



# **NASSAU SCHOOL DISTRICT SCHOOL HEALTH MANUAL**



Revised July 2012, 2014, 2016, 2020, 2022, 2023

The 2016 revision of the School Health Manual was an extensive collaboration between the Florida Department of Health in Nassau County, the School District of Nassau County, the *Nassau School Health Advisory Council* and other agencies and people interested in school and student health.

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# Nassau County School District Wellness Policy

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# Nassau County School District Wellness Policy

## Preamble

Nassau County School District (hereto referred to as the District) is committed to the optimal development of every student. The District believes that for students to have the opportunity to achieve personal, academic, developmental, and social success, we need to create positive, safe, and health-promoting learning environments at every level, in every setting, throughout the school year.

Research shows that two components, good nutrition and physical activity before, during, and after the school day, are strongly correlated with positive student outcomes. For example, student participation in the U.S. Department of Agriculture's (USDA) School Breakfast Program is associated with higher grades and standardized test scores, lower absenteeism, and better performance on cognitive tasks.<sup>1,2,3,4,5,6,7</sup> Conversely, less-than-adequate consumption of specific foods including fruits, vegetables, and dairy products, is associated with lower grades among students.<sup>8,9,10</sup> In addition, students who are physically active through active transport to and from school, recess, physical activity breaks, high-quality physical education, and extracurricular activities – do better academically.<sup>11,12,13,14</sup>

This policy outlines the District's approach to encouraging environments and opportunities for all students to practice healthy eating and physical activity behaviors throughout the school day while minimizing commercial distractions. Specifically, this policy establishes goals and procedures to encourage the following:

- Students in the District have access to healthy foods—both through reimbursable school meals and other foods available throughout the school campus—in accordance with Federal and state nutrition standards;
- Students receive nutrition education that helps them develop lifelong healthy eating behaviors;
- Students are encouraged to be physically active before, during, and after school;
- Schools engage in nutrition and physical activity promotion and other activities that promote student wellness;
- School staff are encouraged and supported to practice healthy nutrition and physical activity behaviors in and out of school;
- The community is engaged in supporting the work of the District in creating continuity between school and other settings for students and staff to practice lifelong healthy habits; and
- The District establishes and maintains an infrastructure for education, communication and implementation of the policy and its established goals and objectives.

This policy applies to all students, staff, and schools in the District.



## **I. District School Health Advisory Council (SHAC)**

### ***Committee Role and Membership***

The District will convene a representative district wellness committee (hereto referred to as the SHAC or work within an existing school health committee) that meets at least four times per year to establish goals for school health and safety, including development, implementation, and periodic review and update of this district-level wellness policy (heretofore referred as “wellness policy”).

The SHAC membership will represent all school levels (elementary and secondary schools) and include (to the extent possible), but not be limited to: parents and caregivers; students; representatives of the school nutrition program (ex., school nutrition director); physical education teachers; health education teachers; school health professionals (ex., health education teachers, school health services staff [i.e., nurses, physicians, dentists, health educators, and other allied health personnel who provide school health services], and mental health and social services staff [i.e., school counselors, psychologists, social workers, or psychiatrists]); school administrators (ex., superintendent, principal, vice principal), school board members; health professionals (ex., dietitians, doctors, nurses, dentists); and the general public. To the extent possible, the SHAC will include representatives from each school building and reflect the diversity of the community. Each school within the District will establish an ongoing health leadership team that convenes to review school-level issues, in coordination with the SHAC.

### ***Leadership***

The Superintendent or designee(s) will convene the SHAC and facilitate development of and updates to the wellness policy, and will encourage each school’s compliance with the policy. A subcommittee of SHAC will be established for this purpose. The names and titles of this/these individual(s) is:

Name	Title
George Raysor	Director of Intervention & Prevention & Safety Services
Trevor Kennedy	Director of Food & Nutrition Services
Hope Duggan	Sr. CHN Supervisor, School Health Coordinator FLDOH Nassau

Each school will designate a school wellness contact, who will assist with compliance of the policy. Refer to Appendix A for information regarding school level wellness contacts.



## **II. Wellness Policy Implementation**

### ***Implementation Plan***

The District will develop and maintain a wellness operating plan for implementation to support the implementation of this wellness policy. The plan delineates roles, responsibilities, actions, and timelines, and includes information about nutrition standards for all foods and beverages available on the school campus, food and beverage marketing, nutrition promotion and education, physical activity, physical education, and other school-based activities that promote student wellness. It is recommended that each school assess itself on wellness implementation through resources and tools identified by the district SHAC.

This wellness policy and SHAC information can be found on the district website.

### ***Monitoring Progress***

District and school level activities are monitored on an annual basis and are available upon request.

### ***Revisions and Updating the Policy***

The SHAC will update or modify the wellness operating plan based on the results of the annual assessment data, and/or as District priorities change; community needs change; wellness goals are met; new health science, information, and technology emerges; and new Federal or state guidance or standards are issued.

### ***Community Involvement, Outreach, and Communications***

The District is committed to being responsive to community input, which begins with awareness of the wellness policy. The District will actively communicate ways in which representatives of SHAC and others can participate in the development, implementation, and periodic review and update of the wellness policy through a variety of means appropriate for that district. The District will also inform parents of the improvements that have been made to school meals and compliance with school meal standards, availability of child nutrition programs and how to apply, and a description of and compliance with Smart Snacks in School nutrition standards. The District will use electronic mechanisms, such as email or displaying notices on the district's website, as well as non-electronic mechanisms, such as newsletters, presentations to parents, or sending information home to parents, to ensure that all families are aware of and have access to the district wellness policy as well as how to get involved with SHAC and to support the policy.

The District will ensure that communications are culturally and linguistically appropriate to the community, and accomplished through means similar to other ways that the district and individual schools are communicating other important school information with parents.

The District will actively notify the public about the content of, or any updates to, the wellness policy annually, at a minimum. The District will also use these mechanisms to inform the community about the availability of the annual reports.



### **III. Nutrition**

#### ***School Meals***

Our school district is committed to serving healthy meals to children, with plenty of fruits, vegetables, whole grains, and fat-free and low-fat milk; moderate in sodium, low in saturated fat, and zero grams *trans* fat per serving (nutrition label or manufacturer's specification); and to meet the nutrition needs of school children within their calorie requirements. The school meal programs aim to improve the diet and health of school children, help mitigate childhood obesity, model healthy eating to support the development of lifelong healthy eating patterns, and support healthy choices while accommodating cultural food preferences and special dietary needs.

All schools within the District participate in USDA child nutrition programs, including the National School Lunch Program (NSLP), the School Breakfast Program (SBP), Afterschool Snack Program (ASP) and Summer Food Service Program (SFSP). The District also operates additional nutrition-related programs and activities including Farm to School, school gardens, Breakfast in the Classroom, mobile breakfast carts, and Grab 'n' Go Breakfast. All schools within the District are committed to offering school meals through the NSLP and SBP programs, and other applicable Federal child nutrition programs, that:

- Are accessible to all students;
- Are appealing and attractive to children;
- Are served in clean and pleasant settings;
- Meet or exceed current nutrition requirements established by local, state, and Federal statutes and regulations; (The District offers reimbursable school meals that meet [USDA nutrition standards](#).)
- Promote healthy food and beverage choices using at least ten of the following [Smarter Lunchroom techniques](#):
  - Whole fruit options are displayed in attractive bowls or baskets (instead of chaffing dishes or hotel pans)
  - Sliced or cut fruit is available daily
  - Daily fruit options are displayed in a location in the line of sight and reach of students
  - All available vegetable options have been given creative or descriptive names
  - Daily vegetable options are bundled into all grab and go meals available to students
  - All staff members, especially those serving, have been trained to politely prompt students to select and consume the daily vegetable options with their meal
  - White milk is placed in front of other beverages in all coolers
  - Alternative entrée options (e.g., salad bar, yogurt parfaits, etc.) are highlighted on posters or signs within all service and dining areas
  - A reimbursable meal can be created in any service area available to students (e.g., salad bars, snack rooms, etc.)
  - Student surveys and taste testing opportunities are used to inform menu development, dining space decor, and promotional ideas
  - Student artwork is displayed in the service and/or dining areas
  - Daily announcements are used to promote and market menu options



- Menus will be posted on the District website or individual school websites, and will include nutrient content and allergens;
- Menus will be created/reviewed by a nutrition professional.
- School meals are administered by a team of child nutrition professionals.
- The District child nutrition program will accommodate students with special dietary needs.
- Lunch will be encouraged to follow the recess period to better support learning and healthy eating.
- Participation in Federal child nutrition programs will be promoted among students and families to help ensure that families know what programs are available in their children's school.
- The District will implement at least four of the following five Farm to School activities:
  - Local and/or regional products are incorporated into the school meal program;
  - Messages about agriculture and nutrition are reinforced throughout the learning environment;
  - School hosts a school garden;
  - School hosts field trips to local farms; and
  - School utilizes promotions or special events, such as tastings, that highlight the local/regional products.

#### ***Staff Qualifications and Professional Development***

All school nutrition program directors, managers, and staff will meet or exceed hiring and annual continuing education/training requirements in the [USDA professional standards for child nutrition professionals](#). These school nutrition personnel will refer to [USDA's Professional Standards for School Nutrition Standards website](#) to search for training that meets their learning needs.

#### ***Water***

To promote hydration, free, safe, unflavored drinking water will be available to all students throughout the school day\* and on every school campus\* ("school campus" and "school day" are defined in the glossary). The District will make drinking water available where school meals are served during mealtimes. In addition, students will be allowed to bring and carry (approved) water bottles filled with only water with them throughout the day. Water cups/jugs will be available in the cafeteria if a drinking fountain is not present.

#### ***Competitive Foods and Beverages***

The District is committed to encouraging all foods and beverages available to students on the school campus\* during the school day\* support healthy eating. The foods and beverages sold and served outside of the school meal programs (i.e., "competitive" foods and beverages) should meet the USDA Smart Snacks in School nutrition standards, at a minimum. Smart Snacks aim to improve student health and well-being, increase consumption of healthful foods during the school day, and create an environment that reinforces the development of healthy eating habits. A summary of the standards and information are available at: <https://www.fns.usda.gov/tn/guide-smart-snacks-schools>. The Alliance for a Healthier Generation provides a set of tools to assist with implementation of Smart Snacks available at <https://foodplanner.healthiergeneration.org/>.



To support healthy food choices and improve student health and well-being, all foods and beverages outside the reimbursable school meal programs that are sold to students on the school campus during the school day\* should meet or exceed the USDA Smart Snacks nutrition standards and the Florida Competitive Food Rule FDACS 5P-1.003. Resources for students, staff and the community are provided by the [Florida Department of Agriculture and Consumer Services, Division of Food, Nutrition, and Wellness](#). These standards will apply in all locations and through all services where foods and beverages are sold, which may include, but are not limited to, a la carte options in cafeterias, vending machines, school stores, and snack or food carts.

### ***Celebrations and Rewards***

It is encouraged that all foods offered on the school campus will meet or exceed the USDA Smart Snacks in School nutrition standards, including through:

1. Celebrations and parties. The district will provide a list of healthy party ideas to parents and teachers, including non-food celebration ideas. Healthy party ideas are available at the [Alliance for a Healthier Generation](#), and from the [healthy meals resource system](#).
2. Classroom snacks brought by parents. The District will provide to parents [a list of foods and beverages that meet Smart Snack nutrition standards](#).
3. Rewards and incentives. The District will provide teachers and other relevant school staff a [list of alternative ways to reward children](#). Foods and beverages will not be used as a reward, or withheld as punishment for any reason, such as for performance or behavior.

### ***Fundraising***

Foods and beverages that meet or exceed the USDA Smart Snacks in Schools nutrition standards may be sold through fundraisers on the school campus\* during the school day\*. All foods and beverages sold to students should comply with both the district administrative rule and the state Florida Competitive Food Rule 5P-1.003 that allows for a set number of exemption days for schools. The District will make available to parents and teachers a list of healthy fundraising ideas.

### ***Nutrition Promotion***

Nutrition promotion and education positively influence lifelong eating behaviors by using evidence-based techniques and nutrition messages, and by creating food environments that encourage healthy nutrition choices and encourage participation in school meal programs. Nutrition promotion also includes marketing and advertising nutritious foods and beverages to students and is most effective when implemented consistently through a comprehensive and multi-channel approach by school staff and teachers, parents, students, and the community.

The District will promote healthy food and beverage choices for all students throughout the school campus, as well as encourage participation in school meal programs. This promotion will occur through at least:





- Implementing evidence-based healthy food promotion techniques through the school meal programs using [Smarter Lunchroom techniques](#); and
- Promoting foods and beverages that meet the USDA Smart Snacks in School nutrition standards.

### ***Nutrition/Health Education***

The District aims to teach, model, encourage, and support healthy eating by students. Schools will provide nutrition/health education and engage in nutrition promotion that:

- Is designed to provide students with the knowledge and skills necessary to promote and protect their health;
- Is part of not only health education classes, but also integrated into other classroom instruction through subjects such as math, science, language arts, social sciences, and elective subjects;
- Include enjoyable, developmentally appropriate, culturally relevant, and participatory activities, such as cooking demonstrations or lessons, promotions, taste-testing, farm visits, and school gardens;
- Promote fruits, vegetables, whole-grain products, low-fat and fat-free dairy products, and healthy food preparation methods;
- Emphasize caloric balance between food intake and energy expenditure (promotes physical activity/exercise);
- Link with school meal programs, cafeteria nutrition promotion activities, school gardens, Farm to School programs, other school foods, and nutrition-related community services;
- Teach media literacy with an emphasis on food and beverage marketing; and
- Include nutrition education training for teachers and other staff.

### ***Essential Healthy Eating Topics in Health Education***

The District encourages the following essential topics on healthy eating to be included in the health education curriculum:

- The relationship between healthy eating and personal health and disease prevention;
- Food guidance from [MyPlate](#);
- Reading and using USDA's food labels;
- Eating a variety of foods every day;
- Balancing food intake and physical activity;
- Eating more fruits, vegetables, and whole grain products;
- Choosing foods that are low in fat, saturated fat, and cholesterol and do not contain *trans*-fat;
- Choosing foods and beverages with little added sugars;
- Eating more calcium-rich foods;
- Preparing healthy meals and snacks;
- Risks of unhealthy weight control practices;
- Accepting body size differences;
- Food safety;
- Importance of water consumption;
- Importance of eating breakfast





- Making healthy choices when eating at restaurants;
- Eating disorders;
- The Dietary Guidelines for Americans;
- Reducing sodium intake;
- Social influences on healthy eating, including media, family, peers, and culture;
- How to find valid information or services related to nutrition and dietary behavior;
- How to develop a plan and track progress toward achieving a personal goal to eat healthfully;
- Resisting peer pressure related to unhealthy dietary behavior;
- Influencing, supporting, or advocating for others' healthy dietary behavior.

[USDA's Team Nutrition](#) provides free nutrition education and promotion materials, including standards-based nutrition education curricula and lesson plans, posters, interactive games, menu graphics, and more. The Florida Department of Agriculture Division of Food, Nutrition & Wellness also provide free [nutrition education resources](#) including the [Harvest of the Month](#) program that are standards-based. [Florida Agriculture in the Classroom](#) is another great resource for free nutrition education materials available to teachers and staff.

#### ***Food and Beverage Marketing in Schools***

The District is committed to providing a school environment that encourages opportunities for all students to practice healthy eating and physical activity behaviors while minimizing messages inconsistent with the health information the District is imparting through nutrition education and health promotion efforts throughout the school day. The District strives to teach students how to make informed choices about nutrition, health, and physical activity. It is the intent of the District to protect and promote student's health by permitting advertising and marketing for only those foods and beverages that are permitted to be sold on the school campus, consistent with the District's wellness policy.

Any foods and beverages marketed or promoted to students on the school campus\* during the school day\* will meet or exceed the USDA Smart Snacks in School nutrition standards.

Food advertising and marketing is defined<sup>15</sup> as an oral, written, or graphic statements made for the purpose of promoting the sale of a food or beverage product made by the producer, manufacturer, seller, or any other entity with a commercial interest in the product.

#### **IV. Physical Activity**

Children and adolescents should participate in 60 minutes of physical activity every day. A substantial percentage of students' physical activity can be provided through a comprehensive, school-based physical activity program (CSPAP) that includes these components: physical education, recess, classroom-based physical activity, walk and bicycle to school, and out-of- school time activities and the district is committed to providing these opportunities. Schools will encourage that these varied opportunities are in addition to, and not as a substitute for, physical education.



Physical activity during the school day (including but not limited to recess, physical activity breaks, or physical education) **will not be withheld nor required** as punishment for any reason. This does not include participation on sports teams that have specific academic requirements.

The district will provide teachers and other school staff with a [list of ideas](#) for alternative ways to discipline students.

To the extent practicable, the District will ensure that its grounds and facilities are safe and that equipment is available to students to be active. The District will conduct necessary inspections and repairs.

### ***Physical Education***

The District will provide students with physical education, using an age-appropriate, sequential physical education curriculum consistent with national and state standards for physical education. The physical education curriculum will promote the benefits of a physically active lifestyle and will help students develop skills to engage in lifelong healthy habits, as well as incorporate essential health education concepts.

All students will be provided equal opportunity to participate in physical education classes. The District will make appropriate accommodations to allow for equitable participation for all students and will adapt physical education classes and equipment as necessary.

All District **elementary students** in each grade will receive physical education for at least 90 minutes per week of moderate intensity throughout the school year.

All District **secondary students** (middle and high school) are required to take the equivalent of one academic year of physical education.

- All physical education teachers in the District will be required to participate in at least once a year professional development in education.
- All physical education classes in the District are planned by licensed teachers who are certified or endorsed to teach physical education.

### ***Recess (Elementary)***

All elementary schools will offer at least **20 minutes of recess** on all or most days during the school year.

**Outdoor recess** will be offered when weather is feasible for outdoor play.

Recess will complement, not substitute, physical education class. Recess monitors or teachers will encourage students to be active, and will serve as role models by being physically active alongside the students whenever feasible.



### ***Physical Activity Breaks (Elementary and Secondary)***

The District recognizes that students are more attentive and ready to learn if provided with periodic breaks when they can be physically active or stretch. The District recommends teachers provide short (3-5 minute) physical activity breaks to students during and between classroom time. These physical activity breaks will complement, not substitute, for physical education class, recess, and class transition periods.

The District will provide resources and links to resources, tools, and technology with ideas for physical activity breaks. Resources and ideas are available such as [GoNoodle](#), [USDA ChooseMyPlate](#), [Fuel Up to Play 60](#) and [Action for Healthy Kids](#).

### ***Before and After School Activities***

The District offers opportunities for students to participate in physical activity either before and/or after the school day (or both) through a variety of methods. The District will encourage students to be physically active before and after school by offering opportunities such as clubs, running groups, physical activity in aftercare, intramurals, and sports activities.

### ***Active Transport***

The District will support active transport to and from school, such as walking or biking. The District will encourage this behavior by engaging in some of the activities below, including but not limited to:

- Promotional activities such as participation in International Walk to School Week, National Walk and Bike to School Week;
- Secure storage facilities for bicycles and helmets (e.g., shed, cage, fenced area);
- Instruction on walking/bicycling safety provided to students;
- Crossing guards are used;
- Crosswalks exist on streets leading to schools.

## **V. Other Activities that Promote Student Wellness**

The District will integrate wellness activities across the entire school setting, not just in the cafeteria, other food and beverage venues, and physical activity facilities. The District will coordinate and integrate other initiatives related to physical activity, physical education, nutrition, and other wellness components so all efforts are complementary, not duplicative, and work towards the same set of goals and objectives promoting student well-being, optimal development, and strong educational outcomes.

All efforts related to obtaining federal, state, or association recognition for efforts, or grants/funding opportunities for healthy school environments are encouraged to coordinate with the wellness policy, including but not limited to involvement of SHAC.



All school-sponsored events are encouraged to adhere to the wellness policy and include physical activity opportunities.

### ***Community Partnerships***

The District will continue relationships with community partners (i.e. hospitals, universities/colleges, local businesses, etc.) in support of this wellness policy's implementation.

Existing and new community partnerships and sponsorships will be evaluated to ensure that they are consistent with the wellness policy and its goals.

### ***Community Health Promotion and Engagement***

The District will promote to parents/caregivers, families, and the general community the benefits of and approaches for healthy eating and physical activity throughout the school year. Families will be informed and invited to participate in school-sponsored activities and will receive information about health promotion efforts.

As described in the "Community Involvement, Outreach, and Communications" subsection, the District will use electronic mechanisms (such as email or displaying notices on the district's website), as well as non-electronic mechanisms, (such as newsletters, presentations to parents, or sending information home to parents), to ensure that all families are actively notified of opportunities to participate in school-sponsored activities and receive information about health promotion efforts.

### ***Staff Wellness and Health Promotion***

The SHAC will have a staff wellness subcommittee that focuses on staff wellness issues, identifies and disseminates wellness resources, and performs other functions that support staff wellness.

Schools in the District will implement strategies to support staff in actively promoting and modeling healthy eating and physical activity behaviors. The District promotes staff member participation in health promotion programs and will support programs for staff members on healthy eating/weight management that are accessible and free or low-cost.

### ***Healthy and Safe Environment***

A healthy and safe environment for all, before, during and after school supports academic success. Safer communities promote healthier students. Healthier students do better in school and make greater contributions to their community.

- School buildings and grounds, structures, buses and equipment shall meet all current health and safety standards, including environmental air quality, and be kept inviting, clean, safe and in good repair.
- Schools and district offices shall maintain an environment that is free of tobacco, alcohol and other drugs.



- Safety procedures and appropriate training for students and staff shall support personal safety and a violence and harassment free environment.
- Each work site, school and classroom shall work to create an environment where students, parents/guardians and staff are respected, valued and accepted with high expectations for personal behavior and accomplishments.

### ***Social and Emotional Well-Being***

Programs and services that support and value the social and emotional well-being of students, families and staff build a healthy school environment.

- Each school shall provide a supportive environment that includes guidance, counseling, and school social work services that encourages students, families and staff to request assistance when needed and links them to school or community resources.
- Students shall be provided the skills to express thoughts and feelings in a responsible manner and give and receive support from others.
- Students shall be taught to understand and respect the differences in others and how to build positive interpersonal relations.
- Students and staff shall be encouraged to balance work and recreation and helped to become aware of stressors which may interfere with health development.

### ***Health Services***

An effective health care delivery system that promotes academic achievement by providing a broad scope of services from qualified health care providers will improve the mental and physical health of students and staff.

- Primary coordination of health services shall be through a trained school health care practitioner with the support and direction of the Nassau County School District and the Nassau County Health Department.
- Nassau County School District shall collaborate with community health liaisons and resources to promote health and wellness for students, families, staff and community.
- A coordinated program of accessible health services shall be provided to students and staff and shall include violence prevention, school safety, communicable disease prevention, health screening, including Body Mass Index (BMI), community health referrals, and immunizations, parenting skills, first aid and other priority health education topics.



*Glossary:*

**Extended School Day** - time during before and after school activities that includes clubs, intramural sports, band and choir practice, drama rehearsals, etc.

**School Campus** - areas that are owned or leased by the school and used at any time for school- related activities such as the school building or on the school campus, including on the outside of the school building, school buses or other vehicles used to transport students, athletic fields, and stadiums (e.g. on scoreboards, coolers, cups, and water bottles), or parking lots.

**School Day** - midnight the night before to 30 minutes after the end of the instructional day.



## Appendix A: School Wellness Contacts

School Wellness contacts will be updated as needed and made available on our website <https://www.nassau.k12.fl.us/intervention> under School Health Advisory Council (SHAC).

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<sup>1</sup> Bradley, B, Green, AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors, *Journal of Adolescent Health*. 2013; 52(5):523–532.

<sup>2</sup> Meyers AF, Sampson AE, Weitzman M, Rogers BL, Kayne H. School breakfast program and school performance. *American Journal of Diseases of Children*. 1989;143(10):1234–1239.

<sup>3</sup> Murphy JM. Breakfast and learning: an updated review. *Current Nutrition & Food Science*. 2007; 3:3–36.

<sup>4</sup> Murphy JM, Pagano ME, Nachmani J, Sperling P, Kane S, Kleinman RE. The relationship of school breakfast to psychosocial and academic functioning: Cross-sectional and longitudinal observations in an inner-city school sample. *Archives of Pediatrics and Adolescent Medicine*. 1998;152(9):899–907.

