management

A. School clinic staff.
1. Complete appropriate level of asthma education.
2. Perform delegated asthma management/ refer to emergency health care plan.
3. Communicate with parent/guardian about acute asthma episodes.
4. Alert nursing supervisor of any asthma management concerns
5. Assist with student use of inhaler, Nebulizer treatments with masks, mouthpieces or nasal cannula and cleaning after each use.

B. School staff.
1. Administration
   a. Designate 2 staff members to receive training and provide child specific care as needed.
2. Physical education faculty
   a. Collaborate with parent to identify appropriate activity level
   b. Encourage exercise and participation in sports for students with asthma but, recognize and respect their limits/refer to individual health care plan as appropriate.
3. All school staff.
   a. Alert school clinic staff of any asthma management or school attendance concerns.
   b. Understand that special health arrangements may be necessary even during standardized testing period.
   c. Follow student's individual health care plan.

C. RN Supervisor.
1. Provide appropriate level of individualized asthma education as appropriate upon request.
2. Develop and maintain student individual health care plan as needed.
3. Delegate and document child specific asthma management to trained and competent designees.
4. Obtain peak flow readings and implement action plan if indicated.
5. Communicate with parent/guardian about any difficulties in controlling asthma at school.
6. Act as a liaison between student's health care provider, parent, and school staff.
7. Provide student health education about asthma promoting responsible self-care.

Okaloosa County School District
Procedure for Responding to Seizures in the School Setting
(see Seizures tab in Emergency Guidelines for Schools – 2019)

Purpose: This procedure establishes guidelines to meet the health needs of a student with seizures in the school environment.

Definitions: **Epilepsy –** A brain disorder involving repeated seizures of any type. Some types of epilepsy run in families.

Seizure - A sudden change in behavior due to abnormal electrical activity in the brain. Some of the most common causes include epilepsy, fever, infection, brain injury, or low blood sugar. Common types of seizures include:
"***petit mal***"/***absence*** – characterized by brief staring episodes
"***grand mal***"/***tonic-clonic /generalized*** – convulsions; body stiffening and loss of consciousness followed by shaking of the arms and legs (muscle rigidity and muscle contractions).
partial – characterized by twitching or jerking in one part/side of the body, repetitive movements, turning of the eyes. Partial seizures may spread to the whole brain and become tonic-clonic.

Diazepam- Diastat rectal gel and Diazepam nasal spray are emergency intervention drugs used to control prolonged seizures and clusters of seizure activity.

Vagal Nerve Stimulation - This therapy is designed to help prevent seizures by sending regular small pulses of electrical energy to the brain via the vagus nerve. This therapy consists of a device implanted in the chest wall with electrodes attached to the vagus nerve in the neck. The device is programmed to emit impulses regularly. However, additional impulses can also be generated by passing a magnet over the implant site in the chest. The student may utilize the magnet if he feels seizure activity coming on. The magnet may also be used by trained staff to stop seizure activity if the student is unable.

Procedure:

I. Seizure Management
- A. Develop an individual health care plan as needed for students identified as having a seizure disorder (completed by the RN).
  1. Distribute plan - notify appropriate personnel of a student's health care needs
- B. Assure that at least two staff members are trained to provide first aid for seizures.
  1. For convulsive seizures:
     a. Keep calm and reassure other students /staff.
     b. Prevent injury by moving near-by objects; don't hold or attempt to restrain movements; don't place any objects between the teeth; place student on his side to keep airway clear.
     c. Time all seizure activity.
     d. Call 911 if: convulsion lasts longer than 5 minutes or as directed by physician; student has repeated seizures; student is pregnant, diabetic, injured or has no known seizure history; student has trouble breathing during or after the seizure; if emergency medications are used.
     e. Notify parent
     f. Notify appropriate school administrator.
  2. For non-convulsive seizures:
     a. Reassure/comfort the student as needed.
     b. Help to reorient the student.
     c. Note time and behaviors exhibited and then notify parent.
- C. Administer emergency medication as prescribed.
- D. Document seizure.