<sup>5</sup> Pollitt E, Mathews R. Breakfast and cognition: an integrative summary. *American Journal of Clinical Nutrition*. 1998; 67(4), 804S–813S.

<sup>6</sup> Rampersaud GC, Pereira MA, Girard BL, Adams J, Metz J. Breakfast habits, nutritional status, body weight, and academic performance in children and adolescents. *Journal of the American Dietetic Association*.

2005;105(5):743–760, quiz 761–762.

<sup>7</sup> Taras, H. Nutrition and student performance at school. *Journal of School Health*. 2005;75(6):199–213.

<sup>8</sup> MacLellan D, Taylor J, Wood K. Food intake and academic performance among adolescents. *Canadian Journal of Dietetic Practice and Research*. 2008;69(3):141–144.

<sup>9</sup> Neumark-Sztainer D, Story M, Dixon LB, Resnick MD, Blum RW. Correlates of inadequate consumption of dairy products among adolescents. *Journal of Nutrition Education*. 1997;29(1):12–20.

<sup>10</sup> Neumark-Sztainer D, Story M, Resnick MD, Blum RW. Correlates of inadequate fruit and vegetable consumption among adolescents. *Preventive Medicine*. 1996;25(5):497–505.

<sup>11</sup> Centers for Disease Control and Prevention. *The association between school-based physical activity, including physical education, and academic performance*. Atlanta, GA: US Department of Health and Human Services, 2010. <sup>12</sup> Singh A, Uijtendewilligne L, Twisk J, van Mechelen W, Chinapaw M. *Physical activity and performance at school: A systematic review of the literature including a methodological quality assessment*. *Arch Pediatr Adolesc Med*, 2012; 166(1):49–55.

<sup>13</sup> Haapala E, Poikkeus A-M, Kukkonen-Harjula K, Tompuri T, Lintu N, Väistö J, Leppänen P, Laaksonen D, Lindi V, Lakka T. *Association of physical activity and sedentary behavior with academic skills – A follow-up study among primary school children*. *PLoS ONE*, 2014; 9(9): e107031.

<sup>14</sup> Hillman C, Pontifex M, Castelli D, Khan N, Raine L, Scudder M, Drollette E, Moore R, Wu C-T, Kamijo K. *Effects of the FITKids randomized control trial on executive control and brain function*. *Pediatrics* 2014; 134(4): e1063- 1071.

<sup>15</sup> Change Lab Solutions. (2014). *District Policy Restricting the Advertising of Food and Beverages Not Permitted to be Sold on School Grounds*. Retrieved from <http://changelabsolutions.org/publications/district-policy-school-food-ads>.

**100**

**CHRONIC HEALTH  
PROBLEM  
FACT SHEETS**

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**Student Name:** \_\_\_\_\_

### **Attention Deficit Hyperactivity Disorder (ADHD)**

**Condition:** This disorder is characterized by behaviors of inattention, impulsivity, hyperactivity, disorganization, forgetfulness, and distractibility. At this time, three sub-types of ADHD have been identified:

Predominantly Inattentive Presentation  
Predominantly Hyperactive/Impulsive Presentation  
Combined Presentation

Regardless of the sub-type, ADHD behaviors are abnormal for age. They result in social problems, impaired family relationships, and poor social performance. One in twenty (5%) children in the United States is diagnosed with ADHD. Many also have learning and/or emotional disabilities.

**Treatment:** 80% of children respond positively to psycho-stimulant medications. Behavior modification techniques are used to treat behavior symptoms. Classroom success often requires a combination of interventions.

**Limits:** Children with ADHD have difficulty starting and completing tasks, as well as remaining on task. Making transitions and organizing work is also a challenge for them. They frequently exhibit underdeveloped social skills. Approximately 50% of ADHD children can be taught in the regular classroom; 35-40% will require additional support staff and/or special programs outside the classroom; 10-15% will require self-contained classrooms.

**Management:** Classroom characteristics that promote success include structure, predictability, use of positive reinforcers, and shorter work periods. Participation in physical activities is often helpful.

**Resources and Referrals:** Evaluation and testing can be initiated by contacting:

- |                                    |               |
|------------------------------------|---------------|
| ➤ School District System of Care   | FOCUS         |
| ➤ Family physician or pediatrician |               |
| ➤ Nemours                          | (904)697-3600 |
| ➤ Children's Medical Services      | (904)360-7070 |
| ➤ Starting Point                   | (904)225-8280 |
| ➤ Child Guidance                   | (904)448-4700 |

### **(For School Use)      Precipitating Factors and/or Complications**

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

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Student Name: \_\_\_\_\_

**ALLERGIC REACTIONS**  
**to**  
**INSECT BITES AND STINGS**  
**(Bees, Hornets, Wasps, Yellow Jackets, Flies, Ants)**

**Condition:** Reaction to stinging insects may vary from mild to extremely severe. Mild reactions will be manifested by redness, swelling, and itching at the bite/sting site. More severe reactions usually occur very rapidly and are manifested by difficult breathing, swelling of the face and lips, itching, cold and clammy skin, possible loss of consciousness, shock, and eventual death if untreated.

**Treatment:** For mild reactions apply cool compresses to the sting. For more severe reactions, contact the Emergency Medical Services (911) immediately. The school personnel trained in cardio-pulmonary resuscitation and first aid should be called to aid the student prior to the arrival of the rescue squad.

**Limits:** Children with known sensitivities to stinging insects should not be restricted from normal activities, however, they should be alerted to avoid areas that might attract stinging insects. Bright colored clothing, scented hair sprays, perfumes, lotions and other cosmetics seem to attract bees. All children must wear appropriate clothing, including shoes, at all activities.

**Management:** Report acute reactions immediately to the principal or appropriate designee in order to initiate appropriate first aid treatment. For students with known sensitivities to stinging insects, ask parents to describe past reactions so school personnel will know what kind of reaction to expect. Some children who have had extremely severe reactions in the past may be required by their doctors to keep medications readily available to treat insect stings. Know if your student is one of these special children. Encourage him/her to wear Medic-Alert identification.

Before any medications are administered, be certain you have on file the required Medication Release Form with parent/legal guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be administered.

**(For School Use)**

**Precipitating Factors and/or Complications**

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

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Student Name \_\_\_\_\_

## ALLERGIC REACTIONS TO FOODS

**Condition:** A food allergy is an abnormal response of the immune system to otherwise harmless foods, which include, but not limited to, peanuts, nuts, milk, eggs, soy, fish, shellfish, and wheat. In some cases, just simply being in the same room where the offending food is present can cause a reaction.

**Treatment:** If you suspect an anaphylactic reaction is occurring, don't lose precious time!

1. Act quickly.
2. Follow the physician's instructions for treatment.
3. Call Emergency Medical Services (911).

School personnel trained in cardio-pulmonary resuscitation and first aid should be called to aid the student prior to the arrival of the rescue squad.

**Limits:** Children with known sensitivities to certain foods should have a plan of care developed by the parents, principal, school nurse, and the cafeteria manager. Despite our best efforts, some children may accidentally ingest foods to which they are allergic. In the classroom, cafeteria, and on field trips, the following may be considered.

1. Schools may consider a "milk and peanut free table" as a safe zone in the cafeteria.
2. Field trips should be evaluated for specific activities. (For example, some museums have walnut shell based structures and projects).
3. With parental consent, information on allergies should be shared with classmates so they may resist sharing food and snacks.

**Management:** Report acute reactions immediately to the principal or appropriate designee in order to initiate appropriate first aid treatment. For students with known sensitivities to food allergies, ask parents to describe past reactions so school personnel will know what kind of reaction to expect. Some children who have had extremely severe reactions in the past may be required by their doctors to keep medications to treat food allergies readily available. Know if your student is one of these special children. Encourage him/her to wear a Medic-Alert identification.

Before any medications are administered, be certain you have on file the required Medication Release form with the parent and/or legal guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be administered.

(For School Use)

### PRECIPITATING FACTORS AND/OR COMPLICATIONS

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

\_\_\_\_\_  
\_\_\_\_\_

**Student Name:** \_\_\_\_\_

## **ASTHMA**

**Condition:** Asthma is a condition manifested by recurrent attacks of coughing, shortness of breath, and wheezing. The actual attack of asthma can be caused by either exposure to allergic factors, an acute infection, or one of many irritative phenomenonons such as smoke, sharp odors, sudden cooling, excessive exercise, fatigue, or even an emotional upset.

**Treatment:** 70-90% of children with asthma seldom need special consideration. These children may take medication occasionally or when an attack occurs. A child with chronic asthma is dependent on medication every day.

**Limits:** Do not be over-protective. Most children with asthma can participate in regular activities with other children most of the time. Do not begin gym activities when a child has noticeable symptoms. Discontinue gym activities if an asthmatic attack develops.

**Management:** Report acute attacks to the principal or his/her designee to obtain appropriate medical management. Know your student and the factors which are likely to precipitate an attack. If a student has been identified as being asthmatic and requires medication, school personnel should follow current policies regarding administering medication to children at school. If 10-15 minutes after administration of medication to relieve an attack relief is not seen, you should notify a parent/guardian immediately. Before any medications are administered, be certain you have on file the required Medication Release Form with parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**                      **Precipitating Factors and/or Complications**

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

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**Student Name:** \_\_\_\_\_

## **CYSTIC FIBROSIS**

**Condition:** Cystic Fibrosis is a chronic, congenital disease. It causes a widespread change in the mucus-secreting glands of the body. These include the pancreas, lungs, salivary, and sweat glands. Symptoms of the disease are respiratory difficulties and problems maintaining adequate nutritional status due to the production of abnormally thick mucus by the organs mentioned previously. This thick mucus can clog bronchial passages and block ducts that deliver pancreatic enzymes needed in the intestines for digestion. Cystic Fibrosis is not contagious.

**Treatment:** Treatment involves maintenance of good nutrition and prevention of infection. High caloric, high protein foods are essential because this child can lose up to 50% of all calories through bowel movements. Prevention of upper respiratory infection is imperative.

To reach and maintain optimum health, a child with Cystic Fibrosis requires

1. good hygienic practices geared toward prevention of infection;
2. a well balanced diet, tailored to meet special needs;
3. adequate rest;
4. regular medical check-ups.

**Limits:** If all of the above needs are met, this child can usually participate in regular activities. In some cases, their lack of stamina will restrict playground activities. Attempts should be made to include the child in group activities to prevent the feeling of being different or “left out” because of limitations caused by the condition.

**Management:** It is important to recognize the first sign of an impending infection. Such signs may be listlessness, loss of appetite, fever, cough, shortness of breath, and/or pallor. Parents should be notified immediately if any of these symptoms arise.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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

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Student Name: \_\_\_\_\_

## DIABETES

**Condition:** Diabetes occurs at all ages and affects some 29 million people in the United States. Juvenile-onset Type I diabetes is a more severe form of diabetes than Type II, which strikes adults and overweight youth. Symptoms of either could include frequent urination, increased thirst, weight loss, easy fatigability, weakness, irritability, increased hunger, and nausea. Diabetes is not a contagious disease. In diabetes the body cannot use food normally because the pancreas does not produce enough or any insulin. Without insulin, sugar, which the body normally uses for fuel, cannot enter the cells. Therefore, the blood sugar level rises and eventually the kidneys pass the excess sugar into the urine. The result of this is frequent urination and excessive thirst.

**Treatment:** Diabetes cannot be cured, but it can be controlled. Treatment in most children consists of daily injections of insulin, insulin pumps, a prescribed food plan, regular exercise, and blood sugar measurements.

**Limits:** Children with diabetes can participate in all school activities and should not be considered different from other students. With regard to food, check with parents for any dietary restrictions, special needs/supplements.

**Management:** Of the utmost importance to school personnel is the ability to recognize the two most serious emergencies for diabetic children. They are low blood sugar (Insulin Reaction or Hypoglycemia) and high blood sugar (Hyperglycemia with Acidosis). It is important to distinguish between the two because each condition requires completely different, but immediate, actions.

	Low Blood Sugar	High Blood Sugar
<b>Causes:</b>	Too much insulin Not eating enough food Unusual amount of exercise Delayed meal	Too little insulin Failure to follow diet Infection, fever, emotional stress
<b>Signs:</b>	Cold, clammy, pale skin Excessive sweating, faintness Headache Hunger Irritability, personality change Confusion, disorientation Eventual stupor or unconsciousness Convulsions	Drowsiness Extreme thirst Very frequent urination Flushed skin Vomiting Fruity breath (like nail polish remover) Eventual stupor or unconsciousness

(Continued onto the next page.)



**Low Blood Sugar****High Blood Sugar**

**Treatment:** Give any food containing sugar if the child can swallow without choking. Do not use diet drinks. Contact the parents. If the child does not feel better in 10-15 minutes, parents should be advised to contact their physician.

Contact parents immediately. This child needs medical attention as soon as possible. If you are uncertain as to whether this child is suffering from high or low blood sugar, give some food or drink containing sugar. Do not give food or drink if the child cannot swallow.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician/dentist stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

**Precipitating Factors and/or Complications**

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

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# HYPERGLYCEMIA

**Here are some of the symptoms of hyperglycemia:**

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

**Onset:** Gradual, may progress to diabetic coma.

**Blood Sugar:** Above 200 mg/dL  
Acceptable Range: 115-200 mg/dL



**EXTREME THIRST**



**FREQUENT URINATION**



**DRY SKIN**



**HUNGER**



**BLURRED VISION**



**DROWSINESS**



**DECREASED HEALING**



**TEST BLOOD GLUCOSE**



**If over 200 mg/dL  
for  
several tests or for 2  
days,  
CALL YOUR DOCTOR**

**(High Blood Sugar)**

# HYPOGLYCEMIA (LOW BLOOD SUGAR)

**Here are some of the symptoms of hypoglycemia:**

**Causes:** Too little food, too much insulin or diabetes medicine, or extra activity.

**Onset:** Sudden, may progress to insulin shock.

**Blood Sugar:** Below 70 mg/dL  
Normal range: 70-115 mg/dL



**SHAKING**



**FAST HEARTBEAT**



**SWEATING**



**DIZZINESS**



**ANXIOUS**



**HUNGER**



**IMPAIRED VISION**



**WEAKNESS,  
FATIGUE**



**HEADACHE**



**IRRITABLE**

## What can you do?



Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).



Within 20 minutes after treatment, **TEST BLOOD GLUCOSE**  
If symptoms don't stop, call your doctor.



Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

## **GUIDELINES FOR MANAGING DIABETES**

### **IN THE SCHOOL SETTING**

Diabetes is a disease in which the body does not produce or properly use insulin, a hormone that is needed to convert sugar, starches, and other food into energy.

There is no cure for diabetes, but good health care and self-management can greatly improve the health outcome for children with diabetes.

### **ROLES & RESPONSIBILITIES**

#### **PRINCIPAL**

1. Provide leadership for all school-based personnel to ensure that all health policies related to diabetes management at the school level are current and implemented.
2. Collaborate with the school nurse in selecting and designating unlicensed assistive personnel to provide student specific services.
3. Require that each unlicensed assistive personnel complete the necessary general and student specific training and meet the locally designed competency requirements.
4. Respect the student's confidentiality and right to privacy.

#### **SCHOOL NURSE**

1. Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of diabetes in the school age population.
2. Perform a nursing assessment on the student based on a home or school health room visit to obtain health and psychosocial information.
3. Develop an individualized health care plan in cooperation with the student, the parents/guardians, the health care provider, and other school based staff.
4. Regularly review and update the individualized health care plan whenever there is a change in medical management or the student's response to care.
5. Collaborate with the principal in his or her selection and delegation of the most appropriate unlicensed assistive personnel for each student with diabetes.
6. Train and supervise the unlicensed assistive person designated to provide procedures for the student with diabetes. It is recommended that two or more back up persons be trained in each school to assure adequate coverage in an emergency.
7. Provide or arrange for child specific training to all school based personnel who will have direct contact with the student on how to respond in an emergency.
8. Maintain appropriate documentation for the training and care provided and monitor the documentation of services provided by unlicensed assistive personnel.
9. Act as a resource to the principal and other school based personnel, providing or arranging for in service education appropriate to their level of involvement with the student with diabetes.

**(Continued onto the next page.)**

## **SCHOOL PERSONNEL AND SCHOOL HEALTH PERSONNEL**

1. Assist in the development of a student specific health plan.
2. Provide the most readily accessible site for the student to store diabetic equipment/supplies and a safe/private space for the finger stick procedure.
3. Perform, or observe glucose testing via finger stick, and ensure physician's orders are followed.
4. Document the glucose level on the log sheet.
5. Document dosage on a student's medication record.
6. Notify the parent/guardian as indicated on the Health Care Plan.
7. Call for emergency help as needed.

## **PARENTS/GUARDIANS**

1. Inform the school as soon as possible when a student is newly diagnosed as having diabetes or when a previously diagnosed student enrolls in a new school so that planning and training of personnel can be arranged quickly.
2. Provide the school with accurate and current emergency contact information.
3. Provide the school with the health care provider's written medical orders related to the student's diabetes management.
4. Participate in a care planning conference as soon as possible after diagnosis and at the start of each school year.
5. Provide the school nurse with any new written medical orders when there are changes in the medical management that must be implemented in school.
6. Provide and transport to school all medications, equipment, supplies, and carbohydrate snacks associated with the medical management of the student's diabetes.
7. Assume responsibility for the maintenance and calibration of all medical equipment.
8. Accept financial responsibility for 911 calls and transportation to the hospital, if needed.
9. Sign appropriate written permission for authorization of treatment and sharing of necessary health related information.

## **BUS DRIVERS**

1. Be aware of which students have diabetes and be able to identify signs and symptoms of hypoglycemia or hyperglycemia.
2. Be aware of the emergency response appropriate to each student and allow the student to carry the appropriate snacks or equipment for an emergency response. Students may need to eat and/or drink during the bus ride.
3. Encourage the student to sit near the front of the bus to allow for closer observation.
4. Communicate to the school nurse or the unlicensed assistive personnel any concerns regarding the student's actions or behavior regarding diabetes management.
5. Participate in the appropriate level of diabetes education.
6. Respect the student's right to confidentiality and privacy as much as possible.

**(Continued onto the next page.)**

## **STUDENTS WITH THE ABILITY TO SELF MANAGE THEIR DIABETES**

1. Cooperate with school personnel in implementing the diabetes plan of care.
2. Observe all local policies and procedures related to blood and body fluid precautions, sharps disposal, and safety procedures.
3. Seek adult help immediately when low blood glucose levels are suspected or verified by blood glucose monitoring.
4. Record and report all blood glucose monitoring according to the medical plan of care.
5. Conform to all nutritional guidelines according to the medical plan of care.
6. Demonstrate competence in blood glucose monitoring and insulin administration in the school setting.

For all students carrying medications, the following must be in place:

1. There must be written parent/guardian consent.
2. There must be written doctor's orders.
3. The student must have demonstrated competent skills as ratified by the Health Department of Nassau County.
4. The student must have a maturity level to carry all diabetic supplies, including Glucagon, as recognized by the principal or his/her designee.

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## **HYPOGLYCEMIC EMERGENCY**

Hypoglycemia (low blood sugar) occurs when blood sugar levels are too low, which can happen when

1. the body gets too much insulin or not enough food and/or
2. meals or snacks are missed or eaten late and/or
3. the student gets more exercise than usual.

Severe hypoglycemia, which is rare, may lead to unconsciousness and convulsions and can be life-threatening if not treated promptly.

### **ADMINISTRATION OF GLUCAGON IN THE SCHOOL SETTING POLICY**

Glucagon may be administered in the event of a severe hypoglycemic episode in which the student with diabetes cannot eat or drink without risk of choking, or during loss of consciousness, or seizure.

Glucagon should be administered by personnel who have been trained in its use. Individualized training is required prior to administration by non-medical personnel.

Administration of glucagon as a treatment modality in the event of loss of consciousness or seizure should be mutually agreeable to the student, parent(s)/guardian, physician, and school personnel. The appropriate medical authorization form to administer glucagon must be on file.

Glucagon is recognized as a standard of treatment for profound hypoglycemia with loss of consciousness.

Authority: F.S. 1006.062

For all students carrying medications, the following must be in place:

4. There must be written parent/guardian consent.
5. There must be written doctor's orders.
6. The student must have demonstrated competent skills as ratified by the Health Department of Nassau County.
7. The student must have a maturity level to carry all diabetic supplies, including Glucagon, as recognized by the principal or his/her designee.

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## **PROCEDURE FOR GLUCAGON ADMINISTRATION**

### **PURPOSE**

To be administered as a standard of treatment by the school nurse or trained unlicensed assistive personnel in the event of a severe hypoglycemic episode in which the student with diabetes cannot eat or drink without risk of choking, or loss of consciousness, or seizure due to diabetes.

### **EQUIPMENT**

1. Glucagon emergency kit with syringe containing diluent, glucagon kit with vials of medication and diluent, or nasal Inhalant
2. Syringe
3. Alcohol swabs
4. Sharps container

### **PROCEDURE**

1. Assess the student for signs and symptoms of severe hypoglycemia, such as:
  - a) Fast heartbeat
  - b) Tremors
  - c) Sweating
  - d) Anxiety
  - e) Dizziness
  - f) Impaired vision
  - g) Weakness, or Fatigue
  - h) Headache
  - i) Irritability
  - j) Confusion
  - k) Glucometer reading at or lower than the number prescribed by the physician for administration of glucagon
  - l) Loss of consciousness
- 2) **CALL 911** and notify parents.
- 3) Verify physician's order for administration of glucagon.
- 4) Assemble equipment.
- 5) Observe universal precautions. (**PUT ON GLOVES.**)
- 6) Pull caps off the syringe and the vials of medication and diluent.
- 7) Inject all of the diluent into the vial of medication and roll to mix thoroughly.
- 8) Inspect medication for color, clarity, and presence of lumps. Solution should be clear and colorless. Discard if discolored, cloudy, or lumpy.
- 9) Draw up the entire contents of the medication vial.

**(Continued onto the next page.)**



- 10) Wipe off the site for the injection with alcohol swab. The site should be the anterior or lateral thigh, or lateral upper arm.
  - 11) Insert the syringe into the skin at a 90-degree angle. Aspiration is not necessary.
  - 12) Inject the prescribed amount of medication into the site. Withdraw the syringe. Dispose in a sharps container.
  - 13) Monitor and continually assess the student's status and response to the treatment. Repeat the blood sugar test. The blood sugar level should begin rising toward a more acceptable range for that student, and symptoms should begin resolving within 10-15 minutes.
  - 14) When the student is able to eat and/or drink, offer a snack containing protein and carbohydrates, such as crackers and cheese, or peanut butter, or a sandwich with milk.
  - 15) Document the date, time, medication, dosage, site, treatment, and student's status on the daily log and the student's cumulative health file.
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## EPILEPSY (Seizures, Convulsions, Fits)

**Student Name:** \_\_\_\_\_

**Condition:** Epilepsy is a condition where there is spontaneous discharging of the central nervous system causing the patient to exhibit activities or behaviors which are involuntary and repetitive. These activities may vary from staring to aberrant behavior to falling to the ground with stiffening and/or shaking. Usually, there is loss of consciousness with the episode and no memory for the event. After the seizure has occurred, the person is usually drowsy or falls into sleep. It is appropriate to allow the person to sleep after his/her seizure.

**Treatment:** Most individuals can have their epilepsy partially or completely controlled with the use of anticonvulsant medication. However, medications are only effective if they are taken on a routine basis each day. The most common cause of recurrence of seizures in treated patients is noncompliance with the prescribed medication administration.

**Limits:** In general, the only limits on patients with seizures would be swimming alone, rope climbing or mountain climbing, or taking baths alone. In some individuals, excessive heat or high pitches of emotion (good or bad) may trigger seizures.

**Management:** Almost all seizures are self-limited events and the abnormal activity will abate with time. In some instances, the administration of emergency medication is necessary to stop the seizure activity. Should a patient have a seizure, the responsibilities of those around him/her would include the following:

1. Keep calm. You cannot stop the seizure. Let it run its course and do not try to revive the student. Ease the student to the floor and loosen his/her clothing but do not restrain his/her movements any more than is absolutely necessary to protect him/her from hurting himself/herself.
2. Keep the student away from hard, sharp, or hot objects which may cause injury.
3. **Do not force** his/her mouth open and **do not place** anything between his/her teeth.
4. Turn the head to one side so that the saliva can flow out of his/her mouth. Place something soft under his/her head.
5. After the seizure stops and the student appears to be relaxed, let him/her sleep or rest quietly in a place where he/she will not be disturbed.
6. If the seizures last more than five (5) minutes, or the student seems to pass from one seizure to another without gaining consciousness, or if the student is pregnant, **CALL 911** and then the parent/guardian.
7. If the student falls during a seizure and there is a possibility of injury as a result of the fall, an Accident Report must be completed.