II. Use of Vagal Nerve Stimulation (VNS)
   A. Develop a student health care plan for students with an implanted vagal nerve stimulator, VNS (completed by the RN).
      1. Distribute Individual Health Care Plan and/or Health Alert to appropriate school personnel.
   B. Assure that at least two staff members are trained to apply the magnet over the VNS.
   C. Maintain the magnet in a safe location, away from other magnetic sources. (i.e. televisions, computers, microwave ovens, etc).
      1. Ensure that trained staff are aware of magnet location.
   D. Notify parent/ guardian of use of the magnet during the school day.
   E. Document magnet use and any seizure activity on the student record.
   F. Call 911 if:
      1. Convulsive seizure lasts longer than 5 minutes.
      2. Student has repeated seizures.
      3. Student has trouble breathing during/after a seizure.

Seizure Fact Sheet

Seizures can be **Generalized** (affecting the whole brain) or **Partial** (affecting part of the brain)

Generalized

1. *Tonic-Clonic (grand mal*) - convulsions, shaking, jerking and stiffness; loses consciousness
2. *Absence (petit mal*) – has a blank stare, appears dazed or in a daydream; may blink or chew repeatedly
3. *Atonic (drop attack*) – falls or collapses suddenly, but may stand and walk again within a minute
4. *Myoclonic* – has sudden powerful movements of the arms, hands or torso

Partial

1. *Simple partial* – muscle twitching or jerking in one part of the body such as an arm, hand, or leg;
   - may see, hear, or smell things that aren't there
2. *Complex partial* – may be confused, dazed, or not able to talk
   - walks, but may appear clumsy
   - picks at clothing or objects

Basic Seizure First Aid:

- ☑ Stay calm and track time
- ☑ Keep child safe
- ☑ Do not restrain
- ☑ Do not put anything in mouth
- ☑ Stay with child until fully conscious
- ☑ Record seizure in log / on record

For tonic-clonic (grand mal) seizure:

- ☑ Protect head
- ☑ Keep airway open / watch breathing
- ☑ Turn child on side

A seizure is generally considered an emergency when:

- ☑ A convulsive (tonic-clonic) seizure lasts longer than 5 minutes
- ☑ Student has repeated seizures without regaining consciousness
- ☑ Student has a first time seizure
- ☑ Student is injured or has diabetes
- ☑ Student has breathing difficulties
- ☑ Student has a seizure in water

Okaloosa County School District
Procedure for Automated External Defibrillators (AEDs)
(see AEDs tab in Emergency Guidelines for Schools – 2019)

Definition

Automated External Defibrillators (AEDs) are devices that shock the heart to restore a normal heartbeat after a life-threatening irregular rhythm (including sudden cardiac arrest).

Why AEDs in Schools?

It's all about time! For every minute that defibrillation is delayed, survival decreases by 7 percent to 10 percent. If defibrillation is delayed by more than 12 minutes, the chance of survival (in adults) is less than 5 percent. Typically, a child in cardiac arrest would have to wait for experienced medical personnel to evaluate if the rhythm required a shock. What has been shown in adults is that the earlier they receive a shock, the greater the chances for survival.

What are the Chances the School will Need a Defibrillator?

- The risk of cardiac arrest in high school athletes is .5 to 1.0 per 100,000 athletes
- The risk in the adult population 35 years of age and older is 1/100 to 1/200.
- The leading cause of death in adults is 35 to 40 is sudden cardiac arrest.
- The adult risk is 100 to 200 times the estimated risk in children and adolescents and those under 35.

Source: American Heart Association Policy Statement Summary, American Academy of Pediatrics, Vol. 113, No. 1, January 2004

Automated External Defibrillators (AEDs)
Legal Support for the Program

There are three levels of support for the use of AEDs in the school district. They are the Federal Cardiac Arrest Survival Act, the State of Florida Good Samaritan Laws and the Okaloosa County School District Board Policy.