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## **Epilepsy – Management (continued):**

8. Important data to note when a person has a seizure would include
  - a. precipitating events;
  - b. the person's behavior just prior to the seizure;
  - c. the type of abnormal activity and its duration;
  - d. the duration of the post-seizure sleep or drowsiness.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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

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**Student Name:** \_\_\_\_\_

## **HEART DISEASE**

**Condition:** Heart disease in children can be congenital or acquired. The majority is asymptomatic; though a small majority may exhibit symptoms of easy fatigability, blueness or, on occasion, fainting spells. The latter, if it occurs secondary to heart disease, is an ominous sign and should be reported. A heart murmur per se does not necessarily imply the presence of heart disease.

**Treatment:** Most children are on no medications; those who are usually receive their medication at home before leaving for school and after returning. An occasional child, particularly after heart surgery, may need medication during school hours. Children who are cyanotic (blue) are at risk from complications of dehydration, and should be allowed to drink water frequently, particularly in hot weather.

**Limits:** Most children have no limitations placed and should be encouraged to participate normally. Those with more significant conditions should be allowed activity to their tolerance level, being given the benefit of the doubt when they say they are fatigued.

**Note:** Children so designated should avoid those activities from which they cannot withdraw gracefully. This is particularly true of adolescents who may deny the existence of a problem.

**Management:** Except as outlined above, most students need no special consideration. Should confusion arise regarding activity status, clarification should be sought from the physician caring for the child's heart condition.

Should fainting or near fainting spells occur, ease the child to the floor and loosen his/her clothing. Elevate his/her legs above the level of his/her heart. Obtain his/her heart rate. Allow the child to rest. Contact his/her parents immediately.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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

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\_\_\_\_\_

**Student Name:** \_\_\_\_\_

## **HEMOPHILIA**

**Condition:** Hemophilia is a hereditary blood disease in which a vital blood clotting factor is missing, causing abnormal bleeding. Common bleeding sites are knees, ankles, and elbows, but bleeding may occur from any site. Painful, swollen, or warm joints may be indicators of bleeding.

**Treatment:** There is no known cure. Hemorrhages can only be healed with transfusions of fresh whole blood, plasma, or clotting factor concentrates.

**Limits:** Hemophiliacs should avoid trauma. Most hemophiliac students are unable to participate in normal physical activities. These children usually have normal, to above average intelligence, but may frequently be underachievers due to frequent illness or hospitalizations.

**Management:** Any moderate or severe trauma to the head, abdomen, or throat warrants immediate attention. Treat bleeding episodes promptly. Keep the student at rest. Notify parent/guardian immediately. Apply lightweight ice pack to the area.

To avoid gaps in the student's education due to time spent in the hospital or home, school personnel should maintain close contact with the parent/guardian to arrange special educational provisions.

Maintain up-to-date information regarding emergency contacts and authorization for emergency treatment.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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**Student Name:** \_\_\_\_\_

**HYPERTENSION  
(High Blood Pressure)**

**Condition:** Hypertension is one of the most common medical problems affecting the entire population. According to the CDC (May, 2016), 1 of every 3 adults has high blood pressure. The percentage in children is somewhat less, but it is probably more common than we realize. There are a number of recognized causes for hypertension. These include congenital or acquired heart disease, kidney disease, and occasionally in children with sickle cell anemia. A large group of children may have essential hypertension, which means the exact cause is unknown. Most of the children who are hypertensive have no symptom. However, with excessively high blood pressure some children may have unexplained severe headaches, dizziness, or chest pain.

**Treatment:** Treatment consists of correcting the underlying condition, if possible. A low salt diet is generally recommended. Some children may require daily medications to control high blood pressure. These usually need to be taken regularly throughout the day. These medications are effective only if they are taken every day.

**Limits:** In general, there may need to be limitations on a child with hypertension. In some individuals, it may be recommended that strenuous, competitive sports be avoided.

**Management:** Symptoms in hypertensive patients are unusual. However, should a known hypertensive patient have an unusual or severe headache or unusual or unexplained dizziness, these symptoms should be reported.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

**Precipitating Factors and/or Complications**

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

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**Student Name:** \_\_\_\_\_

## **KIDNEY DISEASE**

**Condition:** Kidney Disease in childhood rarely presents a problem in the classroom unless the disease has progressed to a point where there is evidence of chronic renal failure. The most common types of kidney disease may only require an awareness on the part of the teacher that more frequent trips than usual to the bathroom may be necessary. This need should be documented, however, by a doctor's statement.

**Treatment:** A child with severe kidney disease may require continuous medication, some of which may need to be given during the school day. Under some circumstances, it is extremely important that these medications be given at an exact time, which may be ordered by the physician.

**Limits:** As with most chronic diseases, it is important to attempt to include students with chronic renal disease in the mainstream of student activities, including physical education. Occasionally physical education will be impossible and limitations will be prescribed by the physician on an individual basis.

**Management:** If a child known to have chronic renal disease describes unusual symptoms with which you may not be familiar, then these should be reported to the principal or his/her designee. It is good preparation to discuss possible symptoms or signs with parents/guardians in children known to have renal disease prior to any occurrence. If medications are required, school personnel should follow current policies regarding administering medication to children at school.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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

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**Student Name:** \_\_\_\_\_

## **LEUKEMIA**

**Condition:** Leukemia is a cancer of the tissues of the bone marrow, which is the soft, spongy center of the bone. The bone marrow produces red and white blood cells and platelets. In leukemia, most of the symptoms result from the failure of the bone marrow to function adequately. There are several types of leukemia, depending on the kind of white cell multiplying. Millions of abnormal, immature white blood cells called leukocytes are released into the circulatory system. Normally, these white blood cells fight infection, but because these leukocytes are immature, they cannot carry out their basic function. In advanced leukemia, the uncontrolled multiplication of abnormal cells results in crowding out the production of normal white blood cells to fight infection, of platelets to control clotting, and of red blood cells to prevent anemia. As the disease progresses, these children become increasingly susceptible to a variety of infections, anemia, and hemorrhage. The complications are most often the cause of death.

**Treatment:** Chemotherapy is by far the most effective current method of treating the leukemia. It is combined with radiation therapy to bombard cancer cells with rays that damage or destroy the tissues. Chemotherapy may increase the child's chances of remission. Surgery is used in specialized conditions, but has only limited usefulness in controlling leukemia.

**Limits:** Hopefully, the student will be well enough to lead a normal life at home. Talk with parents to determine the activity level recommended by the family physician so the students can participate in all activities to their greatest degree. Do not alter disciplinary measures or over indulge the child as this may lead to an unrealistic situation. All children need certain limits and boundaries and are usually happiest when treated in a normal, consistent manner.

**Management:** If the following symptoms are present – extreme fatigue, massive hemorrhages, pain, high fever, swelling of the gums, and various skin disorders – the principal, or his/her designee, should be notified to obtain appropriate medical management. Know your student and the symptoms that are likely to be present. Some students have vomiting, fever, behavior change, and/or weakness during brief periods of intensive therapy.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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**Student Name:** \_\_\_\_\_

## **MUSCULAR DYSTROPHY**

**Condition:** Muscular Dystrophy is the general designation for a group of chronic diseases having the prominent characteristic of progressive degeneration of the skeletal (voluntary) musculature. They are for the most part hereditary conditions, but may be the result of genetic abnormalities. Muscular Dystrophy is more common in males than in females. It usually appears in childhood, but may occur at any age. First signs of this disease are the increased size of certain muscles, a marked “hunchback” or lordosis, and a waddling gait. In the early stages, the calf muscles, deltoids, and muscles attached to the scapulae may become very hypertrophied, yet be very weak. The individual usually exhibits increasing difficulty with ambulation. As the muscles deteriorate, the student will become weaker and more helpless, unable finally to carry out the simplest activities of everyday life or to combat other infections.

**Treatment:** No satisfactory treatment has been found to arrest the progression of the disease.

**Limits:** The student should be encouraged to live as normal and full a life as possible. Self-help devices can assist him/her to reach a greater degree of independence. The small muscles of the hand are often the last to be affected, so the child can continue to use his/her fingers. Encourage participation in as many activities as the child’s condition will allow.

**Management:** It is important to recognize the first sign of an impending infection. Such signs may be listlessness, loss of appetite, fever, or cough. Parents should be notified immediately if an infection is suspected.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**

### **Precipitating Factors and/or Complications**

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

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**Student Name:** \_\_\_\_\_

## **RHEUMATIC FEVER**

**Condition:** Rheumatic fever is a multisystem disease. The acute symptoms may include pain, swelling, and redness of the joints, fever, involvement of the heart, choreiform movements (St. Vitus' dance) and, less frequently, a characteristic rash and lumps under the skin. Rheumatic fever is a serious disease because of the fact that it can result in chronic heart disease.

Despite a decline in severity and prevalence of acute rheumatic fever in recent years, rheumatic heart disease is still the leading form of acquired heart disease in children.

Rheumatic fever is a complication of streptococcal infection of the upper respiratory tract. Rheumatic fever, like streptococcal infections, occurs most commonly in children between 5 and 15 years of age.

**Treatment:** Acute rheumatic fever is treated with either aspirin or cortisone. Continuous antibiotic prophylaxis (penicillin, erythromycin) for patients who have had rheumatic fever has proved highly effective in preventing streptococcal infections and recurrences of acute rheumatic fever.

**Limits:** Most children have no limitations placed on them after the acute process has subsided. In some, convalescence may be protracted, necessitating return to school on a part-time basis. Those with significant heart disease should be allowed activity to their tolerance (being given the benefit of the doubt when they say they are fatigued).

**Management:** The most important thing is to be certain that the student is on continuous antibiotic (penicillin or erythromycin) treatment. This can be in the form of an intramuscular injection at regular intervals or pills taken daily.

Before any medications are administered, be certain that you have on file the required Medication Release Form with the parent/guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be given.

**(For School Use)**                      **Precipitating Factors and/or Complications**

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

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### **Service Animals In The School Setting**

For the most updated Guidelines for Service Animals to assist students with disabilities in the school setting, contact the Exceptional Education Department at the District Office. They can also provide all required paperwork for the utilization of Service Animals.

**Student Name:** \_\_\_\_\_

## **SICKLE CELL ANEMIA**

**Condition:** Sickle Cell Anemia is a non-contagious inherited blood disorder for which there is no known cure. Sickle Cell disease affects one out of every 500 Black Americans and one out of every 10 carries the trait. The disease also occurs among Latin Americans, Puerto Ricans, Indians, Asians, and other people of the Caribbean. In Sickle Cell Anemia, hemoglobin (the substance which gives blood its red color) is abnormal and crystallizes causing cells to lose oxygen and assume a crescent or sickle shape. Symptoms affect the entire body including: 1) Failure to grow properly as a child; 2) Decreased resistance to infections; 3) Painful, swollen bones and joints; 4) Belly pain; 5) Feeling run down. There are also periods of crisis in which there is very severe pain and inability to walk or more. Death may result from overwhelming infections or severe anemia.

**Treatment:** Treat symptoms as they occur. There is no treatment for the disease itself. Infections are treated aggressively with antibiotics. Transfusions are occasionally necessary.

**Limits:** In the case of school-age children, constant absences from school, in addition to frequent bouts of pain and chronic fatigue, are a severe handicap to school achievement. Ordinary physical activity is limited, competitive sports are not desirable, and the entire educational program must be geared to the individual's physical capabilities.

**Management:** Adequate fluids are essential to help prevent slugging of the red cells. Report crisis-like symptoms to the principal or his/her designee. If any of these symptoms occur, have the child lie down and/or made comfortable, and notify a parent or guardian immediately. Know your student's capabilities and limits.

The most common symptoms of Sickle Cell Crisis are

1. sudden onset of acute, severe abdominal pain;
2. sudden, acute severe onset of joint or bone pain;
3. sudden onset of fever, 104 degrees or above.

**(For School Use)**                      **Precipitating Factors and/or Complications**

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

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## Teacher Observation Chart

The teachers should be alert to changes in appearance or behavior of their students. The continual observation of the child in school or during play periods constitutes an important phase of the overall health appraisal program.

### 1. EYES

- a. sties or crusted lids
- b. inflammation
- c. crossed
- d. uncoordinated eye movement
- e. squinting, frowning, or scowling
- f. protruding
- g. watering
- h. rubbing of eyes
- i. repeated headaches
- j. twitching of lids
- k. excessive blinking
- l. holding head to one side
- m. holding reading material too closely

### 2. EARS

- a. discharge from ears
- b. earache
- c. failure to hear and respond
- d. picking at the ears
- e. turning head to hear
- f. talking in a monotone
- g. inattention
- h. anxious expression

### 3. NOSE AND THROAT

- a. persistent mouth breathing
- b. frequent sore throat
- c. recurrent colds
- d. sores
- e. offensive breath
- f. runny nose
- g. frequent nose bleeds

### 4. SKIN & SCALP

- a. unusual pallor
- b. eruptions, rashes or sores
- c. persistent scratching
- d. headlice or nits
- e. bald or thinning areas on scalp
- f. cracked, dry skin

### 5. TEETH AND MOUTH

- a. dental caries
- b. malocclusion
- c. stained teeth
- d. bleeding gums
- e. offensive breath
- f. thumb sucking
- g. toothache

### 6. POSTURE

- a. uneven hips and shoulders
- b. awkward gait
- c. rounded back
- d. bowed legs

### 7. GROWTH AND NUTRITION

- a. very thin
- b. obese
- c. chronic fatigue
- d. pallor
- e. failure to grow

### 8. GENERAL CONDITIONS

- a. shortness of breath
- b. swollen joints or 'growing pains'
- c. bluish lips or fingernails
- d. nausea or vomiting
- e. fainting or dizziness
- f. falls asleep in class
- g. enlarged glands of neck and face

### 9. BEHAVIOR

- a. docile and withdrawn
- b. overly aggressive, domineering
- c. unhappy, depressed
- d. over excitable
- e. stuttering or other forms of speech problems
- f. lack of confidence
- g. failure to achieve
- h. deterioration in work
- i. Poor memory
- j. unusual sexual behavior
- k. lack of interest

### 10. SYMPTOMS OF DRUG USE

- a. euphoria
- b. increased alertness
- c. insomnia
- d. drowsiness
- e. hallucination
- f. slurred speech
- g. disorientation
- h. constricted pupils
- i. dilated pupils
- j. loss of appetite
- k. increased appetite
- l. drunken behavior
- m. poor perception of time and distance
- n. red eyes

Students may be referred to the school nurse for assistance in securing health services.

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# **EMERGENCY CARE**

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## **Policy and Procedures**

This reference manual on Emergency Policies and Procedures shall be available in the health room and office and be accessible to school personnel.

**BASIC FIRST AID SUPPLIES:**  
**(Approved by Nassau County Health Department)**

1. Adhesive tape, 1"
2. Latex Free Band aids- all sizes
3. Alcohol Wipes
4. Tweezers
5. Vaseline
6. Basins, small
7. Cold packs or ice bag
8. Cotton balls
9. Gauze sterile pads
10. Gloves, latex-free
11. Kleenex
12. Plastic/Paper cups
13. Medicine Cups 1 ounce
14. Scissors
15. Soap, Dial or Safeguard
16. Thermometers
17. Stationary box that can be locked for student medications.
18. Portable, insulated, locked container for medications on field trips.
19. Cot, covering paper and washable blanket.
20. Covered jars to keep supplies, i.e. cotton balls, applicators, etc.
21. Zip lock bags
22. Maxi Pads
23. Tampons
24. Ammonia Packets
25. Eye Wash Kit
26. Cot Paper
27. Gel Icing in tube for Diabetes
28. Ice Machine



**EMERGENCY MEDICAL CARE OR TREATMENT TO**  
**MINORS WITHOUT PARENTAL CONSENT**  
**(F.S. 743.064)**

**Emergency medical care or treatment to minors without parental consent.—**

- (1) The absence of parental consent notwithstanding, a physician licensed under chapter 458 or an osteopathic physician licensed under chapter 459 may render Emergency medical care or treatment to any minor who has been injured in an accident or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation or provision of Emergency medical care or treatment would endanger the health or physical well-being of the minor, and provided such Emergency medical care or treatment is administered in a hospital licensed by the state under chapter 395 or in a college health service. Emergency medical care or treatment may also be rendered in the prehospital setting by paramedics, Emergency medical technicians, and other Emergency medical services personnel, provided such care is rendered consistent with the provisions of chapter 401. These persons shall follow the general guidelines and notification provisions of this section.
- (2) This section shall apply only when parental consent cannot be immediately obtained for one of the following reasons:
- (a) The minor's condition has rendered him or her unable to reveal the identity of his or her parents, guardian, or legal custodian, and such information is unknown to any person who accompanied the minor to the hospital.
  - (b) The parents, guardian, or legal custodian cannot be immediately located by telephone at their place of residence or business.
- (3) Notification shall be accomplished as soon as possible after the Emergency medical care or treatment is administered. The hospital records shall reflect the reason such consent was not initially obtained and shall contain a statement by the attending physician that immediate Emergency medical care or treatment was necessary for the patient's health or physical well-being. The hospital records shall be open for inspection by the person legally responsible for the minor.
- (4) No person as delineated in subsection (1), hospital, or college health service shall incur civil liability by reason of having rendered Emergency medical care or treatment pursuant to this section, provided such treatment or care was rendered in accordance with acceptable standards of medical practice.

**History.—**s. 1, ch. 79-302; s. 66, ch. 86-220; s. 1, ch. 90-42; s. 1066, ch. 97-102.

## **POLICY FOR ANAPHYLAXIS:** **(Severe Allergic Reactions)**

Emergency situations may occur at any time to a hypersensitive student exposed to an insect sting, bite or certain foods. Therefore, the Nassau County School District, in cooperation with the Nassau County Health Department, has adopted this policy for **unknown hypersensitive** students, as recommended by the Florida Medical Association's School Health Advisory Committee. For known hypersensitive students, their personal physicians and their parents/guardians will direct treatments.

### **The goal of this policy is:**

1. To promote awareness of the dangers of anaphylaxis.
2. To provide staff training in recognition of the symptoms of anaphylaxis.
3. To assure appropriate treatment of anaphylaxis as a result of food or insect bites/ stings.

### **Responsibility of School Principals:**

1. Designate and train at least two persons in recognizing and treating anaphylaxis as a part of first aid procedures. These may include the student, a teacher, or other school staff.
2. Allow staff to attend annual first aid training sessions.
3. Identify students from health histories, emergency cards and parental notification, who may have the potential for severe allergic reaction.

### **Responsibility of Parent/Guardian:**

1. Notify the school principal of the student's history of severe allergic reactions to food/insects. This can be done by completing the "Student Emergency Medical Card" and returning it to the student's school. An additional form, the "Student Information on Insect or Food Allergy" form may also be filled out and returned to the student's school.
2. Obtain a physician's medical order for treatment to be kept on file at school. The order should include a determination as to whether the child may possess and self-administer the medication.
3. Purchase the medicine prescribed by the physician to be kept at school with the student. The medication must be kept current because it cannot be given if it has expired.
4. Fill out and **UPDATE YEARLY** an "Authorization for the Administration of Prescribed Medication by School Personnel."

### **Responsibility of the Nassau County Health Department:**

1. Provide in-service training for school personnel and parents on recognition and treatment of anaphylaxis due to food/insects.
2. Respond to the request of principals or parents in assisting students with their own recognition and treatment of anaphylaxis due to food/insects.
3. Participate in first aid training, demonstrating treatment technique for anaphylaxis.
4. School health nurse will review and approve physician's medical order for treatment.

(See "**ANAPHYLAXIS REACTION**" in this section.)

## **RECOGNIZING ILLNESS, GATHERING HISTORY, AND REPORTING OBSERVATIONS:**

1. Use four (4) of your senses in assessing health:
  - a. **SIGHT:** Look at the child critically for signs of illness, such as being flushed or having a rash.
  - b. **HEARING:** Listen for breath sounds, such as a cough or wheezing.
  - c. **SMELL:** Odors are not only signs of poor hygiene, but of infections, foreign bodies, and decay.
  - d. **TOUCH:** Touching can locate pain, and perceive heat and fever. Touch can also determine the moisture content, such as feeling dry or clammy.
2. Gather history of illness or injury: **ASK:**
  - a. What exactly feels badly?
  - b. Has it happened before?
  - c. Did you tell your mother?
    - i. What did she say?
    - ii. What did she do?
    - iii. Did she, or anyone else, give you medicine?
  - d. Did you eat breakfast today?
  - e. What time did you go to bed?
  - f. Did anything happen to upset you this morning?
3. Report the following observations to the parent, clinic, or rescue:
  1. **ESSENTIAL INFORMATION:** Signs and symptoms:  
**Fever, pain, nausea, vomiting, rash, inflammation.**
  2. **ONSET:** Treatment or management of condition.
  3. Together with the parent, clinic, and rescue, formulate a plan:  
**Utilize the Emergency Card to call the parent or alternate contact.**
  4. Under **NO** circumstance give any medication unless specifically prescribed by a doctor, properly labeled by a pharmacy, and with written permission from parents.

### **WHEN TO CALL FOR RESCUE:**

1. Unconsciousness, due to: head injury, electrical shock, diabetes, water or other accidents, suicide attempts, etc.
2. Semi-consciousness (as a result of above).
3. Paralysis of trunk and/or extremities.
4. Head injury, accompanied by nausea, vomiting, unequal pupils or eye difficulties, or bleeding from ears.
5. Obvious fractures or dislocations: compound or complex, distorted limbs (but not simple swelling of joints): severe swelling and bruising associated with continuing pain.
6. Severe bleeding.
7. Stopped or severely impaired breathing or obstructed airway. (CPR should be administered until an ambulance arrives).
8. Loss of pulse.
9. Chest pain (adults or students with cardiac or respiratory risk).
10. Severe back or neck injury due to fall or blow to back or neck.
11. Shock.
12. Amputations.
13. Severe burns.
14. Severe eye injuries.
15. Drug overdoses.
16. Emergency childbirth.
17. Situations in doubt. NOTE: You are advised if there is reasonable doubt in a situation to call for rescue. There is no charge if rescue doesn't transport the victim/patient.

## **INTRODUCTION:**

The following information is intended as a guide for the care of emergencies and illnesses. Each situation will determine the action to be taken based on the individual circumstances of each illness or emergency.

The health and well-being of the children should be of paramount concern in the school program. The school, acting in loco parentis, must assume certain responsibilities when accidents or sudden illnesses occur. The following suggestions are made for the protection of both the child and the school.

Caution needs to be exercised in all emergency care. First aid includes knowing what to do, as well as what not to do. Medication shall be administered in accordance with Board Rule using approved forms.

1. Teachers are encouraged to have basic First Aid and CPR training.
2. Each school should have a minimum of one individual certified in First Aid and one in CPR who is designated to assume responsibility in emergencies.
3. Every effort should be made to notify parents/guardians in all cases of accidents or sudden illness. Notification should be done in such a manner so as not to create undue panic.
4. A responsible person should remain with child until a parent/guardian assumes responsibility. See that appropriate notations are made on the school record (accident/illness report).
5. A sick or injured child should not be transported home unless a parent/guardian or emergency contact has been contacted.
6. If a parent/guardian cannot be contacted, the principal or designee should assume responsibility for disposition of case.
7. Appropriate first aid supplies and/or first aid kits in sufficient quantities should be available in the schools. The kits must conform to district approved supplies.

## CARE OF EMERGENCIES AND ILLNESSES

### ABRASIONS, BRUISES, SIMPLE CUTS:

Cleanse with soap and water. Apply dressing.

### ALLERGIES:

#### ALLERGIC REACTIONS TO BITES OR STINGS OF INSECTS

(This includes ants, bees, flies, hornets, wasps, yellow jackets, etc. **For students or adults having an ANAPHYLAXIS REACTION, see that section immediately!**)

**Condition:** Reaction to stinging insects may vary from mild to extremely severe. Mild reactions will be manifested by redness, swelling, and itching at the sting site. More severe reactions usually occur very rapidly and are manifested by difficult breathing, swelling of the face and lips, itching, cold and clammy skin, possible loss of consciousness, shock, and eventual death if untreated.

**Treatment:** For mild reactions, apply cool compresses to the sting. For more severe reactions, contact the Emergency Rescue (911) immediately. The school personnel trained in cardio-pulmonary resuscitation and first aid should be called to aid the student prior to the arrival of the Emergency Rescue.

**Limits:** Children with known sensitivities to stinging insects should not be restricted from normal activities; however, they should be alerted to avoid areas that might attract stinging insects. Bright colored clothing, scented hair sprays, perfumes, and other cosmetics seem to attract bees.

**Management:** Report acute reactions immediately to the principal or appropriate designee in order to initiate appropriate first aid treatment. For students with known sensitivities to stinging insects, ask parents to describe past reactions so school personnel will know what kind of reaction to expect. Some children who have had extremely severe reactions in the past may be required by their doctors to keep medications to treat insect stings readily available. Know if your student is one of these special children. Encourage him/her to wear Medic-Alert identification.

Before any medications are administered, be certain you have on file the required Medication Release Form with parent/legal guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be administered.

(For School Use.)

#### Precipitating Factors and/or Complications

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

## **ALLERGIC REACTIONS TO FOODS**

**Condition:** A food allergy is an abnormal response of the immune system to otherwise harmless foods, which include (but not limited to): peanuts, nuts, milk, eggs, soy, fish, shellfish, and wheat. In some cases just simply being in the same room where the offending food is present can cause a reaction.

**Treatment:** If you suspect an anaphylactic reaction is occurring, don't lose precious time!

1. Act quickly
2. Follow physicians instructions for treatment
3. Call Emergency Medical Services (911)

School personnel trained in cardio-pulmonary resuscitation and first aid should be called to aid the student prior to the arrival of the rescue squad.

**Limits:** Children with known sensitivities to certain foods should have a plan of care developed by the parents, principal, school nurse and the cafeteria manager. Since despite our best efforts, some children may accidentally ingest foods to which they are allergic (the classroom, cafeteria, and field trips):

1. Schools may consider a "milk and peanut free table" as a safe zone in the cafeteria.
2. Field trips should be evaluated for specific activities (some museums have walnut shell based structures and projects).
3. With parental consent, information on allergies should be shared with classmates so they may resist sharing food and snacks.

**Management:** Report acute reactions immediately to the principal or appropriate designee in order to initiate appropriate first aid treatment. For students with known sensitivities to food allergies, ask parents to describe past reactions so school personnel will know that kind of reaction to expect. Some children who have had extremely severe reactions in the past may be required by their doctors to keep medications to treat food allergies readily available. Know if your student is one of these special children. Encourage him/her to wear Medic-Alert identification.

Before any medications are administered, be certain you have on file the required Medication Release form with parent and/or legal guardian signature and a statement written by a licensed physician stating the type of medication, dosage, and time it is to be administered.

### **(For School Use.) PRECIPITATING FACTORS AND/OR COMPLICATIONS**

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

## **AMPUTATIONS:**

An amputated part (finger, toe, skin flap, etc.) should be immediately retrieved, if possible, and wrapped in wet, sterile gauze. The part should then be placed in a bowl with a plastic bag full of ice. DO NOT allow the amputated part to directly contact the ice. Call Rescue immediately.

## **ANAPHYLAXIS REACTION:**

### **Recommendations for Emergency First Aid Procedures**

#### **1. Most Common Causes of Anaphylaxis:**

- ◆ Stingers: bees, hornets, yellow jackets, wasps, ants
- ◆ Biters: deer flies, black flies, yellow flies
- ◆ Food: nuts, shellfish

#### **2. Symptoms of Anaphylaxis:**

Initial symptoms may represent a potentially fatal outcome and should be treated as a medical emergency, whether the symptoms appear gradually or suddenly. Even mild symptoms may intensify rapidly, triggering severe and possible fatal shock. Usually, symptoms occur immediately following the sting, bite, or ingestion of food; death may occur within minutes. Symptoms, which often vary according to individual response, include the following.

- ◆ itching around the eyes
- ◆ dry, hacking cough
- ◆ widespread hives
- ◆ feeling of constriction in the throat and/or chest
- ◆ wheezing
- ◆ nausea
- ◆ dizziness
- ◆ abdominal pain
- ◆ vomiting
- ◆ difficulty breathing
- ◆ hoarseness and/or thickened speech
- ◆ difficulty swallowing
- ◆ confusion
- ◆ feeling of impending disaster

**These symptoms may escalate swiftly to anaphylactic shock characterized by cyanosis, reduced blood pressure, collapse, incontinence, and unconsciousness.**

**(Continued onto the next page.)**



### 3. Immediate Emergency Measures for Anaphylactic Reactions:

- a. Administer medication if ordered by a physician and if trained personnel are available. If the student can perform a self-injection, this is preferable, as a trained designee may not be immediately available. Each school shall have persons trained in the administration of Epipens/Anakits. It is recommended that the child's teacher, P.E. teacher, and resource personnel be involved in training.
- b. Inject a pre-measured dose of epinephrine, 1:1000, just under the skin of the upper outer arm or in the outer thigh just above the knee.

Recommended dosages are

- ♦ 0.15cc to 0.30cc for elementary students, and;
- ♦ 0.30cc to 0.50cc for students above the elementary level (max.)

Epinephrine is the only drug which will stave off potentially fatal and rapidly intensifying symptoms. The sooner it is administered to the student, the more likely the student will recover from the allergic reaction. Epinephrine is effective for approximately 20 minutes. Therefore, a repeat dosage may be necessary if symptoms return prior to arrival of 911.

- c. **Call 911 for emergency services immediately, or simultaneously with the administration of first aid if another person is available, to transport the student to the nearest emergency care facility.**
- d. Reassure the child. - **DO NOT LEAVE HIM/HER ALONE.**
- e. Provide continuous monitoring of the student until emergency medical assistance arrives. Monitor vital signs, such as pulse, respirations, and blood pressure and maintain airway.
- f. Determine the cause of the reaction, if possible, such as the type of insect that was involved.

### 4. Emergency Epinephrine Kits:

Pre-measured epinephrine is available in handy kits primarily designed for self-injection. Such kits are equally handy for those non-medical personnel who may have to take emergency measures to treat anaphylaxis. The student's family shall be responsible for providing the school with the epinephrine administration kit.

**NOTE:** These kits contain a pre-measured dose of epinephrine. To assure that the full dose is administered, the injector unit should be held in contact with the skin for 10 seconds.

(Continued onto the next page.)

## **5. Side Effects Of Epinephrine:**

Possible side effects of epinephrine administration include the following:

- ◆ Nervousness;
- ◆ tremor of hands;
- ◆ temporary increase of heart rate;
- ◆ temporary increase of blood pressure.

## **6. Policies and Consent:**

A physician's medical order must be obtained prior to administration of this treatment; the order shall be kept on file with the medication.

In addition, the student's cumulative health record must include a parental consent form authorizing school personnel to administer the medication in an emergency, according to the physician's instructions. The "Authorization for the Administration of Prescribed Medication by School Personnel" and "Medication Log" must be filed at the end of the year in the student's school health record.

## **7. Training Of Non-Health Personnel:**

The program for anaphylactic reaction will be taught by a physician, or School Health Nurse. The training will include, but not be limited to, the following:

- ◆ Definition of anaphylaxis.
- ◆ Insects and other agents (i.e. food) that may cause a reaction.
- ◆ Recognition of symptoms of anaphylaxis.
- ◆ Appropriate emergency treatment of anaphylaxis as a result of food or insect sting/ bite:
  - Injection procedure, including appropriate dosage, site of injection and frequency of administration for repeat doses.
  - Availability and description of packages containing equipment for administering epinephrine.
  - Procedure for monitoring the student.
  - Transportation of student to nearest designated emergency care facility.
- ◆ Discussion of legal implications.
- ◆ Timing and administration of treatment (when/by whom).

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## **ASTHMA:**

Asthma is characterized by difficulty in exhaling, or wheezing or simply the child complaining of tightness when he/she breathes. The child may be pale or cyanotic (blue). In severe attacks the child may be using neck and chest muscles to help him/her breath. These children should see a physician as soon as possible.

In mild cases where a child is complaining of tightness, rest and quiet is often all that is needed. Often the child may return to class. Call the parent if he/she is not better in 15 minutes.

Asthmatic children should have their health record flagged. If possible, get the child's doctor to provide the student's "Asthma Action Plan." If medication is to be administered at school, parental permission and a doctor's order are required.

## **BITES:**

### **Animal-Not Human**

### **Rabies**

#### **Description:**

Animal bites, especially dogs and cats, occur frequently. Bites can result in psychological and physical trauma, transmission of disease and occasionally death. Rabies is a fatal viral disease that affects the nervous system of humans and other mammals. The virus is shed in the saliva of infected animals, and appears in saliva around the time of symptom onset. On average one or two people die each year of rabies in the United States. The majority of animal rabies cases in the United States occur in four wild animal species: raccoons, skunks, foxes, and bats. (See the "ANIMAL BITE REPORT RABIES CONTROL INVESTIGATION" in the "MEDICATION GUIDELINES AND FORMS" section.)

#### **Incubation Period:**

Rabies: 9 days to 7 years (usually 3 to 8 weeks)

#### **How The Infection Is Spread:**

Rabies is spread through the saliva of an infected mammal, primarily through a bite. Animals are contagious as long as symptoms are present.

#### **School/Nurse Responsibility:**

1. Report the animal bite on the animal bite report form. (See Section 700, "MEDICATION GUIDELINES AND FORMS.") Fax the report of the animal bite to the Nassau County Health Department at 904-277-7286.
2. The parents/guardians of the student bitten by an animal must be notified.
3. Notify the office of Intervention & Prevention.
4. A student with an animal bite should receive immediate medical care.
5. Occasionally students are found touching live or dead bats. If this occurs the Nassau County Disease Control and Prevention Services should be contacted at 904-530-6800 immediately and the bat must be submitted to the laboratory for rabies testing.

(Continued onto the next page.)

**Control Of Spread:**

1. Exclusion of a student with an animal bite is not necessary.
2. Students should be instructed not to approach or attempt to pet a strange animal or handle a wild animal.
3. All dogs, cats and ferrets should be vaccinated against rabies.
4. A dog, cat or ferret involved in a human bite must be observed for 10 days following the bite.

**Treatment:**

Thoroughly clean the wound and tetanus prophylaxis is needed. Occasionally antibiotics are needed to treat bacterial infections. There is no treatment for rabies after symptoms appear. Rabies vaccine can provide immunity when administered after an exposure. The treating health care provider will determine if post exposure immune globulin and rabies vaccine is needed. In general, raccoons, skunks, foxes, and bats have rabies until proven otherwise.

**Bites-Human**

Because of the danger of infection, treat a human bite, as a serious problem if there is any indication the skin has been broken.

**Bites-Insect**

1. Try to identify the causative insect, i.e., ant, bee, etc.

Allergic reaction: Most children will show a local reaction to insect bites, such as redness, swelling, pain, itching and heat.

2. Apply cold compresses.
3. Observe the child during next 15 to 20 minutes.

Severe Allergic Reaction: This may have **very rapid** onset with generalized shock, trouble breathing, and severe swelling not strictly located at site of the bites. When this occurs, call rescue and notify parents/guardians.

If a child is known to have a severe reaction to insect bites, the parent/guardian should obtain doctor's orders and properly labeled medication with instructions for school personnel. The child's name should be on the Emergency List and the Health Record flagged.

**Bites-Snake (This includes rattlesnakes, copperheads, water moccasins, coral snakes, etc.):**

1. Keep the child from moving around, as calm as possible, and preferably in a lying position.
2. Immobilize the bitten extremity and keep it below heart level.
3. Quickly get the snakebite victim to the hospital, preferably a snakebite center.
4. In the meantime, identify the snake, if possible. It is not necessary to kill the snake.

## **BROKEN BONES:**

Handle the child as little as possible. **Do not** move the child, but keep him/her comfortable. If the bone has broken through the skin, **do not** cleanse, but cover with sterile gauze. Inform the principal, or designee, who will notify the parent/guardian and arrange transportation to the hospital.

## **BURNS:**

### **Thermal:**

If possible, place the burned area in cold water or apply an ice bag. Leave uncovered unless on a friction area, then cover loosely with a sterile dressing. If blistered or open, do not treat the burn. Call the parent/guardian. **Do not** use creams or ointments of any kind. **Third degree burns** are white or charred and need immediate medical attention. Do not remove clothing or adherent particles; elevate the burned limb and call the parents/guardians.

### **Chemical:**

Flush the area immediately with large quantities of cool, clean water. Continue for several minutes.

Follow the directions on the chemical bottle, if available. Proceed as to the severity of the burn. Call the parents/guardians.

## **CHOKING:**

Foreign body obstruction of the airway usually occurs during eating. The obstruction may be partial or total. Early recognition of the obstruction is the key to effective treatment. With a partial obstruction in which the child is able to breathe, **do not** interfere with the child's attempt to expel the foreign body.

### **Partial Air Exchange Is Characterized As:**

1. Good – This is indicated by coughing forcefully by a conscious child.
2. Poor – This is indicated by a weak, ineffective cough; high pitched sound (crowing); blue, gray, or ashen skin color.

Breathing sounds, which may indicate partial, air exchange:

1. Snoring - tongue may be blocking the airway.
2. Crowing - voice box spasm.
3. Wheezing - airway swelling or spasm.
4. Gurgling - blood, vomit, or other liquid in airway.

**(Continued onto the next page.)**

### **Complete Blockage:**

1. Unable to speak, breathe, or cough.
2. Clutches neck with one or both hands (known as the "universal distress signal for choking").

### **Obstructed Airway---Conscious Adult:**

1. Determine if the victim is able to speak or cough. Rescuer may ask, "Can you speak?" Victim may be using the "universal distress signal" of choking; clutching the neck between thumb and index finger.
2. Perform the Heimlich Maneuver/Abdominal Thrust until the foreign body is expelled or the victim becomes unconscious. To do this, stand behind victim and wrap your arms around victim's waist. Press fists into abdomen with quick inward and upward thrusts above navel and well below the center of the rib cage (xiphoid).
3. Chest thrust is used for victims who are in advanced stage of pregnancy or who are obese. To do this, stand behind victim and place your arms under victim's armpits to encircle the chest. Press with quick backward thrusts.

### **Obstructed Airway---If Victim Is Or Becomes Unconscious:**

1. Activate EMS. Call 911.
2. Check for a foreign body. Sweep deeply into the mouth with a hooked finger to remove the foreign body.
3. Attempt rescue breathing. Open the airway. Try to give 2 breaths. If needed, reposition the head and try again.
4. If the airway is obstructed, perform the Heimlich Maneuver/Abdominal Thrust:
  - a. Kneel astride the victim's thighs.
  - b. Place the heel of one hand on the victim's abdomen, in the midline slightly above the navel and well below the center of the rib cage (xiphoid).
  - c. Place the second hand on top of the first. Press into the abdomen with 5 quick upward thrusts.
5. Repeat sequence until successful. Alternate these maneuvers in rapid sequence: Finger sweep, rescue breathing attempt, and abdominal thrusts.

### **Obstructed Airway---Child (1 to 8 years):**

Perform first aid for choking in children 1 to 8 years old just as you would for adults and older children, except **do not perform the blind finger sweeps**. Instead, perform the tongue-jaw lift, look down into the airway, and use your finger to sweep the foreign body out only if you can actually see it.

## **DIABETIC REACTION (insulin reaction or shock):**

If you have a diabetic child in your school, all personnel dealing with this child should be alerted to this condition. To insure continuity year after year, both the **student emergency medical card** and **health record** should be plainly labeled or flagged. The child's physician should send specific instructions to the school at least annually.

### **Causes Of Diabetic Emergencies Include:**

1. Student has too much or too little insulin.
2. Student has too little food.
3. Student has too much time between insulin and eating.
4. Student has vomiting or diarrhea.
5. Student has excessive exercise.
6. Student is emotionally upset.

### **Signs & Symptoms Of Emergencies:**

- |                |                        |
|----------------|------------------------|
| 1. Fatigue     | 7. Sweating            |
| 2. Shaking     | 8. Passing Out         |
| 3. Nervousness | 9. Excessive Urination |
| 4. Weakness    | 10. Hunger             |
| 5. Headache    | 11. Thirst             |
| 6. Dizziness   | 12. Confusion          |

Diabetic emergencies from lack of sugar are true emergencies. Victims will mostly complain of hunger and confusion. Seizures may result. **Low blood sugar** is often confused with drug or alcohol use.

**High blood sugar** is not an immediate emergency. However, children with a diabetic history who need frequent water or restroom breaks should be referred to the parent/guardian for physician evaluation.

If any school has a "known" diabetic child, first aid supplies should include items such as 2 packs of sugar, canned regular soda, hard candies, boxed juices, and cake icing.

### **First Aid:**

1. By the first indication of the above signs, give one of the following:
  - a. Sugar - 5 small cubes, 2 individual packs or 2 teaspoons
  - b. Fruit juice - 1/2 cup
  - c. Soda - 6 ozs. of sugared - not diet
  - d. Candy
2. Notify the parent/guardian.
3. If parent/guardian can't be notified, call rescue.
4. If the diabetic is unconscious, do not administer anything by mouth.

**(Continued onto the next page.)**



### **Hypoglycemic Emergency:**

Hypoglycemia (low blood sugar) occurs when the blood sugar levels are too low.

1. Hypoglycemia occurs when the body gets too much insulin or not enough food.
2. Hypoglycemia occurs when meals or snacks are missed or eaten late.
3. Hypoglycemia occurs when the student gets more exercise than usual.

Severe hypoglycemia, which is rare, may lead to unconsciousness and convulsions and can be life-threatening if not treated promptly.

### **ADMINISTRATION OF GLUCAGON IN THE SCHOOL SETTING POLICY**

Glucagon may be administered in the event of a severe hypoglycemic episode in which the student with diabetes cannot eat or drink without risk of choking, or during loss of consciousness or seizure.

Glucagon should be administered by personnel who have been trained in its use. Individualized training is required prior to administration by non-medical personnel.

Administration of glucagon as a treatment modality in the event of loss of consciousness or seizure should be mutually agreeable to the student, parent/guardian, physician, and school personnel. The appropriate medical authorization form to administer glucagon must be on file.

Glucagon is recognized as a standard treatment for profound hypoglycemia with loss of consciousness.

Authority: F.S. 1006.062

## **PROCEDURE FOR GLUCAGON ADMINISTRATION**

### **Purpose:**

To be administered as a standard of treatment by the school nurse or trained unlicensed assistive personnel in the event of a severe hypoglycemic episode in which the student with diabetes cannot eat or drink without risk of choking, or loss of consciousness, or seizure due to diabetes.

### **Equipment:**

- ◆ Glucagon emergency kit with syringe containing diluent or glucagon kit with vials of medication and diluent.
- ◆ Syringe
- ◆ Alcohol swabs
- ◆ Sharps container

### **Procedure:**

1. Assess the student for signs and symptoms of severe hypoglycemia, such as:
  - a) fast heartbeat
  - b) tremors
  - c) sweating
  - d) anxiety
  - e) dizziness
  - f) impaired vision
  - g) weakness/fatigue
  - h) headache
  - i) irritability
  - j) confusion
  - k) glucometer
  - l) loss of consciousness
2. **CALL 911.**
3. Notify parent/guardian.
4. Verify physician's order(s) for administration of glucagon.
5. Assemble equipment.
6. Observe standard precautions, such as **PUTTING ON GLOVES.**
7. Pull caps off the syringe and the vials of medication and diluent.
8. Inject all of the diluent into the vial of medication and roll to mix thoroughly.
9. Inspect the medication for color, clarity, and presence of lumps. Solution should be clear and colorless. Discard if discolored, cloudy, or lumpy.

**(Continued onto the next page.)**

10. Draw up the entire contents of the medication vial.
11. Wipe off the site for the injection with an alcohol swab. The site should be the anterior or lateral thigh, the abdomen, or the lateral upper arm.
12. Insert the syringe into the skin at a 90-degree angle. Aspiration is not necessary.
13. Inject the prescribed amount of medication into the site. Withdraw the syringe. Dispose in a sharps container.
14. Monitor and continually assess the student's status and response to the treatment. Repeat the blood sugar test. The blood sugar level should begin rising toward a more acceptable range for that student, and symptoms should begin resolving within 10-15 minutes.
15. When the student is able to eat and/or drink, offer a snack containing protein and carbohydrates, such as crackers and cheese or peanut butter, or a sandwich with milk.
16. Document the date, time, medication, dosage, site, treatment, and student's status on the daily log and the student's cumulative health file.

**This page is intentionally left blank. Do not remove unless directed to do so by the Office of Intervention & Prevention.**

## **DRUGS/ALCOHOL:**

The following guidelines are to be used in the management of children under the influence of drugs or alcohol. **This must comply with Board Rules 2.19 AND 5.43.**

1. When a teacher, principal, or other school personnel observe inappropriate behavior and/or appearance, check the following:
  - a. Eyes
    - i. Dilated or contracted pupils;
    - ii. Red and watery;
    - iii. Glassy.
  - b. Breathing
    - i. Rapid;
    - ii. Shallow;
    - iii. labored.
  - c. Pulse
    - i. Rapid; shallow;
    - ii. slow.
  - d. Skin
    - i. Pale, cyanotic or flushed;
    - ii. Dry and itchy;
    - iii. Unusual marks;
  - e. Odor on breath or clothing.
  - f. Behavioral changes
    - i. Restlessness;
    - ii. Irritability;
    - iii. Mood changes;
    - iv. Disorientation;
    - v. Hallucination.
2. The following action should be taken:
  - a. Send the child to the health room accompanied by a teacher or staff member with written observation if it is a nonemergency.
  - b. Notify the principal of the observation by the teacher, other school staff, and school health personnel.
  - c. Determine if immediate medical attention is needed.
  - d. Check the student's blood pressure if possible.

## **EARS:**

1. Earache: Notify the parent/guardian and urge medical attention.
2. Foreign body in an ear: **Do not** try to remove. Notify the parent/guardian and urge medical care.

## **EXTERNAL HEMORRHAGE:**

Hemorrhage is profuse bleeding. **Venous** hemorrhage is characterized by a steady flow of dark blood. **Arterial** hemorrhage is characterized by spurting bright red blood (pulsates with heart beat) and is a life-threatening emergency. External hemorrhage should be treated by doing the following:

1. Apply direct pressure to the area.
2. Elevate the affected extremity. (Do this if no fracture is suspected.)
3. If the caregiver is trained in First Aid, apply direct pressure to pressure points.
4. Call 911/Rescue and notify the parent/guardian.

## **EYES:**

1. Foreign Body In Eye:
  - a. Flush with water.
  - b. Do not do anything else.
  - c. Notify the parent/guardian and encourage **immediate** attention.
2. Chemicals In Eye:
  - a. Flush the eye with large amounts of tap water.
  - b. Call 911/Rescue.
  - c. Notify the parent/guardian.
  - d. Continue flushing the eye until Rescue arrives.
3. Blow To Eyeball Or Eyelid: Notify parent/guardian and urge **immediate** medical attention. Allow the child to lie down and remain quiet.
4. Impaled Object In Or Around Eye. **Do not** remove the object. Cover both eyes. Call Rescue. Call the parents.

(Sudden blindness or continued blurred vision may indicate hemorrhage.)

## **FEVER:**

Any child with a temperature over 98.6 F may be considered feverish. Fever may be an indication of an infectious process, but should be evaluated with the overall appearance of the child. Any child who presents to the health room with vague or nonspecific symptoms should have their temperature taken. Fever in a well-appearing, asymptomatic child may not require intervention, but the temperature should be reported to the parent/guardian and monitored. A child with fever should also have a careful assessment for additional symptoms:

1. Fever associated with coughing, sneezing, a runny-nose, red watery eyes, or sore throat may be indicative of an untreated upper respiratory infection. Children with fever and these symptoms should be removed from the general student population. Call the parent/guardian to transport the child home; allow the child to stay in the health room until the parent/guardian arrives.
2. Fever associated with nausea and vomiting, diarrhea, rash, stiff neck, confusion, or seizures may be indicative of a condition requiring further medical evaluation. Children with these symptoms should also be isolated from the general student population and monitored closely. Contact the parent/guardian, (or rescue if necessary), to transport the child to a physician, clinic, or hospital. Until the parent/guardian arrives, the following measures may be taken:
  - a. Keep the child resting and as comfortable as possible.
  - b. Remove outer layers (i.e. winter coat) of clothing if indicated and permitted to do so by the child.
  - c. Give the child cool water to drink.
  - d. Treat symptoms, other than fever, as indicated according to standard guidelines.