Federal Cardiac Arrest Survival Act

Federal Statute No. 768.1325 states, "…any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such a device…"

In addition, any person who acquired the device is immune from such liability, if the harm was not due to the failure of such acquirer of the device to:

- Notify the local emergency medical services medical director of the most recent placement of the device within a reasonable period of time after the device was placed;
- Properly maintain and test the device; or
- Provide appropriate training.

Florida Good Samaritan Laws

Florida Statutes 401.2915 protect:

- Even untrained users of AEDs from liability provided that they act in good faith.
- Even if a victim dies, AED users who have acted in good faith are protected.

Okaloosa County School Board Policy

Policy 1-20 (1) reads: The School Board authorizes the use of Automated External Defibrillators (AEDs) in a perceived medical emergency and as authorized by the provisions of 401.2915, F.S. "Perceived medical emergency" means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual. 768.1325 (2) (a), F.S.

Okaloosa County School District
Protocol for AED Use

Indications for AED use:

Upon arrival to a scene of a suspected cardiac arrest, the rescuer must begin the steps of assessing the need for initiation of CPR with integration of the use of an Automated External Defibrillator (AED). The use of an AED is critical for the survival of the cardiac arrest victim. If the victim is assessed to be unresponsive with no pulse, the AED is to be used. Early defibrillation is critical for the following reasons:

- Ventricular Fibrillation (VF) is the most frequent cardiac rhythm in cardiac arrest victims.
- Electrical defibrillation is the most effective method of treatment for VF.
- VF, if left untreated, can quickly convert to asystole within minutes (no electrical activity in the ventricle causes the heart to stop beating).
- If defibrillation is performed within 6 – 10 minutes of cardiac arrest, the adult or child victim can survive neurologically intact.

Steps for AED Use:

1. Assess for unresponsiveness.
2. If victim is unresponsive, call 911 and retrieve the AED.
3. Begin CPR.
    a. Open the airway, and check for breathing.
    b. If the victim is not breathing, give 2 breaths.
    c. Check for signs of circulation. If there are no signs of circulation, attach the AED and proceed with AED operation.
        1. If a second rescuer is available, CPR chest compression and ventilation should be performed. Open the READY KIT for Universal Precautions and administer CPR.
4. Remove the AED from the wall-mounted case. NOTE: The alarm will sound when the AED is removed. Someone other than the responder should turn the alarm off.
5. Operate the AED.
    a. Open the case. The unit will activate automatically.
    b. Listen to oral directions. The first direction will be, “Tear open package and remove pads. Peel one pad from plastic liner.”
    c. Attach the AED pads to the victim’s bare chest following the directions on the package.
    d. Follow verbal instructions
        1. If SHOCK is indicated, the AED will instruct the rescuer to push the SHOCK button. The unit will warn the responder to be sure everyone is clear of the victim before pushing the SHOCK button
        2. If no SHOCK is advised and victim is not breathing, open AED Ready Kit, begin UNIVERSAL PRECAUTIONS, and administer CPR chest compressions and ventilations
            (a) All Victim Ratio: 30 compressions: 2 ventilations
    e. Follow instructions of AED to either SHOCK or perform chest compressions and continue CPR until further medical assistance is available by Emergency Medical Services (EMS

Special Situation in AED Use:

1. AED adult electrode pads are used for victims 8 years old or older weighing more than 25 Kg (Approximately 55 pounds).
2. AED pediatric electrode pads may be used on children or infants up to 8 years old or up to 55 lps. (25 Kg). If the child appears to be older or larger, use the adult defibrillation electrodes. The pediatric electrode pads are stored in the back pocket of the AED marked, “spare electrodes.”
3. If the victim is in water or covered in water, they must be moved from the source of water or the water dried from the bare chest before the AED pads are placed.
4. If the victim has an implanted Pacemaker (noted by a raised lump about half the size of a deck of cards usually on the left side of the upper chest or abdomen), place the AED pad at least 5 inches to the side of the implanted device.