## **HEAD INJURY:**

Notify the parent/guardian of all head injuries, because often symptoms of a concussion do not appear immediately. These symptoms are, but not limited to:

- ◆ Nausea
- ◆ Vomiting
- ◆ Drowsiness

Signs of a basilar skull fracture may include irritability, peculiar behavior, bleeding from the ear, and periods of unconsciousness. If any of these signs appear, call 911/Rescue. (Note: Approximately 20 % of head injuries result in spinal injuries.)

## **LACERATIONS AND PUNCTURE WOUNDS:**

1. Cleanse with soap. Rinse well. Apply an appropriate bandage or dressing. In case of bleeding, apply pressure to the site for control of bleeding. See **EXTERNAL HEMORRHAGE**.
2. If extensive, call the parent/guardian.
3. **Do not** probe the laceration or wound.

### **MENSTRUAL DISCOMFORT:**

Rest on cot. Give no medication or treatment. If no relief in 30 minutes, notify the parent/guardian.

### **NOSE BLEED:**

1. Have the child sit erect with his/her head tilted slightly forward.
  - a. Apply steady pressure to the nose just below the bony section of the nose with your thumb and forefinger (pinch the nose as if smelling an unpleasant odor).
  - b. Press toward the midline.
  - c. Hold for 5 minutes.
  - d. Instruct student not to blow nose or clear nose through back of the throat. Notify parent/guardian if bleeding does not stop quickly.

### **POISONING:**

1. Call 911/Rescue.
2. Contact the Poison Control Center: 1-800-222-1222.
3. Inform the Control Center of the type of poisoning.
4. Follow the Control Center's instructions.
5. Notify the parent/guardian immediately.



## **SEIZURE DISORDERS:**

All personnel dealing with an epileptic or seizure disorder child should be alert to the condition. To insure continuity year after year, both the **student emergency medical card** and **health record** should be plainly labeled or flagged.

Keep calm when a seizure occurs. You cannot stop a seizure once it has started. **Do not** restrain the child or try to revive him/her. Provide reassurance and emotional support to the child upon recovery.

### **Generalized Tonic Clonic Seizure (Grand Mal)**

1. Place the child on the floor to prevent injury, clearing the area around the child of hard, sharp or hot objects, which could cause injury.
  2. Remove the child's glasses, if present, and protect his/her head with your hands or padding.
  3. Turn the child onto his/her side and make sure their breathing is not obstructed
  4. Loosen a necktie and tight clothing, but **do not** interfere with the child's movements.
  5. **Do not** place anything in the child's mouth or force anything between the teeth.
  6. After the convulsion, place the child on their side to keep their airway open. **Do not** give fluids or stimulants. Permit him/her to rest or sleep.
- 
7. Call rescue if:
    - a. seizure continues more than 5 minutes without the child regaining consciousness or;
    - b. one seizure follows another (multiple seizures) or;
    - c. this is the first seizure the child has experienced or;
    - d. student is pregnant, injured, or diabetic or;
    - e. the Health Plan for the student gives alternate instructions.
  8. Notify parent/guardian or emergency contact.

### **Complex Partial Seizure (Petit Mal)**

1. Guide the child away from hazards.
2. Do not restrain the child.
3. Stay on the scene until the child's awareness returns.
4. Remain calm and reassuring to the child.

## **SHOCK:**

Shock may be caused by severe pain, hemorrhage, a severe burn, fracture and other injuries, especially of the head and chest. Persons with crushing injuries are especially prone to shock. Characteristics of shock are pallor, cold and clammy skin, initial sweating of the forehead and hands, and later of the whole body. Other symptoms may include:

- ♦ Nausea
- ♦ Dizziness
- ♦ Ashen-gray appearance
- ♦ Rapid, weak pulse

**Frequent or protracted spells of unconsciousness are a sign of very serious injury.**

### **Procedure:**

1. Call 911/Rescue.
2. Put the child on his/her back with their feet elevated slightly above their heart.
3. Turn their body as a unit to their side if they are vomiting.
4. Keep their body adjusted if they are vomiting.
5. Release any tight clothing.
6. Keep their body warm and dry.
7. If they are severely burned, cover the child with a sheet and then a blanket. (Also see "BURNS.")
8. Keep the child quiet and under constant observation.
9. Notify principal and parent/guardian.

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## **SPINAL INJURIES:**

The spine is a column of vertebrae stacked from the base of the skull to the tail bone. Suspect a spinal injury in all severe accidents. Approximately 20% of head injuries also have neck and spinal cord injuries.

### **Procedure:**

1. Call 911/Rescue if spinal injury is suspected.
  2. Stabilize the child against any movement. **Do not** move the neck to reposition it, except when danger is present. (Examples are smoking or burning car or burning building, etc.) Bring help to the child, not the child to the help.
  3. Keep the child lying down.
  4. The child must be immobilized.
    - a. Tell the child not to move, if he/she is conscious.
    - b. The caregiver should immobilize the child's head by holding it with their hands until Rescue arrives.
  5. Keep the child warm and quiet as possible.
  6. Treat the child for shock if it occurs.
  7. Notify the principal and parent/guardian.
- 

### **Other indicators of spinal injury:**

1. There is painful movement of arms and/or legs.
2. There is numbness, tingling, weakness, or a burning sensation in the arms or legs.
3. There is loss of bowel or bladder control.
4. There is paralysis to the arms and/or legs.
5. There is deformity or an odd-looking angle to the child's head and neck.

## **SPLINTER:**

If a child gets a splinter while at school and it does not appear to need any probing (very superficial), its removal may be attempted carefully as follows:

1. Wash the area with soap and water.
2. Cleanse the tweezers with alcohol.
3. Carefully lift the splinter with the tweezers.
4. Cleanse the site again.
5. Apply a bandage.

**Caution: Do not attempt to remove deeply imbedded splinters, glass, or an old or festered foreign body. Rather, send a note home to the parent/guardian to alert them to the situation.**

## **TEETH:**

1. For a toothache use a warm salt-water rinse. If persistent, notify the parent/guardian and suggest a referral to a dentist.
2. If there is injury to the child's tooth (teeth):
  - a. For a chipped tooth (teeth), notify the parent/guardian and encourage them to take the child to a dentist. The backside of the tooth (teeth) can be more damaged than the visible portion. Save the broken part(s), if possible.
  - b. For a fractured or slightly displaced tooth (teeth), notify the parent/guardian and encourage them to seek dental help for the child as soon as possible.
  - c. For a severely displaced tooth (teeth), reposition in the correct position, if possible. Notify the parent/guardian and encourage them to seek dental help for child **as soon as possible**.
  - d. For the tooth (teeth) knocked out of the child's mouth:
    - i. Notify parent/guardian;
    - ii. The tooth (teeth) should be immediately re-implanted into the socket; (If re-implanted within thirty minutes, success rate is high.)
    - iii. If the tooth (teeth) is dirty, gently rinse in water or saline solution. (**DO NOT** scrub.)
    - iv. If necessary, hold the tooth (teeth) in place while the patient is transported to the dentist.
    - v. If re-implantation is not possible or practical due to other injuries, or the child is unable to cooperate, place the tooth (teeth) in either milk (preferred), cold water, saline solution, or a wet sponge or cloth, and transport with the child immediately.

**At the scene of any accident in which other bodily injuries have occurred, the student should be checked out for evidence of teeth being knocked out. If teeth are missing, they should be located, if possible, and transported in either milk (preferred), cold water, saline solution, or a wet sponge or cloth.**

## **TICKS:**

Ticks can transmit germs of several diseases including Rocky Mountain Spotted Fever and Lyme Disease. Ticks adhere tenaciously to the skin or scalp. There is some evidence that the longer an infected tick remains attached, the greater the chance it will transmit disease.

### **First Aid:**

1. Cover the tick with heavy ointment (Vaseline or Bacitracin) to close its breathing pores. The tick may disengage at once. If it does not, allow the ointment to remain in place one-half hour. Then, carefully remove the tick with tweezers (if the tick is on the outer layer of skin) taking care that all parts are removed.
2. Wash the area well with soap and water.
3. **DO NOT** use heat, such as a match head or a lighted cigarette, to back the tick out of the skin.
4. If it appears the tick is imbedded for any length of time, notify the parent/guardian.
5. Inform the parent/guardian a tick bite has occurred and they should see a physician if a rash or fever develops.

# STUDENT INFORMATION of INSECT or FOOD ALLERGY

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First MI

School: \_\_\_\_\_

Your child's school health record or "Student Emergency Medical Card" indicated a history of "insect sting/bite allergy" or "food allergy." There are two types of allergy: (1) **LOCAL**, with intense swelling and itching and a raised bump; or (2) **SYSTEMIC**, in which hives appear over a large area of the body, fever, trouble breathing and/or severe drop in blood pressure occur.

**In order to provide the appropriate response in the event of insect sting/bite or food allergy, please provide the information requested below, indicate which reaction is typical of your child, sign and return this form to your child's school.**

- ◆ Check (☐) type of allergic reaction and provide a description of symptoms:

\_\_\_ **LOCAL** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ **SYSTEMIC** \_\_\_\_\_  
\_\_\_\_\_

- ◆ Does your child have to take medication for this? \_\_\_ No; \_\_\_ Yes; If yes, please give name of medication and dosage: \_\_\_\_\_.

- ◆ Can student administer own medication (self-injection)? \_\_\_ No; \_\_\_ Yes.

- ◆ How many times has your child had an anaphylactic (systemic) reaction? \_\_\_\_\_

- ◆ Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- ◆ Please read the attached "Procedures for Anaphylaxis (Severe Allergic Reactions)."

◆ \_\_\_\_\_  
Parent/Guardian Signature Date

**THANK YOU FOR PROVIDING THIS IMPORTANT INFORMATION!**

\_\_\_\_\_  
School Health Nurse Date

File in Student's Cumulative Health Record

# **NASSAU COUNTY PUBLIC SCHOOLS**

## **CARE OF**

### **EMERGENCIES AND ILLNESSES**

- | <b>1.    <u>MEDICAL EMERGENCIES</u></b>     | <b><u>Telephone Numbers</u></b> |
|---|---------------------------------|
| Fire/Police /Rescue                         | 911                             |
| <b>2.    <u>HOSPITAL EMERGENCY ROOM</u></b> |                                 |
| Baptist Nassau                              | 321-3500                        |
| <b>3.    <u>OTHER</u></b>                   |                                 |
| A. Child Abuse                              | 1-800-962-2873                  |
| B. Poison Control                           | 1-800-222-1222                  |





## **STUDENT ACCIDENTS**

Student accidents fall within two classifications: 1) Recordable and 2) Reportable.

### **1. RECORDABLE STUDENT ACCIDENT (R/M 3 R-12/94)**

A recordable student accident is if the accident results in:

- a. Student injury severe enough to cause the loss of one-half day or more of school time.
- b. Student injury severe enough to cause the loss of one-half day or more of student activity during non-school time.
- c. Student injury requiring treatment by a doctor, emergency personnel, or a student is sent home or taken home by a parent or guardian.

In the event of a recordable student accident, form R/M 3 R-12//94 should be completed accurately and promptly following the accident and mailed to NEFEC/Risk Management Program as they occur.

No one should admit or commit to the responsibility or liability of the school district, but the legal doctrines of the failure to warn and lack of supervision do apply to student accident.

School districts are mandated to provide a safe educational environment for all students at all times and under all circumstances.

#### **The distribution of Form R/M 3 R-12/94 is as follows:**

1 copy to NEFEC, 1 copy to School District, 1 copy to Student's Principal

### **2. REPORTABLE STUDENT ACCIDENT**

A reportable student accident is if the accident does not cause a loss time injury or medical treatment. Reportable student accidents should be reported on the Daily Health Services Log.

## **DAILY HEALTH SERVICES LOG**

Many student "accidents" are minor, therefore, are reportable. Florida School Board Rules mandate that documentation be kept regarding all first aid treatment provided to a student. This Daily Health Services Log should be kept at each cost center where students could obtain first aid treatment. This log could provide legal substance to faculty members and a school district should a student accident subsequently develop into a legal matter.

# STUDENT ACCIDENT / INJURY REPORT

Instructions: Prepare in triplicate. Send the White copy to NEFEC/RMP, the canary copy for school files and the pink copy to the safety officer. Use this form to report student accidents/injuries when student is under school jurisdiction. Accident/Injury report forms should be prepared and sent to NEFEC/RMP in anticipation of litigation. PRINT or TYPE so all copies are legible. It is essential that the accident/injury be described in detail. CONFIDENTIAL: THIS DOCUMENT MAY BE CONSIDERED A "WORK PRODUCT." IT SHOULD BE KEPT SEPARATE AND APART FROM ANY CLAIM MADE AVAILABLE TO THE PUBLIC UPON REQUEST UNDER THE PUBLIC RECORDS ACT.

Name of STUDENT:	School District:	Time of Accident: _____ am / pm
Address:	Sex: _____ Age: _____ Grade: _____	Place of Accident / Injury:
City/State/Zip:	Phone #: _____	_____ School Building   _____ School Bus
DATE of Accident:	Location Code: _____ ( 6 digit )	_____ To or From School   _____ P.E.
	Name of School:	_____ School Grounds   _____ Field Trip

DESCRIPTION OF THE ACCIDENT: (Describe in Detail.)  
How did the accident happen? What was the student doing? Where was the Student? Specify any tool, machine, or equipment involved.

NATURE OF INJURY:	PART OF BODY INJURED:	LOCATION - Specify Activity
<input type="checkbox"/> Abrasion <input type="checkbox"/> Concussion <input type="checkbox"/> Scalds	<input type="checkbox"/> Abdomen <input type="checkbox"/> Eye <input type="checkbox"/> Leg	<input type="checkbox"/> Athletic field <input type="checkbox"/> Hallway <input type="checkbox"/> Sch Grounds
<input type="checkbox"/> Amputation <input type="checkbox"/> Cut <input type="checkbox"/> Scratches	<input type="checkbox"/> Ankle <input type="checkbox"/> Face <input type="checkbox"/> Mouth	<input type="checkbox"/> Auditorium <input type="checkbox"/> Home Ec. <input type="checkbox"/> Shop
<input type="checkbox"/> Asphyxiation <input type="checkbox"/> Dislocation <input type="checkbox"/> Shock (elec)	<input type="checkbox"/> Arm <input type="checkbox"/> Finger <input type="checkbox"/> Nose	<input type="checkbox"/> Cafeteria <input type="checkbox"/> Labs <input type="checkbox"/> Showers
<input type="checkbox"/> Bite <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain	<input type="checkbox"/> Back <input type="checkbox"/> Foot <input type="checkbox"/> Scalp	<input type="checkbox"/> Classroom <input type="checkbox"/> Locker <input type="checkbox"/> Stairs
<input type="checkbox"/> Bruise <input type="checkbox"/> Laceration	<input type="checkbox"/> Chest <input type="checkbox"/> Hand <input type="checkbox"/> Tooth	<input type="checkbox"/> Corridor <input type="checkbox"/> Playground <input type="checkbox"/> Toilets and washrooms
<input type="checkbox"/> Bump <input type="checkbox"/> Poisoning	<input type="checkbox"/> Ear <input type="checkbox"/> Head <input type="checkbox"/> Wrist	<input type="checkbox"/> Dressing Rm <input type="checkbox"/> Pool
<input type="checkbox"/> Burn <input type="checkbox"/> Puncture	<input type="checkbox"/> Elbow <input type="checkbox"/> Knee	<input type="checkbox"/> Gym <input type="checkbox"/> School Bus
Other (specify): _____	Other (specify): _____	Other (specify): _____

## IMMEDIATE ACTION TAKEN:

<input type="checkbox"/> First-aid treatment	By (name) _____	
<input type="checkbox"/> Sent to school nurse	By (name) _____	
<input type="checkbox"/> Sent home	By (name) _____	
<input type="checkbox"/> Sent to physician	By (name) _____	Physician's name: _____
<input type="checkbox"/> Sent to hospital	By (name) _____	Name of hospital: _____

## INDIVIDUAL NOTIFIED:

Was a parent or other individual notified? ☐ Yes | ☐ No When? \_\_\_\_\_

Name of individual notified \_\_\_\_\_ How? \_\_\_\_\_ By whom? \_\_\_\_\_

Their Attitude: \_\_\_\_\_

## WITNESSES:

1. Name: _____	Address: _____	Phone #: _____
2. Name: _____	Address: _____	Phone #: _____

## DEGREE OF INJURY:

<input type="checkbox"/> Temporary disabling (Lost 1/2 day or more)	Name: _____	Age: _____
<input type="checkbox"/> Permanent impairment   <input type="checkbox"/> Non-disabling   <input type="checkbox"/> Death	Name: _____	Age: _____

Teacher (or adult) in charge when accident occurred (Name): \_\_\_\_\_

Does student have school accident insurance? Yes ☐ | No ☐ Report completed by: (name) \_\_\_\_\_

R/M 3 (R 12/94)

Distribution: White - NEFEC/RMP

Canary - School Files

Pink - District Safety Officer

**NASSAU COUNTY SCHOOL  
DISTRICT  
MEDICATION INCIDENT REPORT**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
           LAST                                  FIRST                                  M.  
 SCHOOL NAME: \_\_\_\_\_ SCHOOL LOCATION #: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
 TIME OF INCIDENT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: (CIRCLE)

Wrong dosage > <      Wrong student      Wrong medication      Wrong time      Unable to locate student

Reported by: _____
<b>NARRATIVE DESCRIPTION:</b>

PARENT/GUARDIAN Notification YES[ ] NO[ ] By Whom _____	Date _____	Time _____
<b>Comments:</b>		

MD notification YES[ ] NO[ ] By Whom _____
<b>Comments:</b>

Poison Control notified: YES[ ] NO[ ] Recommendations: _____

<b>ACTIONS/OBSERVATIONS:</b>

<b>RECOMMENDED PLAN OF ACTION</b>

<b>PLAN OF ACTION COMPLETED</b>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Supervising Nurse: \_\_\_\_\_ Date: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Date: \_\_\_\_\_

ORIGINAL -Office of Intervention & Prevention

Copy -DOH Nursing Supervisor

July 2014



**300**

**IMMUNIZATION  
AND  
PHYSICAL  
EXAM  
REQUIREMENTS**

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### **5.03 ORIGINAL ENTRY, REQUIREMENTS FOR--**

Except as noted in this section, all students entering a Florida school for the first time shall meet the requirements as enumerated.

I. Immunization--All students enrolled in the school district of Nassau County shall be required to present a certification of immunization for those communicable diseases for which immunization is required by the Department of Health. Before attending school, each child or adult applying for admission to pre-kindergarten through grade 12 shall have been fully immunized for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, and tetanus, and may be required to be immunized for such other communicable diseases as may be determined by the Department of Health of the State of Florida. The following exceptions are provided by law:

- A. An immunization shall not be required in any year in which the Florida Department of Health determines that the immunization is unnecessary or hazardous.
- B. A child or adult may be permanently exempt from this requirement if a physician verifies on a form approved by the Department of Health that they cannot receive any more vaccine due to medical contraindications.
- C. A child or adult may be temporarily exempt from immunization and enrolled when such child or adult has been given all the immunizations which can be given in accordance with accepted medical practice up to the time he or she applies for admittance to pre-kindergarten through grade 12.
- D. No child or adult shall be exempt from the required immunization for religious reasons until such child, his/her parent or guardian, or adult has filed a request for exemption from immunization on a form approved by the Department of Health with the Superintendent. The Superintendent shall review such request and, upon a finding that said request is based upon good cause, grant the request and thereafter, the child or adult may be enrolled.
- E. Thirty (30) school days will be allowed to present the certification requirements for transfer students and students identified as being homeless according to 5.13.
- F. Students not providing the required certification in accordance with this section shall be excluded from further attendance by the principal.
- G. This provision is subject to the provisions of Florida Statutes section 1003.22 in the event of a declared "communicable disease emergency" by the county health director or the Deputy Assistant Secretary for Health.

II. Health examination--A student initially entering pre-kindergarten through grade 12 in a Florida school shall present a certification of a school entry health examination performed within one (1) year prior to enrollment in school.

- A. Parents/Guardians will be allowed up to thirty (30) school days to present certification requirements for all students from Florida or other states.
- B. Students whose parents do not provide the required certification in accordance with this section shall be excluded from further attendance by the principal.
- C. Any student may be granted an exemption from this requirement if his or her parent or guardian objects in writing because the requirement(s) conflicts with his or her religious tenets or practices. The request for exemption must be on a form approved by the Department of Health and filed with

the Superintendent. The Superintendent shall review such request and, upon a finding that said request is based upon good cause, grant the request and thereafter, that child or adult may be enrolled.

D. This provision is subject to the provisions of Florida Statutes section 1003.22 in the event of a declared "communicable disease emergency" by the county health director or the Deputy Assistant Secretary for Health.

III. Age requirement--Before admitting a child, the principal shall require evidence that the child meets the age requirement for compulsory attendance or for admittance to pre-kindergarten or kindergarten, as appropriate.

A. Evidence of date of birth may be established by the following evidence, listed in descending order of acceptability:

1. Transcript of the child's birth record; or
2. Transcript of Certificate of Baptism; or
3. An insurance policy on the child's life in force for not less than two (2) years; or
4. A bona fide contemporary Bible record of the child's birth, accompanied by an affidavit sworn to by the parent; or
5. A passport or Certificate of Arrival in the United States showing the age of the child; or
6. A transcript of record of age shown in the child's school record of at least 4 years prior to application, stating date of birth; or
7. If none of the above can be produced, an affidavit of age sworn to by the parent and accompanied by a certificate of age signed by the public health officer or by a physician designated by the School Board.

B. A student enrolled as an original entry shall present evidence of date of birth as provided in these rules or a transcript of record of age recorded on his/her school record of at least four (4) years prior to application. In addition, a report card from the school last attended is requested. The student may be temporarily assigned by the principal to the grade deemed proper until a copy of his/her official record is received or proper grade placement is determined.

C. A child who does not meet the Florida entrance age requirement and who enrolls in a Florida non-public school may not transfer to kindergarten in this district later during the school year.

D. A student previously enrolled in a public school outside the State of Florida, a private or parochial school, or enrolled in the home education program, who seeks admission to a school within the district shall only be admitted under the admission requirements as specified in the Student Progression Plan.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 1003.22, 1003.21, F.S.; 6A-I.0985, SBER

History--New 6/28/90 Amended 11/14/91, 8/22/96, 8/08/02, 12/14/06



1003.22 School-entry health examinations; immunization against communicable diseases; exemptions; duties of Department of Health.—

(1) Each district school board and the governing authority of each private school shall require that each child who is entitled to admittance to kindergarten, or is entitled to any other initial entrance into a public or private school in this state, present a certification of a school-entry health examination performed within 1 year before enrollment in school. Each district school board, and the governing authority of each private school, may establish a policy that permits a student up to 30 school days to present a certification of a school-entry health examination. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. 39.0016, shall be given a temporary exemption for 30 school days. Any district school board that establishes such a policy shall include provisions in its local school health services plan to assist students in obtaining the health examinations. However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds.

(2) The State Board of Education, subject to the concurrence of the Department of Health, shall adopt rules to govern medical examinations and immunizations performed under this section.

(3) The Department of Health may adopt rules necessary to administer and enforce this section. The Department of Health, after consultation with the Department of Education, shall adopt rules governing the immunization of children against, the testing for, and the control of preventable communicable diseases. The rules must include procedures for exempting a child from immunization requirements. Immunizations shall be required for poliomyelitis, diphtheria, rubeola, rubella, pertussis, mumps, tetanus, and other communicable diseases as determined by rules of the Department of Health. The manner and frequency of administration of the immunization or testing shall conform to recognized standards of medical practice. The Department of Health shall supervise and secure the enforcement of the required immunization. Immunizations required by this section shall be available at no cost from the county health departments.

(4) Each district school board and the governing authority of each private school shall establish and enforce as policy that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child present or have on file with the school a certification of immunization for the prevention of those communicable diseases for which immunization is required by the Department of Health and further shall provide for appropriate screening of its students for scoliosis at the proper age. Such certification shall be made on forms approved and provided by the Department of Health and shall become a part of each student's permanent record, to be transferred when the student transfers, is promoted, or changes schools. The transfer of such immunization certification by Florida public schools shall be accomplished using the Florida Automated System for Transferring Education Records and shall be deemed to meet the requirements of this section.

(5) The provisions of this section shall not apply if:

- (a) The parent of the child objects in writing that the administration of immunizing agents conflicts with his or her religious tenets or practices;
- (b) A physician licensed under the provisions of chapter 458 or chapter 459 certifies in writing, on a form approved and provided by the Department of Health, that the child should be permanently exempt from the required immunization for medical reasons stated in writing, based upon valid clinical reasoning or evidence, demonstrating the need for the permanent exemption;
- (c) A physician licensed under the provisions of chapter 458, chapter 459, or chapter 460 certifies in writing, on a form approved and provided by the Department of Health, that the child has received as many immunizations as are medically indicated at the time and is in the process of completing necessary immunizations;
- (d) The Department of Health determines that, according to recognized standards of medical practice, any required immunization is unnecessary or hazardous; or

- (e) An authorized school official issues a temporary exemption, for up to 30 school days, to permit a student who transfers into a new county to attend class until his or her records can be obtained. Children and youths who are experiencing homelessness and children who are known to the department, as defined in s. 39.0016, shall be given a temporary exemption for 30 school days. The public school health nurse or authorized private school official is responsible for followup of each such student until proper documentation or immunizations are obtained. An exemption for 30 days may be issued for a student who enters a juvenile justice program to permit the student to attend class until his or her records can be obtained or until the immunizations can be obtained. An authorized juvenile justice official is responsible for followup of each student who enters a juvenile justice program until proper documentation or immunizations are obtained.
- (6)
- (a) No person licensed by this state as a physician or nurse shall be liable for any injury caused by his or her action or failure to act in the administration of a vaccine or other immunizing agent pursuant to the provisions of this section if the person acts as a reasonably prudent person with similar professional training would have acted under the same or similar circumstances.
- (b) No member of a district school board, or any of its employees, or member of a governing board of a private school, or any of its employees, shall be liable for any injury caused by the administration of a vaccine to any student who is required to be so immunized or for a failure to diagnose scoliosis pursuant to the provisions of this section.
- (7) The parents of any child admitted to or in attendance at a Florida public or private school, grades prekindergarten through 12, are responsible for assuring that the child is in compliance with the provisions of this section.
- (8) Each public school, including public kindergarten, and each private school, including private kindergarten, shall be required to provide to the county health department director or administrator annual reports of compliance with the provisions of this section. Reports shall be completed on forms provided by the Department of Health for each kindergarten, and other grade as specified; and the reports shall include the status of children who were admitted at the beginning of the school year. After consultation with the Department of Education, the Department of Health shall establish by administrative rule the dates for submission of these reports, the grades for which the reports shall be required, and the forms to be used.
- (9) The presence of any of the communicable diseases for which immunization is required by the Department of Health in a Florida public or private school shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. The declaration of such emergency shall mandate that all students in attendance in the school who are not in compliance with the provisions of this section be identified by the district school board or by the governing authority of the private school; and the school health and immunization records of such children shall be made available to the county health department director or administrator. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school by the district school board, or the governing authority of the private school, until such time as is specified by the county health department director or administrator.
- (10) Each district school board and the governing authority of each private school shall:
- (a) Refuse admittance to any child otherwise entitled to admittance to kindergarten, or any other initial entrance into a Florida public or private school, who is not in compliance with the provisions of subsection (4).
- (b) Temporarily exclude from attendance any student who is not in compliance with the provisions of subsection (4).
- (11) The provisions of this section do not apply to those persons admitted to or attending adult education classes unless the adult students are under 21 years of age.

History.—s. 117, ch. 2002-387; s. 38, ch. 2004-41; s. 6, ch. 2009-35; s. 8, ch. 2009-164.

## **School Immunization Requirements:**

Florida schools require students to provide proof that their immunization are up-to-date. By the time your child starts school, he/she should already have a number of required immunizations. However, proof of updates, boosters, and series completion is required to enter the Nassau County School District schools for the first time and to advance to certain grade-levels. For all Florida health requirements for school enrollment and grade-level advancement, contact the Nassau County School District, or the Health Department of Nassau County, or the state of Florida Department of Health.

### **As of the 2021-2022 school-year, the following immunizations are required:**

- ◆ Diphtheria/Tetanus/Pertussis (DtaP)\*      5 doses-----4 if the 4<sup>th</sup> dose was given on or after age 4. This is required for grades K-12.
  
- ◆ Polio Series (IPV)\*\*      4 doses-----3 if the 3<sup>rd</sup> dose was given on or after age 4. This is required for grades K-12.
  
- ◆ Measles/Mumps/Rubella (MMR)      2 doses-----1<sup>st</sup> dose must be given on or after the 1st birthday. This is required for grades K-12.
  
- ◆ Hepatitis B (Hep B)      3 doses or-----2 doses if the 2 dose vaccine series is used. This is required for grades PreK-12.
  
- ◆ Tetanus/Pertussis Booster (Tdap)\*\*\*      1 dose of Tdap for grades 7 through 10.
  
- ◆ Varicella (chickenpox)      2 doses for K through 12. The first dose must be given on or after the student's 1<sup>st</sup> birthday. (The Varicella vaccine is not required if the student has a documented history of the varicella disease.)

**(Continued onto the next page.)**

\*Effective for the 2012/13 school-year students entering kindergarten must have documentation of at least one dose of IPV vaccine administered on or after the 4<sup>th</sup> birthday. A 5<sup>th</sup> dose is required if the 4<sup>th</sup> dose was administered prior to the 4<sup>th</sup> birthday. A 4<sup>th</sup> dose is not necessary if the 3<sup>rd</sup> dose was administered on or after the 4<sup>th</sup> birthday. Students in grades 1-12 with a valid 680, but without documentation of a dose of IPV on or after their 4<sup>th</sup> birthday should not be excluded from school. However, if their records are reviewed they should be advised to receive a 5<sup>th</sup> dose.

\*\*Students in grades 1-12 with a valid 680 and 1 measles and MMR should not be excluded from school. However, if their records are reviewed, they should be advised to receive a 2<sup>nd</sup> MMR.

\*\*\*Tdap should be administered when indicated to meet the 7<sup>th</sup> grade requirement, regardless of interval since the last tetanus or diphtheria-toxoid containing vaccine. Students who started their immunizations after 7 years of age should receive 1 dose of Tdap and 2 doses of Td.

**400**

**COMMUNICABLE  
DISEASE**

## **CHICKEN POX**

### **DESCRIPTION:**

An acute viral illness of sudden onset, characterized by fever, fatigue and a generalized eruption of the skin. Each skin lesion begins as a small papule that becomes blister-like for 3 or 4 days, then leaves a granular scab. Lesions tend to be more abundant on the trunk than on exposed parts of the body and may appear on such areas as the mucous membranes of the mouth, the scalp and upper respiratory tract. Herpes zoster (shingles), caused by the same virus, is a localized eruption in someone previously infected with chicken pox. Transmission of this highly contagious disease is via person-to-person spread, even indirectly through contaminated items.

### **INCUBATION PERIOD:**

Two to three weeks

### **PERIOD OF COMMUNICABILITY:**

From five days before the rash appears to not more than six days after the last crop of vesicles.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Official report to local health department is required. (See the “Varicella Surveillance Worksheet” in the “MEDICATION GUIDELINES AND FORMS” section.)
2. Referral to physician optional.

### **CONTROL OF SPREAD:**

1. Exclusion of affected child from school until two days after all lesions have crusted and there are no “weeping vesicles”.
2. Disposal of articles soiled with nose and throat discharges.

### **PREVENTION:**

Immunizations are now available through Primary Care Physicians or County Health Department.

### **HEALTH EDUCATION:**

Persons at serious risk for chicken pox include those adults and children with altered immunity, on immuno-suppressive drugs and with diseases such as leukemia or Hodgkin's disease. Adults exposed to shingles may develop chicken pox if they have never had it before.

See the “Varicella Surveillance Worksheet” in the “MEDICATION GUIDELINES AND FORMS” section.

## **COMMON COLD**

### **DESCRIPTION:**

An upper respiratory illness of acute onset characterized by coryza, watery eyes, chilliness, nasopharyngeal irritation and malaise, lasting two to seven days. Fever is uncommon in children and rare in adults. Colds are transmitted person-to-person via airborne droplets.

### **INCUBATION PERIOD:**

12 to 72 hours, usually 24 hours

### **PERIOD OF COMMUNICABILITY:**

One (1) day before onset of symptoms until 5 days afterward

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Official report to local health department is not necessary.
2. Referral to physician if secondary complications develop. (See below).

### **CONTROL OF SPREAD:**

1. Careful disposal of articles soiled with nose and throat discharges.
2. Practice of good hand-washing techniques.
3. Exclusion from school not essential.

### **PREVENTION:**

No immunization available.

### **HEALTH EDUCATION:**

The cause of the common cold includes as many as 90 different viruses. Although no fatality has been reported as caused by these viruses, they do predispose individuals to secondary bacterial complications such as bronchitis, sinus infections, middle ear infections and laryngitis. In addition, the common cold has considerable impact on work performance, industrial and school absenteeism.

## **CONJUNCTIVITIS**

### **(Pink Eye)**

#### **DESCRIPTION:**

This condition is characterized by redness of the eyes with exudate or matting of the eyelashes. There is sometimes photophobia and swelling of the eyelids. It is generally caused by a virus, but may also be caused by allergies. Viral conjunctivitis is transmitted by contact with the discharge from the eyes or upper respiratory tract.

#### **INCUBATION PERIOD:**

Usually 2 - 9 days

#### **PERIOD OF COMMUNICABILITY:**

As long as there is active infection, the student should remain out of school until eyes are clear or until written authorization is given by a physician or health department for student's attendance.

#### **SCHOOL/NURSE RESPONSIBILITY:**

**Report to the local health department outbreaks or clusters of children affected. Refer to a physician if severe.**

#### **CONTROL OF SPREAD:**

Observe school contacts.

#### **PREVENTION:**

No vaccine available.

#### **HEALTH EDUCATION:**

Avoid rubbing eyes and practice good personal hygiene, such as hand washing.



## **COXSACKIEVIRUS**

### **(Hand-Foot-and-Mouth Disease)**

#### **DESCRIPTION:**

An illness characterized by the development of ulcers usually located on the buccal mucosa, tongue or gums, followed by vesicular eruption over the hands and/or feet within about 2 days. The buttocks are sometimes involved, but the rash there tends not to be vesicular.

#### **INCUBATION PERIOD:**

Usually 4 to 6 days.

#### **PERIOD OF COMMUNICABILITY:**

During the acute stage of illness and perhaps longer, since this virus persists in the stool for several weeks.

#### **SCHOOL/NURSE RESPONSIBILITY:**

Official report to local health department is not necessary.  
Referral to physician optional.

#### **CONTROL OF SPREAD:**

Exclusion from school is not warranted and would have little to no impact on the spread of the infection.

#### **PREVENTION:**

None available.

#### **HEALTH EDUCATION:**

Emphasize basic hygienic measures, i.e., hand washing, with all children and staff.  
Reassure parents that this is a self-limited, mild, and, in most instances, asymptomatic infection with no serious sequelae.

## **CREEPING ERUPTION**

### **DESCRIPTION:**

This skin lesion is caused by larvae of cat and dog hookworm. It is transmitted by contact with soil contaminated with animal feces. The larvae penetrates the skin and travels under the skin in tunnels, causing severe itching. The disease is self-limiting and may clear up by itself or with the use of topical ointment. The most effective treatment is by a prescription medication.

### **INCUBATION PERIOD:**

Non-specific.

### **PERIOD OF COMMUNICABILITY:**

Not directly transmitted from person to person.

### **SCHOOL/NURSE RESPONSIBILITY:**

Refer for medical treatment.

### **CONTROL OF SPREAD:**

Prevent contamination of soil by cats and dogs in areas where children will be playing, particularly in sandboxes.

### **PREVENTION:** See above.

### **HEALTH EDUCATION:**

Sandboxes should be covered when not in use. De-worm cats and dogs and remove their feces after treatment. Wash hands after handling soil. Always wash hands before eating.

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## **GASTRO-ENTERITIS**

### **DESCRIPTION:**

This malady is a general term for diseases characterized by vomiting, abdominal pain, cramping, fever, pallor, loss of appetite. It could be caused by either a virus or bacteria. It is transmitted by the oral-fecal route.

### **INCUBATION PERIOD:**

Varies from 1-3 days: usually less.

### **PERIOD OF COMMUNICABILITY:**

Throughout acute infection and as long as the organism persists in the stool.

### **SCHOOL/NURSE RESPONSIBILITY:**

The suspect illness should be referred to a physician. Confirmed cases of shigella, salmonella, viral and food poisoning should be reported to the health department.

### **CONTROL OF SPREAD:**

Symptomatic children should be excluded from school until free from diarrhea. Food handlers with symptoms should be excluded from work until cleared by a physician or health department.

### **PREVENTION:**

None available.

## HEADACHES

### DESCRIPTION:

Headaches are one of the most common complaints of school children. Most headaches need no treatment, except rest. Headaches associated with fever or nausea and vomiting should be considered either viral or bacterial in nature and the child should be sent home. Other frequent causes of headaches may include sinus, allergy, vision problems, tension, and tumors. Any child with frequent complaints should be referred for medical evaluation. No medication should be given unless authorized by physician.

## HEPATITIS

### DESCRIPTION:

A viral inflammation of the liver that generally presents with malaise, loss of appetite, low-grade fever, nausea, abdominal pain, gastrointestinal upset and sometimes jaundice. There are several types of hepatitis. Onset may be abrupt or insidious. Transmission is usually by the fecal-oral route, but may be by inoculation of infective blood or intimate contact.

### INCUBATION PERIOD:

- Type A: 15-50 days, average 28-30 days
- Type B: 45-160 days, average 60-90 days
- Type C: 14-168 days, average 49-63 days

### PERIOD OF COMMUNICABILITY:

- Type A: Maximum during 7-10 days prior to onset of jaundice.  
(Yellow skin - eyeballs)
- Type B: Blood may be infective for many weeks before the onset of symptoms, throughout the clinical course of the illness and into the carrier state.
- Type C: Blood may be infective from 1 week after exposure up to 6 weeks.

### SCHOOL/NURSE RESPONSIBILITY:

1. Report to the health department is MANDATORY.
2. Referral to a physician is mandatory.
3. Consultation with health department to determine if anyone should receive gamma globulin. (Under normal circumstances casual contacts at school are NOT significant risks for contracting the disease).

### CONTROL OF SPREAD:

1. Individuals should be excluded from school until cleared by a physician. Case investigation is very important.
2. Gamma globulin should be administered to family and close contacts as advised by Primary Care Provider or County Health Department.

### PREVENTION:

1. Emphasize the importance of personal hygiene and good hand washing techniques.
2. Vaccine is available. Seek the advice of your Primary Care Provider or County Health Department.

### HEALTH EDUCATION:

Children may not manifest signs of illness, yet still be infectious and spread the disease. Gamma globulin has been shown to be an effective preventive measure only if given within 2 weeks of exposure.

## **HERPES SIMPLEX TYPE I**

### **DESCRIPTION:**

Herpes simplex is a viral infection characterized by a localized primary lesion, latency and a tendency to a localized recurrence. Lesions may also be accompanied by illness of varying severity marked by fever and malaise or gum inflammation and vesicular lesion on the pharynx.

### **MODE OF TRANSMISSION:**

Contact with saliva of carriers.

### **INCUBATION PERIOD:**

2-12 days.

### **PERIOD OF COMMUNICABILITY:**

Virus may be present in saliva up to 7 weeks after recovery.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Referral to school nurse.
2. Consultation with physician, if necessary.

### **CONTROL OF SPREAD:**

1. Personal hygiene and health education directed toward minimizing the transfer of infectious material.
2. Children with herpetic lesions should avoid contact with immuno-compromised children, as well as those with eczema or burns.
3. No exclusion is necessary for mild infections.

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## HIV AND AIDS

### Description

Acquired Immune Deficiency Syndrome (AIDS) is the most severe manifestation of HIV infection. AIDS causes the body to lose its natural protection against infection. A person with AIDS is more likely to become ill from infections and unusual types of pneumonia and cancer, which healthy persons can normally fight off. Children with HIV often have no symptoms for long periods of time, sometimes up to ten years, but may develop a weakened immune system leading to AIDS or other illnesses as the infection progresses. Children with HIV-related illnesses may have generalized lymphadenopathy (swollen lymph nodes all over the body), weight loss, chronic diarrhea, and/or fatigue. Early detection offers more options for treatment. Advances in medical treatments can slow the rate at which HIV weakens the immune system; however HIV infection is present for life.

### Incubation Period

The incubation period is variable. The time from HIV infection to the development of detectable antibodies is generally 1 to 3 months. The time from HIV infection to the diagnosis of AIDS can be less than one year to over 15 years.

### How Can The Infection Be Spread?

HIV infection is spread by sexual contact, sharing injectable drug needles and syringes, transfusion of infected blood or blood product (which rarely occurs due to blood screening), transplantation of infected tissues or organs (also very rare), and from mother to child before or during birth, or through infected breast milk. HIV is not spread by casual social contact in the school setting or workplace. Sharing food, eating utensils or toilet facilities does not spread the disease, nor is it spread from biting insects (such as mosquitoes) or touching. Most HIV infections in children are a result of the virus crossing the placenta from an infected mother to her unborn child or during the childbirth process. There have been no cases of children acquiring HIV infection through casual contact with other children or caretakers.

### School/Nurse Responsibility

As parents are not obligated to inform schools of their child's HIV status, the school may be unaware that a student is HIV infected. If the school nurse does know of a student's diagnosis, it is important that this information be kept confidential (unless the parent requests that other school staff be informed). For this reason, it is essential that all school staff use standard precautions when handling blood or other bodily fluids.

If appropriate, an IHCP or 504 plans can be developed for a student with HIV/AIDS with the collaboration of parents and student, as HIV infection can cause health problems affecting school performance and attendance. Factors to consider include confidentiality, health care needs, and need for student accommodations. Records containing information about HIV/AIDS diagnosis must be kept separate from others school records. Only those with a need to know shall have access.

### Control of Spread

Because HIV/AIDS cannot be spread to others through usual school activities, exclusion from school is not necessary for most students with HIV/AIDS.

# IMPETIGO

## DESCRIPTION:

A skin eruption caused by the streptococcus or staphylococcus organism that may proceed through vesicular, pustular, and encrusted stages and infection may be spread by direct contact with secretions from these lesions.

## INCUBATION PERIOD:

Usually 1-3 days.

## PERIOD OF COMMUNICABILITY:

As long as poor hygiene persists, discharge from lesions are infectious.

## SCHOOL/NURSE RESPONSIBILITY:

1. Group outbreaks of disease should be reported to the local health department.
2. Antibiotics will decrease spread of the disease and decrease incidence of secondary infection. Bacitracin may be used.

## CONTROL OF SPREAD:

1. Exclusion from school is not essential unless physician suggests it, but lesions should be covered to avoid contact with other children.
2. Antibiotics will decrease spread of disease and decrease incidence of secondary infection. Bacitracin may be used.

## PREVENTION:

No vaccine available.

## HEALTH EDUCATION:

Rheumatic fever does not occur as a result of streptococcal skin infection, but acute glomerulonephritis (kidney inflammation) may develop in a small percentage of cases. It is not known if treatment with appropriate antibiotics will prevent this from occurring.

# **INFLUENZA**

## **DESCRIPTION:**

An acute upper respiratory infection characterized by abrupt onset of fever, cough, headache, sore throat, and coryza may be common accompaniments. Influenza is spread person-to-person via air borne droplets.

## **INCUBATION PERIOD:**

24-72 hours

## **PERIOD OF COMMUNICABILITY:**

Probably limited to 3 days from clinical onset

## **SCHOOL/NURSE RESPONSIBILITY:**

1. Report significant increases in school absenteeism resulting from influenza like illness to local health department.
2. Referral to physician for exceptionally severe cases.

## **CONTROL OF SPREAD:**

Susceptibility is universal to a new strain. No mandatory exclusion beyond 72 hours is necessary. Symptoms may persist for weeks but is not communicable beyond 72 hours. Acutely ill children should not attend school.

## **PREVENTION:**

Vaccine is available for current strains each year.

## **HEALTH EDUCATION:**

Persons most at risk for complications from influenza are the elderly, the chronically ill, and infants. In general, otherwise, healthy children tolerate influenza well and suffer only a few days of discomfort. Outbreaks of influenza can cause large increases in absenteeism rather suddenly. Health Department consultation is available in these situations.

## **Intestinal Parasites**

**(Roundworm, Pinworms, Giardia, etc.)**

### **DESCRIPTION:**

Stomach worm is a condition that is transmitted by passing worm eggs to the mouth from the soil, or personal household items contaminated by human excreta. Usually the first sign of infestation is by the child passing the worm in the stool or vomitus. Teachers sometimes observe these signs.

### **INCUBATION PERIOD:**

Worms reach maturity two (2) months after ingestion.

### **PERIOD OF COMMUNICABILITY:**

As long as the child is infested and close personal contact is maintained.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. The school or nurse should report observations to the parent/guardian.
2. Refer the child to his or her physician for treatment.

### **CONTROL OF SPREAD:**

Practice of good hygiene and hand-washing techniques. There is no need to exclude the child from school.

## MEASLES

### DESCRIPTION:

Measles (10 day, hard, red), or rubeola, is an acute, viral illness that begins characteristically with fever, tiredness, cough, runny nose, and inflamed eyes. These symptoms usually worsen over 3 days, with the cough being worse at night and the eye inflammation resulting in avoidance of light. At this stage, there may be small white spots on a red base (Koplik spots) present inside the mouth and on the cheek. Between the third and seventh day, a rash begins at the hairline and in 24-48 hours spreads over the entire body. Once the legs are involved, the rash on the head and face begins to fade. The rash, characteristically red with papules and macules, is usually gone after 6 days. Classic measles usually lasts 10 days and the cough may be the last symptom to disappear. The disease is highly contagious and transmission is by direct contact with an infected individual.

### INCUBATION PERIOD:

About 10 days, varying from 8-13 days.

### PERIOD OF COMMUNICABILITY:

From the fifth day of incubation through the first four days of rash.

### SCHOOL/NURSE RESPONSIBILITY:

1. **MANDATORY**, immediate report of any suspected case to the local health department to include the name, address, and phone number of the child.
2. Referral to physician.

### CONTROL OF SPREAD:

Exclusion from school until 4 days after appearance of rash.

### PREVENTION:

1. Emphasize the importance of personal hygiene and good hand washing techniques.
2. Vaccine is available. Seek the advice of your Primary Care Provider or County Health Department.

### HEALTH EDUCATION:

Measles may be known as just a "childhood illness", but it can result in serious consequences such as severe pneumonia, encephalitis, and hemorrhage in the intestinal tract and brain. These complications are not uncommon and may have life-long debilitating consequences.

# MENINGITIS

## DESCRIPTION:

Meningitis is an acute inflammation of the lining of the brain and spinal cord accompanied by a stiff neck and fever. This can be caused by viruses, bacteria, and fungi. Most forms of meningitis are not particularly contagious. Transmission is generally person-to-person via air-borne droplets. Viral or aseptic meningitis is usually less severe and usually results in a complete recovery. Meningococcal meningitis is the virulent epidemic type. **It is a Medical Emergency**. Symptoms include: high fever, nausea, vomiting, a STIFF NECK, and a prominent rash (usually small, red patches). Fatality can be as high as 10%.

## INCUBATION PERIOD:

Viral:	Varies
Bacterial:	2-10 days

## PERIOD OF COMMUNICABILITY:

Viral:	Varies.
Bacterial:	Until the organism is no longer present in discharges from the nose and mouth, usually 24 hours after treatment. Carrier rates of 25% or more exist without infection.

## SCHOOL/NURSE RESPONSIBILITY:

1. Official report to the health department is **MANDATORY**.
2. Immediate physician referral is **MANDATORY**.

## CONTROL OF SPREAD:

1. Exclusion from school until a physician releases child.
2. Household or other intimate contacts should be placed on prophylactic medication.
3. Schoolroom classmates and teachers **DO NOT** require prophylaxis unless they have prolonged close exposure beyond the classroom.

## PREVENTION:

There is a vaccine for Haemophilus influenza B (H. flu "B") for children 2-6 years of age.

## HEALTH EDUCATION:

All suspect cases of any meningitis should receive immediate medical referral. Recognition is the most important function of school personnel. Risk for the disease is small.

## **MONONUCLEOSIS**

### **DESCRIPTION:**

An acute viral syndrome characterized by fatigue, fever, sore throat (often pustular tonsillitis) and swollen glands: sometimes enlarged spleen. Four percent (4%) of young adults develop jaundice. Duration is from 1-7 weeks.