5. AED pads should not be placed over transdermal medication patches. Remove the medication patch before placing the AED pad to the victim's chest.

Equipment Care:

1. The Access AED has adult pads connected to the unit. Pediatric pads are stored in the back pocket of the carrying case.
2. Once the pads are used, they must be replaced by a new set.
   a. If additional pads are needed, notify the Safety Foreman Maintenance (833-5864) to request additional pads
3. Local EMS personnel and/or ambulance services has a connector cable for downloading the medical response information from the AED.
4. The AED should not leave the Okaloosa County School District location where it has been assigned.
5. If the AED unit is moved, immediately notify the Safety Foreman Maintenance (833-5864).
6. Additional information on maintenance may be found in the AED Guidelines Document.

Precautions/Critical concepts

- **Wet conditions – Make sure the patient and environment are dry**
- **Metal surfaces – Make sure the patient is not touching any metal surfaces**
- **Combustible materials or hazardous (explosive) environment – Remove the patient, if possible, from an area that presents a hazard.**
- **Do not touch the patient while the AED is assessing, charging, or shocking the patient (voice prompts on the machine repeat this warning).**
- **If the patient has an internal pacemaker/defibrillator or Vagus Nerve Stimulator, position the pad one hand's width (approximately 5 inches) from the pacemaker/ defibrillator site. If the patient has any medication patch, remove the patch.**
- **Never defibrillate while moving the patient.**

TRAINING

Okaloosa County School District schools are encouraged to provide 2 levels of training

1. Awareness
2. CPR/AED Certification

Awareness

Every adult and student on campus should be aware of the location of the AED unit(s) and their intended use. The units are stored in highly visible white cases in easily accessible locations. Schools are encouraged to provide a variety of awareness activities, including but not limited to:

- Instructional television "spots"
- Posting information on fire drill exit maps
- Announcing the availability of the unit before large meetings/gatherings
- Providing written certification of a responsible person for after-hours, sports events and field trips
- A CD that provides a video demonstration on how to perform a rescue can be made available. The video is 5 minutes long. The school site safety team may decide to annually use the demonstration with all teachers and staff on the campus

CPR/AED Certification – Adults

All Cardio Pulmonary Resuscitation (CPR) training will include the use of AEDs. All School Resource Officers (SROs) and School Health Clinic Staff are CPR/AED trained. School personnel are encouraged to participate in CPR/AED and Emergency First Aid Training opportunities. The number of individuals trained in CPR/AED and First Aid will be tracked yearly as part of the Individual School Plan for Emergency Management

OKALOOSA COUNTY SCHOOL BOARD POLICY

1-20 USE OF AUTOMATED EXTERNAL DEFIBRILLATORS

(1) The School Board authorizes the use of Automated External Defibrillators (AED) in a perceived medical emergency and as authorized by the provisions of 401.2915, F.S. "Perceived medical emergency" means circumstances in which the behavior of an individual leads a reasonable person to believe that the individual is experiencing a life-threatening condition that requires an immediate medical response regarding the heart or other cardiopulmonary functioning of the individual" 768.1325(2)(a), F.S.

(2) All persons who use an AED must obtain appropriate training in accordance with 401.2915, F.S.

(3) Exceptions to the training requirements are contained in 768.1325(3) (c), F.S.

(4) The School District shall develop procedures to govern the implementation of this policy. The procedures shall be reviewed and approved by the Okaloosa County Emergency medical Services Medical Director.

(5) The School District shall register each AED with the Okaloosa County Department of Public Safety as required by 768.1325(4)(a), F.S. The Okaloosa County Department of Public Safety will be notified any time a change is made in the location of an AED, or an AED is added or removed from service.

(6) The School District shall ensure that each AED is properly maintained as required by 768.1325(3)(b), F.S.

Statutory Authority: Section 1001.41; 1001.42, Florida Statutes
Laws Implemented: Section 401.2915; 768.1325; 1001.42, Florida Statutes
Adopted: July 25, 2005

POISON CONTROL

If you have an emergency or questions pertaining to poisoning – do not guess – BE SURE!

Call 1-800-222-1222

The Florida Poison Information Center Network (FPICN) is dedicated to providing emergency services 24 hours a day to the citizens of Florida by offering poison prevention and management information through the use of a nationwide, toll-free hotline (1-800-222-1222) accessible by voice and TTY.

4-29 REPORTING SUSPECTED ACTS OF CHILD ABUSE, NEGLECT OR ABANDONMENT

A. The School Board strongly prohibits any action or omission constituting abuse, neglect, or abandonment by any of its employees, agents, volunteers, or by other persons affiliated with the School District. Further, all employees, agents, and volunteers of the School District must comply with Florida law requiring reporting of child abuse, neglect or abandonment.

B. All employees of the Okaloosa County School District, who know or have reasonable cause to suspect; (i) that a child is physically or sexually abused, abandoned, or neglected by a parent, legal custodian, caregiver or other person responsible for the child's welfare, as defined in Chapter 39, Florida Statues, or (ii) that a child is in need of supervision and care and has no parent, legal custodian or responsible adult relative immediately known and available to provide supervision and care, or (iii) that juvenile sexual abuse or inappropriate sexual behavior has occurred between two children, must report such knowledge or suspicion to the Department of Children and Families Central Abuse Hotline by one of the following methods:
Abuse Hotline: 1-800-962-2873
Online: www.MyFLFamilies.com
Fax: 1-800-914-0004

1. "Child abuse" under Florida Statute 827.03(1)(b) is defined as follows:

    a. Intentional infliction of physical or mental injury upon a child;
    b. An intentional act that could reasonably be expected to result in physical or mental injury to a child; or
    c. Active encouragement of any person to commit an act that results or could reasonably be expected to result in physical or mental injury to a child.

2. "Neglect of a child" under Florida Statute 827.03 (1)(e) is defined as follows:

    a. A caregiver's failure or omission to provide a child with the care, supervision and services necessary to maintain the child's physical and mental health, including, but not limited to, food, nutrition, clothing, shelter, supervision, medicine, and medical services that a prudent person would consider essential for the well-being of the child; or
    b. A caregiver's failure to make a reasonable effort to protect a child from abuse, neglect or exploitation by another person.

3. "Abandoned" or "abandonment" under Florida Statute 39.01(1) is defined as follows: a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal guardian, the caregiver, while being able, has made no significant contribution to the child's care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both.

4. "Juvenile sexual abuse" under Florida Statute 39.01 (7) is defined as any sexual behavior by a child which occurs without consent, without equality, or as a result coercion.

C. Each school will have posted, in a prominent place, a notice, pursuant to Chapter 39, Florida Statutes, that all Okaloosa County School District employees must report all actual and suspected cases of child abuse, abandonment, or neglect to the Department of Children and Families. The notice must include the ABUSE Hotline number.

D. Each School will have posted, in a prominent place and on each school's Internet website, the procedure for reporting alleged misconduct by instructional personnel or school administrators, which affects the health, safety or welfare of students. The notice will contain the contact number of the person to whom the report must be made and the penalties for the failure to report.

E. Each school will have posted in a prominent clearly visible location, at student eye level and in a public area of the school that is easily accessible to and widely used by students, an 11" x 17" poster in

Spanish and English containing the ABUSE Hotline number, instructions to call 911 for emergencies and directions for accessing the Department of Children and Families Internet website for information on reporting abuse, neglect, and exploitation.

F. Child Abuse Reporting Training for School District employees, staff and volunteers shall be provided in compliance with and as specified in Florida Statute.

Statutory Authority: Sections 39.201; 1001.41(2); *Florida Statutes*
Laws Implemented: Section 39.201, 39.01; 39.202; 39.203; 39.205; 39.206; 827.03; 1001.43; 1006.061; 1012.98(12) *Florida Statutes*
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Reviewed: September 13, 2021