### **INCUBATION PERIOD:**

4-6 weeks

### **PERIOD OF COMMUNICABILITY:**

It is indefinite, but is generally prolonged to one year or longer. No quarantine is necessary.

### **TREATMENT:**

None, except rest, good diet, and good medical evaluation, possible lab tests.

### **SCHOOL/NURSE RESPONSIBILITY:**

To interpret implications of disease and student limitations, if any, to teachers, parents and students.

### **HEALTH EDUCATION:**

The mode of transmission is by oropharyngeal routes via saliva. Young children may be infected by saliva on the hands of adults or toys. Kissing facilitates spread among young adults. Also, the virus may be spread long after symptoms disappear.

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## **MRSA**

### **(Methicillin- resistant *Staphylococcus aureus*)**

#### **Description:**

*Staphylococcus aureus* “staph” is a bacterium (germ) that can cause a variety of skin and soft tissue infections. Staph bacteria can also cause pneumonia, bone, joint, and blood infections although this is less common. MRSA bacteria are a type of staph bacteria that are resistant to treatment with certain antibiotics. Such infections are generally mild and affect the skin with pimples or boils that can be swollen, painful and drain pus. They are often mistaken for spider bites. MRSA has become a concern, particularly where groups of people are in close contact, such as in schools, nursing homes, other institutional settings, and among participants of close contact sports.

#### **How Is MRSA Transmitted:**

MRSA is typically spread in two ways:

1. Direct person-to-person contact with a person who has an active infection.
2. Indirectly through shared personal items, such as towels, razors, clothing or objects/surfaces that have become contaminated with the bacteria.

#### **How Is MRSA Treated:**

Treatment regimes for MRSA will vary from person to person. Some MRSA infections require a course of antibiotics; others may require the draining of the infected wound or boil by a healthcare professional.

#### **School/Nurse Responsibility:**

1. Usually, it should not be necessary to inform the entire school community about a single MRSA infection. Consultation with the health department nurse and other public health authorities should be used to guide this decision.
2. Unless directed by a physician, students with MRSA infections should not be excluded from attending school. Exclusion from school and sports activities should be reserved for those with wound drainage (pus) that cannot be covered and contained with a clean, dry bandage.
3. If staff observes students with open draining wounds or infections, refer the student to the school nurse.

#### **How Can We Limit The Spread:**

1. Encourage good hand washing with soap and water or an alcohol-based hand sanitizer to prevent becoming infected or spreading the bacteria to others.
2. Students who participate in team sports should shower with soap and water after each practice, game or match.
3. Avoid sharing personal items (e.g. towels, razors, soap) that come in contact with bare skin.
4. Use a barrier (e.g. clothing or a towel) between your skin and shared equipment such as weight- training benches.
5. Clean all shared surfaces, play and sporting equipment daily with appropriate cleansers and/or disinfectants.
6. Open or draining sores and lesions should be kept clean and covered. Staff assisting with wound care should wear gloves, properly discard soiled dressings and wash their hands with soap and water after dressing changes.
7. Do not lance, pop or drain boils, wounds, or other skin infections.
8. Individuals with wounds that do not heal or show signs of infection should be encouraged to seek medical care.
9. Individuals with MRSA infection may require exclusion from school or sporting events when draining lesions are not able to be adequately covered with a dry dressing.

## **MUMPS**

### **DESCRIPTION:**

Mumps is a viral illness caused by a paramyxovirus. The main manifestation of mumps is parotitis, or painful inflammation of the salivary glands that lie just above the back angle of the jaw. Involvement can be one-sided or bilateral. And other salivary glands, including those in the floor of the mouth beneath the tongue and below the jaw, are also involved, although less commonly. Children with mumps often have high fever, headache, and mild respiratory symptoms. In post-pubertal individuals, the gonads may be involved with testicular pain (males), or lower abdominal pains (females). Mumps very rarely may lead to sterility in post-pubescent males. The central nervous system may also be involved, manifested usually by increased irritability. Symptoms generally resolve after 7-10 days. Transmission is by direct contact with, or droplet spread from, the saliva of infected persons. It should be remembered that approximately one-third of all susceptible individuals exposed to mumps will not develop apparent disease, but will be infectious.

### **INCUBATION PERIOD:**

14-21 days, average 18 days.

### **PERIOD OF COMMUNICABILITY:**

From 7 days before to 9 days after swelling first appears.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Report mumps cases by age and sex to the local health department.
2. If mumps is suspected, the child should be referred to a physician.
3. If swollen glands are noted, check the immunization record. If immunization is current, it could be an abscess, tonsillitis, or glandular tumor.

### **CONTROL OF SPREAD:**

The affected individual should be isolated until the swelling and other manifestations of the illness have subsided.

### **PREVENTION:**

A live virus vaccine is available and it may be given in combination with measles and rubella vaccine at 15 months of age. The vaccine provides excellent, long-term immunity.

### **HEALTH EDUCATION:**

The main danger from mumps is the rare long-term neurologic consequences.

## **POISON IVY, OAK, SUMAC**

### **DESCRIPTION:**

These skin rashes are actually an allergic reaction to the natural oils produced by the plant. These plants produce a severe rash characterized by redness, blisters, swelling, burning, and itching.

### **INCUBATION PERIOD:**

Ordinarily the rash begins within a few hours of exposure, but it may be delayed for 24-48 hours.

### **PERIOD OF COMMUNICABILITY:**

Not generally communicable, except by contact with toxic oils on skin or clothing by highly susceptible persons.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. If exposed to plant at school, wash exposed areas thoroughly with soap and water, followed by rubbing alcohol.
2. Apply cold compresses or Calamine lotion to help control itching.
3. Recommend parent/guardian seek professional medical advice if severe reaction occurs.

### **CONTROL OF SPREAD:**

Recognize plants and eradicate from play area.

### **PREVENTION:**

Learn to identify poisonous plants. Persons with known sensitivity should avoid contact with plants. All persons who have been handling wild flowers, leaves, and plants should remove contaminated clothing and thoroughly wash exposed surfaces of the skin as soon as possible.

### **HEALTH EDUCATION:**

Toxic extracts are often emitted during woodland or field burning. Susceptible persons may have a reaction to these fumes.

## **RASHES**

Undiagnosed rashes should be cleared with the Health Department or private physician.

### **CHICKEN POX:**

Appearance: Papules, blisters, and crusts at same time  
Distribution: Heavy on trunk: sparse on extremities  
Itching: Yes

### **DRUG RASH:**

Appearance: Medication can cause skin rash due to allergy  
Ampicillin often produces a fine rash  
Distribution: Anywhere, usually on trunk  
Itching: Not usually

### **ECZEMA:**

Appearance: Chronic, weepy, raw allergic skin condition, often resembling impetigo, scabies, or burns. Often subject to secondary infection. LABEL SCHOOL HEALTH RECORD.  
Distribution: Anywhere  
Itching: Yes

### **FIFTH DISEASE ECHO:**

Appearance: Cheeks appear "slapped" for one day. A road map like rash then appears and disappears over entire body. These "relapses" may persist for up to 5 weeks unassociated with any other symptoms. (Not serious - no cause for exclusion from school).  
Distribution: Entire Body  
Itching: No

### **HERPES:**

Appearances: Clusters of blisters on red bases  
Distribution: A single area of skin (dermatome)  
Itching: No (usually preceded by pain)

### **MEASLES:**

Appearance: Red raised papules  
Distribution: Head, feet  
Itching: Yes

(Continued onto the next page.)

## **RASHES**

### **PITYRIASIS ROSA:**

Appearance: First herald patch: salmon-colored macule with peripheral scaling: after several days, widespread shower of ½ inch, oval, salmon-pink macules in skin cleavage lines. No exclusion from school is necessary. No treatment.  
Distribution: Usually on trunk, less often only on extremities, rarely on face  
Itching: Yes

### **POISON IVY:**

Appearance: Vesicles/history of contact (See the section on “**POISON IVY.**”)  
Distribution: Anywhere  
Itching: Yes

### **ROSEOLA:**

Appearance: Pink macules (See following section on “**ROSEOLA.**”)  
Distribution: Entire body  
Itching: No

### **RUBELLA:**

Appearance: Pink merciless and papules  
Distribution: Head, feet  
Itching: No

### **SCABIES:**

Appearance: Linear rash – often vesicles (See following section on “**SCABIES.**”)  
Distribution: Anywhere  
Itching: Yes

### **SCARLET FEVER:**

Appearance: Red, "sand-papery" papules  
Distribution: Entire body, except area inside of elbow and around mouth  
Itching: No

## **ROSEOLA**

### **DESCRIPTION:**

Roseola is an acute disease of infants and young children that usually occurs sporadically, but occasionally in epidemics. The disease is characterized by a high fever lasting 3-4 days, followed by an abrupt drop in temperature and the appearance of a generalized rash that fades, usually within 24-48 hours.

### **INCUBATION PERIOD:**

7-17 days

### **PERIOD OF COMMUNICABILITY:**

Only mildly contagious.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Children with high fever should not attend school.
2. Refer to the primary physician for diagnosis. The rash is often difficult to distinguish from measles.

### **CONTROL OF SPREAD.**

No precautions are necessary.

## **RUBELLA**

### **(German Measles)**

#### **DESCRIPTION:**

Rubella, also called German Measles or "3 day measles", is a mild virus-caused illness. Its importance lies not in the problems it causes for affected children, but rather in the significant congenital defects it may cause in infants whose mothers were exposed during the first 12 weeks of pregnancy. The first sign of the childhood illness may be swollen glands, usually at the back of the skull and behind the ears, followed by a rash. The rash usually consists of pink isolated spots which appear first on the face, spreading rapidly to the trunk, biceps and thigh areas of the extremities. Over about 2 days the rash fades from the face and trunk and spreads to the forearms, hands, and feet. Fever and other symptoms are usually absent or mild. Transmission is usually from nasopharyngeal secretions of infected persons. The infection can be completely asymptomatic, but individuals with sub-clinical rubella can still infect others.

#### **INCUBATION PERIOD:**

14 - 21 days, usually 17 days

#### **PERIOD OF COMMUNICABILITY:**

From 7 days prior to 5 days after the appearance of the rash.

#### **SCHOOL/NURSE RESPONSIBILITY:**

1. The child with the suspected rubella should be reported to the local health department by name, address, and telephone number.
2. The suspected child should be referred to a physician.

#### **CONTROL OF SPREAD:**

Isolation of the affected individual is not essential, except in hospitals or where there is possible contact with pregnant women. Children may return to school 7 days after the rash first appears.

#### **PREVENTION:**

A live rubella virus vaccine is available and is routinely used in the U.S. at 15 months of age and may be given in combination with measles (MR) and mumps vaccine (MMR). The purpose of mass immunization is to decrease prevalence of rubella in the largest pool of individuals, such as school-age children, to whom pregnant or potentially pregnant women are exposed. Current evidence is suggestive that this herd immunity approach may be decreasing the incidence of congenital rubella syndrome.

#### **HEALTH EDUCATION:**

Rubella outbreaks are especially significant because they increase the exposure of susceptible females of childbearing age. Pregnant female contacts, especially in the first trimester, should be counseled to get a HI test for rubella susceptibility and advised according to the results.

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## SCABIES

### DESCRIPTION:

Scabies is a very itchy skin condition caused by a mite which burrows under the skin to lay its eggs. The rash is characterized by small papules or vesicles, or by tiny linear burrows which look like scratch marks with small scabs. The lesions are often prominent around finger webs, wrists, elbows, under arms, belt line, and back of legs or buttocks. Itching is intense, particularly at night.

### INCUBATION PERIOD:

4 - 6 weeks

### PERIOD OF COMMUNICABILITY:

The condition is moderately contagious from close contact. Examples include sharing clothes, towels, gym clothes, boyfriend-to-girlfriend and vice-versa, sitting on infested upholstered furniture, and bedding or carpeting. Casual contact is not likely to transmit scabies.

### SCHOOL/NURSE RESPONSIBILITY:

Persons identified as having scabies should seek medical treatment.

The rash will not disappear for a week or two, but itching will gradually decrease after 2-3 days.

**CONTROL OF SPREAD:** See the “PEDICULOSIS (HEAD LICE) AND SCABIES CONTROL” section.

### HEALTH EDUCATION:

Presence of scabies for the first time does not indicate poor hygiene, but repeated infections usually do. Clothing and bedclothes should be laundered. Mattresses and upholstered furniture should be sprayed or ironed with a steam iron and vacuumed.

## **SCARLET FEVER**

### **DESCRIPTION:**

Scarlet Fever is a streptococcal infection with a red "sandpaper" type rash of sudden onset. There is usually headache, fever, sore throat, and strawberry tongue. The rash is usually on the neck, chest, groin, and axilla. It usually does not involve the face. This organism is spread via airborne droplets.

### **INCUBATION PERIOD:**

2-5 days

### **PERIOD OF COMMUNICABILITY:**

During the acute illness phase until 24-48 hours after antibiotic is started. The child should start antibiotics and remain out of school until normal temperature is maintained for 24 hours and the rash has faded.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Referral to physician for diagnosis and treatment is MANDATORY.
2. Report outbreaks of Scarlet Fever to the health department.

### **CONTROL OF SPREAD:**

Observe school contacts for 5 days. Refer to physician any child with sore throat, fever, rash or combination of symptoms.

### **PREVENTION:**

None available.

### **HEALTH EDUCATION:**

Scarlet fever is an acute contagious disease, which left untreated, could lead to rheumatic fever or glomerulonephritis.

## **SKIN LESIONS**

### **(Ringworm)**

#### **DESCRIPTION:**

Ringworm is not a worm, but a fungus infection of the skin. There are three general types affecting the head, the body, and the feet.

#### **HEAD:**

The early signs are scaly patches or baldness. Some types form crusts on the scalp resembling impetigo.

#### **BODY:**

Tinea corporis or ringworm of the body usually begins as a small, red bump which spreads outward so that each affected area takes on the appearance of a red, scaly outer ring with a clear central area. The lesions are frequently itchy and can become easily infected. Transmission is generally by direct contact with a human or animal source.

#### **FEET:**

Athletes foot is a fungus which is characterized by scaling or cracking of skin between the toes or blisters.

#### **INCUBATION PERIOD:**

Not known.

#### **PERIOD OF COMMUNICABILITY:**

1. Ringworm is not a reportable illness.
2. The affected child should be referred to a physician so that proper treatment can be instituted.

#### **CONTROL OF SPREAD:**

No special measures are necessary; the child may stay in school. If involved in contact sports, the skin lesions should be kept covered.

#### **PREVENTION:**

None available.

#### **HEALTH EDUCATION:**

Ringworm occurs in warmer climates or during warmer months in more temperate areas. It is not particularly dangerous, has no unusual long-term consequences and can generally be treated effectively with topical preparations.

## **STREPTOCOCCAL SORE THROAT**

### **DESCRIPTION:**

An acute syndrome with fever, exudative tonsillitis or pharyngitis and tender cervical lymph nodes. It is important to know that streptococcal sore throat can occur with very few symptoms and that all sore throats resembling "strep throat" are not due to strep. Scarlet Fever is the combination of a streptococcal sore throat and a skin rash caused by a toxin produced by the strep organism. This type of streptococcal disease is usually transmitted via airborne droplets.

### **INCUBATION PERIOD:**

Usually 1-3 days.

### **PERIOD OF COMMUNICABILITY:**

Untreated, it may be communicable for several weeks. However, if treated, the period of communicability can be reduced to 24-48 hours.

### **SCHOOL/NURSE RESPONSIBILITY:**

1. Report to the local health department whenever clusters of strep illnesses occur as evidenced by increased absenteeism and increased number of symptomatic children.
2. Children with a symptomatic sore throat and/or unexplained fever should be referred to a physician.

### **CONTROL OF SPREAD:**

Children with positive throat cultures must receive medical treatment. They should be able to return to school within 24 hours of appropriate treatment if symptoms no longer exist.

### **GUIDELINES FOR CONTROL OF STREP:**

1. Symptomatic children with sore throat and/or fever should be cultured and if culture-positive, treated appropriately by a physician.
2. An asymptomatic child with a positive throat culture need not be excluded from school but should be appropriately treated by a physician.
3. Epidemic strep infection with significant increases in numbers of sore throats or increases above normal in school absenteeism should be referred to the local health department for epidemiological investigation.

### **STREP HEALTH EDUCATION:**

Streptococcal sore throat can lead to a serious sequela: rheumatic fever. However, evidence suggests that the true incidence of rheumatic fever - as an aftermath of non-epidemic strep infection is very low.

Routine screening of classrooms to find strep carriers is not justified unless epidemiological evidence of an ongoing strep epidemic is apparent as determined by local public health official. In any classroom the prevalence of positive throat cultures can vary from 5% to perhaps as high as 40% without any illness being apparent.

# TUBERCULOSIS

## DESCRIPTION:

Tuberculosis is a chronic communicable disease. The primary infection usually goes unnoticed clinically. Tuberculin sensitivity appears within a few weeks. Lesions commonly become inactive and leave no residual damage. It can, however, become a devastating disease. Pulmonary tuberculosis generally arises from a Latent primary focus. Prevalence of infection, as manifested by tuberculin testing increases with age. A positive tuberculin reaction means that the person has been exposed to the bacteria and developed a “Latent primary focus” which in most cases has healed.

## INCUBATION PERIOD:

Variable.

## PERIOD OF COMMUNICABILITY:

Since the mode of spread of TB is airborne, communicability persists as long as living tubercle bacilli are being discharged.

Once medication is started, communicability is usually diminished rapidly. Families of active TB patients will be tested every 2 months during the period of communicability. Unless the principal is notified of a child with active TB, school personnel can be assured that children on I.N.H. (TB medication), do not have active or communicable tuberculosis. There is no need for concern about danger to others.

## SCHOOL/NURSE RESPONSIBILITY:

1. Mandatory report to the health department persons identified as suspect or active TB cases.
2. The health department will provide all investigation, monitoring and follow-up of all positive reactors, their families, and close contacts.

## CONTROL OF SPREAD:

1. Active cases should be under therapy and cleared by a private physician and the health department before returning to school.
2. Recent skin test converters should have a chest x-ray and either physician or public health consultation as to whether chemotherapy is indicated.
3. Exclusion of asymptomatic children is not recommended solely on the basis of a positive skin test.

## **VIRAL GASTROENTERITIS (Including Norovirus)**

### **Description**

Often referred to as a “stomach flu” (although is not caused by the influenza virus), symptoms of viral gastroenteritis may include one or more of the following: low-grade fever, abdominal cramps, nausea, vomiting, diarrhea, and headache. Viral gastroenteritis is seen more often during the winter months.

### **Agent**

A variety of viruses including rotavirus, adenovirus, and norovirus.

### **Incubation Period**

10 hours to 4 days (usually 1 to 2 days).

### **How Can The Infection Spread**

Viral gastroenteritis is **highly** contagious and is spread mainly through the oral-fecal route, either by fecally contaminated food or water, or by direct person-person spread. It may also be spread by inhaling virus particles that have been released into the air when an infected person vomits or has diarrhea. People with vomiting or diarrhea are most likely to spread the virus; however it can be spread several days after symptoms have resolved.

### **School/Nurse Responsibilities**

1. Individual cases are not reportable. The school nurse should be consulted for specific concerns or consultation with the county health department. Clusters of illness (such as two or more people ill with similar symptoms closely grouped in terms of time and place) should be reported to the school nurse.
2. Persons with prolonged vomiting or diarrhea (lasting longer than 2-3 days) or with a high fever or bloody diarrhea should be referred to a health care provider.

### **Control Of Spread**

1. Exclude the affected student until the diarrhea and/or vomiting has resolved. Exclude affected individuals from food preparation until cleared by health care provider.
2. Encourage frequent hand washing, especially after using the toilet and before eating.
3. Promptly sanitize contaminated surfaces using approved products.

### **Treatment**

No immunization is available for viral gastroenteritis. Fluids are important to prevent dehydration and good hand washing to prevent spread.

**500**

**PEDICULOSIS  
(HEAD LICE),  
SCABIES, AND BED  
BUGS CONTROL**

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## **NASSAU COUNTY HEALTH DEPARTMENT**

### **PEDICULOSIS CONTROL PROGRAM HEAD LICE**

**As a cooperative effort to reduce the incidence of pediculosis (head lice) in our schools, the Nassau County Public School System and the FLDOH/Nassau County Public Health Unit developed the following countywide pediculosis control program. The goal of the program is threefold:**

1. Early detection
2. Elimination of transmitting elements
3. Proper treatment and follow-up

#### **RESPONSIBILITY OF SCHOOL PRINCIPALS**

1. Designate at least two persons who are willing to be oriented on pediculosis control to attend the annual training session conducted by the Nassau County Health Department on detection and control of head lice.
2. Enforce the policy requiring only trained school personnel and/or trained volunteers to screen students for head lice.
3. Conduct routine screenings periodically for the detection of head lice. The frequency of the screenings should be determined by the number of cases discovered during a given period of time.
4. Exclude from school any student found to have live head lice or nits.
5. Provide school bus drivers with the names of students who have lice and/or nits and explain the following steps:
  - a. For today only, the student may ride the bus home in the afternoon.
  - b. After today, the student is excluded from riding their bus in the morning and evening until readmitted through the school office.
6. Take preventive steps to control the spread of head lice. This includes the following provisions:
  - a. Support efforts of teachers to provide student educational programs reducing risk and spread of lice.
  - b. Provide the parent/guardian with information so they can effectively treat their children and comply with requirements.
  - c. Assure that carpeted areas are vacuumed every day.
7. After the third (3rd) recurring case of head lice with the same child, a referral for a home visit will be made to the School Health Nurse (NCHD).



## **RESPONSIBILITY OF TEACHERS**

1. Make sure each child has a place for his/her hat, coat, and other belongings where they will not come in contact with the belongings of other children. If storage units are not available, the child should be asked to retain the coat or sweater on the back of their chair or in their desk. If needed, brown paper shopping bags should be provided and individually labeled. A protective measure separating their items must be maintained whether or not lice are known to be present in the school.
2. Helmets, headsets, mats, cots, and other items in prolonged intimate contact with the hair of more than one child should be thoroughly wiped with a dry disposable tissue or their use discontinued during those times when head lice are known to be present.
3. If the teacher suspects lice, the child should be referred to the designated school person for inspection. If lice or nits are found, appropriate action should be taken regarding exclusion from school, treatment, and screening of other children.
4. It is recommended that a brief unit of health/science instruction be provided to PK-12 students to reduce the risk and spread of head lice.

### **Procedures for Handling Identified Cases of Head Lice:**

1. At the time of identification, isolate students with head lice or nits from other students until such time as provision can be made for them to return to their home for treatment.
2. Attempt to telephone the parent/guardian of each identified student to inform them of the need to exclude the student until live lice and nits are no longer present.
3. If the student rides a bus, inform the bus driver that the child has head lice and the following steps are to be followed:
  - a. If the parent did not pick up the child following notification, or if notification was not made, seat the infested child with other siblings or children identified with head lice to limit possible spread. This step is only done this day in order to get the child home!
  - b. Do not let the child ride the bus to or from school until the parent/guardian has accompanied the child to school and the child's treatment determined satisfactory. The child's presence on the bus the following afternoon will mean the child was cleared by the office and may resume bus privileges.
  - c. Treat the bus seat where infested children sat.
4. Send the notification of head lice letter (Attachment II) to the parent/guardian of the student(s) with head lice or nits.
5. Inform the parent/guardian of resources available to them for treatment of head lice. Parents/guardians may obtain treatment services from the following:
  - ◆ A private physician
  - ◆ Drug stores and pharmacies (They sell over-the-counter, non-prescription drugs for head lice treatment. Pharmacists are usually available to answer questions and assist with purchases.)
6. When head lice are discovered in a classroom, all children in the classroom must be screened and **the parents/guardians of all children in the classroom** should be notified by sending home the "General Information Notice for Head Lice Control", (Attachment I).
7. When head lice are discovered in three (3) or more of the classrooms, screen all children in the classrooms where head lice are found and **notify the parents/guardians of all children in the school** by sending home the "General Information Notice for Head Lice Control", (Attachment I).
8. To assure proper follow-up of identified students, keep a record listing the students' name, grade and date head lice/nits were discovered.

*Please note that Attachments I and II are different. Attachment II is to be sent to parents of those children identified with head lice and or nits. Attachment I is to be sent to parents of other students in the classroom or school where head lice and or nits have been detected.*

### **Re-admittance of Students:**

1. Students sent home for treatment of head lice and or nits will be re-admitted through the school office only when they are **personally accompanied** by a parent/guardian, or other responsible adult. **They will not be permitted to ride the school bus until cleared by the school.**
2. Trained staff will carefully examine the hair and scalp of returning students and conduct a follow-up head check within 7-10 days of the first treatment. **If head lice or nits are present, the student shall not be admitted. Nit removal after treatment is required.**

### **Follow-Up Screening:**

1. After seven (7) days, but not later than ten (10) days after the student has received the first treatment, a follow-up screening will be conducted.
2. Trained staff will inspect the hair and scalp of the student. If head lice or nits are present, **the student shall be excluded.**

## **RESPONSIBILITY OF THE NASSAU COUNTY HEALTH DEPARTMENT**

### **Services for Detection and Control of Head Lice:**

1. Provide in-service training for school personnel and parents/guardians upon request on the detection and control of pediculosis.
2. Provide special in-services to schools having chronic head lice problems through student groups, faculty, PTA, etc.
3. Participate in direct inspections at schools when unusual problems occur. For example, assist when an unusually large number of students are to be screened or in schools where parents/guardians question the school's screening procedure.
4. Respond to requests of principals for assistance or advice on unusual problems. (Such a request may include asking Health Department nurses to arrange parental conferences, home visits, etc., to provide instruction to parents/guardians of students with chronic head lice infestation on proper preventive measures.)
5. Provide, upon request of parents/guardians, advice on the treatment of head lice.

## ATTACHMENT I

### GENERAL INFORMATION NOTICE FOR HEAD LICE CONTROL

Date: \_\_\_\_\_

Dear Parent/Guardian:

Head lice were found in your child's school today. Parents/guardians of student(s) found with head lice have been notified. **Students with head lice or nits have been excluded from school.** However, since head lice spread rapidly, we request that you inspect your child's hair and scalp. If head lice or nits are found, treatment is required. Your cooperation in this effort to control the head lice problem in your child's school will be greatly appreciated. Please notify the school if you discover head lice or nits in your child's hair.

**Definition:** Head lice are small parasites that live on the skin and attach to hair where they lay their eggs. The eggs (nits) are usually found on the hair shaft.

**Spread:** Head lice can be spread in the household from close personal contact, articles of clothing, and other personal items. If undetected and untreated, head lice may spread in the classroom. However, spread is usually limited to family members and playmates.

**Control Measures:** Instruct your children that combs, brushes, hats, and scarves should never be shared. Use hot soapy water for laundry and continue regular inspections of the hair and scalp. Avoid close contact with individuals who have head lice.

**Treatment:** For treatment of individuals, apply a shampoo especially recommended for head lice. Follow the directions on the package or directions given by the physician. Comb the child's hair with a fine tooth comb. Follow through with the treatment of all members of the household.

**Precaution:** Before treatment of children two (2) years old or younger, or pregnant/nursing women, check with your private physician or health clinic for special instructions.

**Treatment Resources:** Parents/guardians may obtain medication for treatment of head lice from a private physician or a pharmacy. Parents may elect to purchase non-prescription drugs for the treatment of head lice. Be sure that the medication purchased is strictly for head lice.

**Treatment of the Home Environment:** Perform the following on the same day that the child's hair is shampooed. Launder all clothing, bedding, and headgear in hot soapy water. It is preferred that you dry your laundry in a clothes dryer (hot setting), but if you are unable to do this, hang the laundry on a clothesline in the sunshine. For clothes that cannot be washed, place them in a plastic bag tightly sealed for two weeks or have them dry cleaned.

Boil in water or soak in a pediculosis shampoo solution all personal items such as combs, brushes, and hair accessories. Vacuum all upholstered items, mattresses, rugs, and carpets. When you are finished vacuuming, seal the vacuum cleaner bag in a plastic bag and remove it from the house. Sprays specified for use on objects (e.g. car upholstery) where lice and nits may be present may be purchased over-the-counter without a prescription. These are effective, but not a "**must**" if all other steps are followed.

If there is doubt or need for further assistance, contact your family doctor or the local public health clinic for advice about a treatment.

## ATTACHMENT II

Date: \_\_\_\_\_

Dear Parent/Guardian:

**During a routine inspection of the hair and scalp of students in your child's school, your child was found to have head lice and/or nits. YOUR CHILD WILL BE RE-ADMITTED ONLY WHEN FREE OF LICE AND NITS. We are providing the following information for your assistance in the treatment and control of this problem:**

**Treatment:** To treat your child(ren), apply a shampoo specifically recommended for head lice according to the directions on the package or directions given by a physician. Comb the child's hair with a fine tooth comb. This treatment must be followed for all other members of the household.

**Precaution:** Before treatment of children two (2) years old or younger, or pregnant or nursing women, check with your private physician or health clinic for special instructions concerning this product. Use of the pediculosis shampoo as a preventive measure is not effective, is not recommended, and could be harmful.

**Treatment of the Home Environment:** Perform the following on the same day that the child's hair is shampooed. Launder all clothing, bedding and headgear in hot soapy water. It is preferred that you dry your laundry in a clothes dryer (hot setting), but if you are unable to do this, hang the laundry on a clothesline in the sunshine. Clothes that cannot be washed may be dry cleaned or placed in a plastic bag and tightly sealed for two weeks.

Boil in water or soak in a pediculosis shampoo solution all personal items such as combs, brushes, and hair accessories. Vacuum all upholstered items, mattresses, rugs, and carpets. When you finish vacuuming, seal the vacuum cleaner bag in a plastic bag and remove it from the house. Sprays specified for use on objects (e.g. car upholstery and upholstered furniture) where lice may be present can be purchased over-the-counter without a prescription. These sprays are effective, but not a "must" if other steps are followed. They must be used in accordance with the manufacturer's directions.

**Re-admittance After Treatment:** Students sent home for treatment of head lice will be re-admitted through the school office only when they are **personally accompanied** by a parent/guardian, or other responsible adult. **They will not be permitted to ride the school bus until cleared by the school.**

Trained staff will carefully examine the hair and scalp of returning students. **If head lice or nits are present, the student will not be admitted. Nit removal after treatment is required.**

**Treatment Resources:** Parents/guardians may obtain medication for treatment of head lice from a private physician or a pharmacy. Parents may elect to purchase non-prescription drugs for the treatment of head lice. Be sure that the medication purchased is strictly for head lice.

**Definition:** Head lice are small parasites that live on the skin and attach themselves to hair where they lay their eggs. The eggs (nits) are usually found on the hair shaft.

**Spread:** Head lice can be spread in the household from close personal contact, articles of clothing, and other personal items. If undetected and untreated, head lice may spread in the classroom. However, spread is usually limited to family members and playmates.

**Control Measures:** Instruct your children that combs, brushes, hats, and scarves should never be shared. Use hot soapy water for laundry, and continue regular inspections of the hair and scalp. Avoid close personal contact with individuals who have head lice.

If there is doubt or need for further assistance, contact your family doctor or the local public health clinic for advice about treatment.

**THE SCHOOL BOARD OF NASSAU COUNTY, FLORIDA  
BUS DRIVER NOTIFICATION FORM OF HEAD LICE INCIDENTS**

**Bus Driver:** \_\_\_\_\_ **Bus No.:** \_\_\_\_\_

\_\_\_\_\_

**Transfer Bus Driver:** \_\_\_\_\_ **Bus No.:** \_\_\_\_\_

\_\_\_\_\_

The bus-transported child(ren) listed below was/were found to have live head lice and/or nits today:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If school office personnel were unable to have the child(ren) picked up from school, it is necessary to take him/her/them home today. Please make sure that the likelihood of spreading lice on the bus is reduced by seating the infested child(ren):

- by himself/herself if there are no other children with head lice and a separate seat is available; or
- together using as many seats as necessary; or,
- with their brother(s) and/or sister(s).

Parent(s), guardian(s) or other responsible adult(s) **must** re-enter their child(ren) through the school office before the child(ren) can resume riding the bus. Therefore, **do not allow** the child(ren) listed above to ride the bus until school office personnel notify you that the child/children have been treated successfully and readmitted to school.

Your cooperation and help is appreciated.

School-Original

Bus Driver's Copy

Transfer Bus Driver's Copy

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# **NASSAU COUNTY PUBLIC SCHOOLS**

## **SCABIES CONTROL PROGRAM**

The Nassau County School Board and FLDOH/Nassau County Public Health Unit personnel have jointly agreed on the following standard county-wide procedure for control of scabies.

### **RESPONSIBILITY OF SCHOOL PRINCIPALS**

1. Detect cases of scabies via reports from teachers or parents/guardians.
2. Contact the parent/guardian of the child found at school with scabies.
3. Send the “Scabies Information Letter” to the parents/guardians of all children in the classroom where scabies have been discovered.
4. If scabies are discovered in two or more classrooms, send this letter to the parents/guardians of all students in the school.
5. Re-admit children who have proof of treatment from a healthcare provider stating the child has been appropriately treated.

### **RESPONSIBILITY OF THE PUBLIC HEALTH DEPARTMENT**

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

## GENERAL INFORMATION NOTICE FOR SCABIES CONTROL

Date \_\_\_\_\_

Dear Parent/Guardian:

Scabies have been detected in your child's school. We are providing the following general information letter for your assistance in the control of this problem.

**DEFINITION** – It is an infectious disease of the skin caused by a mite (*Sarcoptes scabiei*) which burrows beneath the skin and lays its eggs there.

**DETECTION** – Penetration is visible as tiny blisters or as line-like burrows, usually around the finger webs, front surfaces of wrists and elbows, belt line, front of armpits, chest, abdomen, and buttocks. Itching is intense, especially at night, but complications are few, except as the rash becomes secondarily infected by scratching.

**SPREAD** – Transfer of parasites is by direct contact and, to a limited extent, from undergarments or soiled bedclothes freshly contaminated by a person who has scabies. It is occasionally transmitted from child-to-child in a school situation through body contact, such as wrestling. Inspect other household members, as single infections in a family are uncommon. Your child will be excluded from school until the school is presented with a note stating that the child has received appropriate treatment from a health care provider.

**TREATMENT** – The student should take a hot bath or shower followed by application of Scabicide lotion to the whole body. The following day a cleansing bath should be taken and a change made to fresh clothing and bed sheets. In perhaps 5% of cases, a second course of treatment may be necessary after 7-10 days.

Knowledge of good hygiene practices and the early detection of scabies are needed for rapid and effective control. With good personal and family hygiene practices, the problem can be taken care of easily. Please contact your family doctor or the Public Health Dept. for further advice about treatment.

Sincerely,

Dr. Prince Danso-Odei  
Health Administrator  
Department of Health/Nassau CHD

## **BED BUGS (*Cimex lectularius* and *Cimex hemipterus*)**



**It is the responsibility of all school staff to be familiar with the signs and symptoms of bed bugs and to report suspected cases to the school's Health Room.**

### **Signs and Symptoms:**

- ♦ Bites are usually red, often with a darker red spot in the middle.
- ♦ Bites are arranged in a rough line or clustered and commonly located on the face, neck, arms and hands.
- ♦ Some people may experience an allergic reaction that can include itching, blisters and hives.
- ♦ Scratching causes sores, which may become infected.

### **Cause:**

Bed bugs are reddish –brown in color, oval and flat. They are about the size of an apple seed. Bed bugs feed on the blood of humans when people are asleep. During the day they hide in cracks and crevices and can be found in seams of mattresses, box springs, bed frames, night stands, electrical outlets, carpeting, walls, etc.

### **The life cycle of the bed bug:**

1. Female bed bugs lay about 5 eggs daily throughout their adult lives.
2. Eggs hatch in about 12 days into instar nymphs which must take a blood meal before molting into the next stage. Nymphs, although lacking wing buds, resemble smaller versions of the adults and are the size of poppy seeds.
3. The nymphs molt 5 times before becoming an adult which takes about 35 to 48 days.
4. Adults live 6 to 12 months and may survive for weeks to months without feeding.

**Transmission:**

Bed bugs are not known to transmit disease but are definitely a nuisance. An increase in international travel has facilitated the spread of these insect hitchhikers. In most cases, bed bugs are transported from infested areas to non-infested areas when they cling onto clothing, or crawl into luggage, furniture or bedding that is then brought into homes. Bed bugs may find their way into schools by hitching a ride on personal belongings such as backpacks, clothing, or other items.

Signs of an infestation in a home include:

- ♦ dark, rusty colored droppings, typically found along mattress seams;
- ♦ empty exoskeletons (shed skin from molting, light brown in color);
- ♦ blood stains from engorged bed bugs accidentally crushed on bed sheets.

**Treatment:**

1. Wash the affected area/s with soap and water and cover with a Band-Aid/s or dressings.
2. Apply calamine lotion and ice to itchy areas.
3. Contact parent/guardian.

**School Action:**

Remember to keep the best interest of the child in mind by providing as much privacy and confidentiality as possible. Handle the situation kindly, gently and with sensitivity. Strive to ensure that the child does not feel bad about himself/herself because of bed bugs. Keep in mind that anyone can get them.

**If a student is identified by the parent/guardian /health care provider as having a home infestation or has a rash due to bed bugs, the student should not be excluded from school.**

**600**

**ACQUIRED  
IMMUNE  
DEFICIENCY  
SYNDROME  
(AIDS)**

## HIV AND AIDS

### Description

Acquired Immune Deficiency Syndrome (AIDS) is the most severe manifestation of HIV infection; AIDS causes the body to lose its natural protection against infection. A person with AIDS is more likely to become ill from infections and unusual types of pneumonia and cancer, which healthy persons can normally fight off. Children with HIV often have no symptoms for long periods of time, sometimes up to ten years, but may develop a weakened immune system leading to AIDS or other illnesses as the infection progresses. Children with HIV-related illnesses may have generalized lymphadenopathy (swollen lymph nodes all over the body), weight loss, chronic diarrhea, and/or fatigue. Early detection offers more options for treatment. Advances in medical treatments can slow the rate at which HIV weakens the immune system; however HIV infection is present for life.

### Incubation Period

The incubation period is variable. The time from HIV infection to the development of detectable antibodies is generally 1 to 3 months. The time from HIV infection to the diagnosis of AIDS can be less than one year to over 15 years.

### How Can The Infection Be Spread?

HIV infection is spread by sexual contact, sharing injectable drug needles and syringes, transfusion of infected blood or blood product (which rarely occurs due to blood screening), transplantation of infected tissues or organs (also very rare), and from mother to child before or during birth, or through infected breast milk. HIV is not spread by casual social contact in the workplace or school setting. Sharing food, eating utensils or toilet facilities does not spread the disease, nor is it spread from biting insects (such as mosquitoes) or touching. Most HIV infections in children are a result of the virus crossing the placenta from an infected mother to her unborn child or during the childbirth process. There have been no cases of children acquiring HIV infection through casual contact with other children or caretakers.

### School/Nurse Responsibility

As parents are not obligated to inform schools of their child's HIV status, the school may be unaware that a student is HIV infected. If the school nurse does know of a student's diagnosis, it is important that this information be kept confidential (unless the parent requests that other school staff be informed). For this reason, it is essential that all school staff use standard precautions when handling blood or other bodily fluids.

If appropriate, an IHCP or 504 plans can be developed for a student with HIV/AIDS with the collaboration of parents and student, as HIV infection can cause health problems affecting school performance and attendance. Factors to consider include confidentiality, health care needs, and need for student accommodations. Records containing information about HIV/AIDS diagnosis must be kept separate from others school records. Only those with a need to know shall have access.

### Control of Spread

Because HIV/AIDS cannot be spread to others through usual school activities, exclusion from school is not necessary for most students with HIV/AIDS.

### **3.52 IN-SERVICE TRAINING FOR EMPLOYEES REGARDING HIV AND AIDS—**

School district employees shall receive In-service training on Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). The training topics shall include transmission of the disease, precautions to be taken to prevent spread of the disease, and other factual and timely information about the disease from a legal, research, public health, and related perspective. Relevant material concerning HIV and AIDS shall be distributed to all employees.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 1011.62, F.S.

History--New 6/28/90 Amended 8/08/02

### **5.93 STUDENTS WITH HUMAN IMMUNODEFICIENCY VIRUS (HIV) OR ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)—**

I. The Parent/guardian of a student who has a medical diagnosis of Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) may request accommodations. If accommodations are requested, the principal will ask the parent/guardian for written permission to verify that the condition exists, and if obtained, the principal and appropriate supervisor or designee will convene an advisory panel. The advisory panel may consist of the school principal, health coordinator, school nurse, student parent/guardian, social worker, and medical representative of the student. A Statement of Confidentiality will be signed by each panel member at the start of each meeting.

II. The panel will evaluate the student's condition and make recommendations regarding an appropriate education setting and instructional program. The panel's recommendations may address the student's attendance in school, an appropriate educational setting, the schedule for periodic re-evaluation of the student's condition and further recommendations as deemed appropriate. HIV-infected students who are not exhibiting symptoms or behavior that would facilitate transmission of the AIDS virus will remain in the regular classroom.

III. Privacy-Disclosure. Any report or information received by the Superintendent from the Department of Health and Family Services, or from any other source, regarding AIDS or HIV relating to a student shall be released only in an emergency situation that results in a significant exposure by students or school personnel to the blood or body fluids of the person. Such release may only be made directly to those persons having a significant exposure, and such persons shall be required to retain such information in strict confidence. All records regarding the condition of the student shall

be maintained by the Superintendent in a confidential file separate and apart from the student's cumulative record and accessible only by lock and key by appropriate personnel.

IV. Exclusion from School. Since the student diagnosed as showing clinical evidence of infection with HIV or AIDS has an increased risk of acquiring infections in the school setting, the student will be excluded from the school if there is an outbreak of a threatening communicable disease (chicken pox, measles, etc.). The student will be readmitted upon the advice of the County Health physician and the child's private health physician stating the child has been treated or the outbreak is no longer a threat to the child.

V. The panel will ensure that the student is placed in the least restrictive environment in accordance with current laws and regulations.

VI. Procedures to be followed are outlined in the School Health Services manual.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 1000.21, 1002.22, 1010.305, 1001.42, 1006.07, 1006.062, 1011.62, 1001.43, F.S.

History--New 6/28/90 Amended 7/13/00, 8/08/02, 2/24/11

### **8.19 COMPREHENSIVE HEALTH EDUCATION—**

Comprehensive Health Education shall be included in the curriculum in the most appropriate and effective manner so that each student receives instruction. The harmful effects of alcohol, the adverse health effects and implications of cigarette smoking, and the true effects of narcotic drugs and other controlled substances shall be emphasized in the instruction of students as appropriate as defined in the Next Generation Sunshine State Standards for Health and the Comprehensive Health Education Plan.

Updated and factual information about Acquired Immune Deficiency (AIDS) and AIDS Related Complex (ARC) may be integrated into the school district's curriculum dealing with health, science, and social studies.

The following time allocations for instruction in the areas of health education and alcohol/substance abuse are minimum requirements:

Grade Time Allocation

K-5 Taught on a regular basis with emphasis  
on the mastery of the Next Generation

Sunshine State Standards

6-8 60 hours per year

9-12 One credit in Physical Education that  
includes the integration of health

Authority: 1001.41(2), 1001.42, F.S. Law Implemented: 1003.46, F.S. History--New 6/28/90 Amended 4/11/91, 08/08/02, 2/24/11



**700**

**MEDICATION  
GUIDELINES  
AND  
FORMS**

## **1006.062 Administration of medication and provision of medical services by district school board personnel.—**

(1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:

(a) Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459, to the school personnel designated by the school principal to assist students in the administration of prescribed medication. Such training may be provided in collaboration with other school districts, through contract with an education consortium, or by any other arrangement consistent with the intent of this subsection.

(b) Each district school board shall adopt policies and procedures governing the administration of prescription medication by district school board personnel. The policies and procedures shall include, but not be limited to, the following provisions:

1. For each prescribed medication, the student's parent shall provide to the school principal a written statement which grants to the school principal or the principal's designee permission to assist in the administration of such medication and which explains the necessity for the medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or the principal's trained designee shall assist the student in the administration of the medication.

2. Each prescribed medication to be administered by district school board personnel shall be received, counted, and stored in its original container. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the school principal.

(2) There shall be no liability for civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

(3) Nonmedical district school board personnel shall not be allowed to perform invasive medical services that require special medical knowledge, nursing judgment, and nursing assessment, including, but not limited to:

(a) Sterile catheterization.

(b) Nasogastric tube feeding.

(c) Cleaning and maintaining a tracheostomy and deep suctioning of a tracheostomy.

(4) Nonmedical assistive personnel shall be allowed to perform health-related services upon successful completion of child-specific training by a registered nurse or advanced registered nurse practitioner licensed under chapter 464, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459. All procedures shall be monitored periodically by a nurse, advanced registered nurse practitioner, physician assistant, or physician, including, but not limited to:

(a) Intermittent clean catheterization.

(b) Gastrostomy tube feeding.

(c) Monitoring blood glucose.

(d) Administering emergency injectable medication.

(5) For all other invasive medical services not listed in this subsection, a registered nurse or advanced registered nurse practitioner licensed under chapter 464, a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

(6) Each district school board shall establish emergency procedures in accordance with <sup>1</sup>s. 381.0056(5) for life-threatening emergencies.

(7) District school board personnel shall not refer students to or offer students at school facilities contraceptive services without the consent of a parent or legal guardian. To the extent that this subsection conflicts with any provision of chapter 381, the provisions of chapter 381 control.

History.—s. 274, ch. 2002-387.

<sup>1</sup>Note.—Redesignated as s. 381.0056(4) by s. 27, ch. 2012-184.

## **5.90 ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I. Each school principal shall designate a staff member(s) to administer prescribed medications. The staff member(s) shall be trained annually by the Nassau County Public Health Unit assigned to school health as described in the School Health Service Plan.

II. For each prescribed medication, the student's parent or guardian shall provide to the school principal a written statement which shall grant to the principal or his designee permission to assist in the administration of such medication and which shall explain the necessity for such medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or his trained designee shall assist the student in the administration of such medication, unless otherwise prescribed or instructed by the physician.

III. Each prescribed medication to be administered by school personnel shall be received, counted, and stored in its original container. When the medication is not in use, it shall be stored in its original container in a secure fashion under lock and key in a location designated by the principal.

IV. No medication will be given without written parental authorization and a physician's instructions (prescription label or written order).

V. A student with a special health condition(s) such as asthma, diabetes, pancreatic insufficiency, cystic fibrosis, or hypersensitivity may carry prescription medication for emergency situations on self if approved by his/her physician and his/her parent or guardian.

The approval of the physician and the parent and information regarding the medication required must be on file in the office/clinic. A student who has permission to self-administer emergency medication may carry the medication on the school bus or at any school related activity. The principal shall notify the bus driver and the transportation department regarding such students.

VI. A record shall be maintained on each student who receives medication during school hours, including the time each dose of prescription medication was administered. These records shall be made available to the principal and the county health nurse.

VII. Field Trips - The requirements for the administration of medication while students are away from school property or on official school business shall be the same as those while on school property. All medications that are taken on field trips or other official school business must be in the original container. Only trained personnel will administer medication away from the school site except for students who have permission to self-administer emergency medications.

VIII. There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 1006.062, 1002.22, 1006.062, F.S.

History--New 6/28/90 Amended 11/14/91, 3/25/99, 7/13/00, 8/08/02, 12/14/06, 11/9/10

## **School Health Nursing Delegation Policy**

**Title:**

DELEGATION OF NURSING FUNCTIONS IN THE SCHOOL HEALTH SETTING

**Purpose:**

This is to provide guidelines to the professional school nursing staff regarding delegation of nursing responsibilities to UAPs.

**Requirements:**

The professional nurse is responsible and accountable for the quality of nursing care provided to each student receiving care in the school, and to his/her family, whether the nurse provides the care directly or through delegation.

**Training and supervision:**

1. The training and supervision of personnel (UAPs) providing nursing tasks is included in the legal definition of the practice of professional nursing.
2. The professional nurse shall assure that the UAP receiving training can competently perform the task(s) and that the UAP is willing to assume the responsibility of performing the task(s).
3. The UAP is prohibited from further delegating the task(s) delegated by the professional school nurse to another individual or may the task(s) be expanded, without the express written permission of the delegating professional school nurse.
4. Any task delegated by the professional school nurse shall be
  - a. within the area of responsibility of the nurse delegating the task;
  - b. within the knowledge, skills, and ability of the nurse delegating the task;
  - c. of a routine, repetitive nature that does not require the UAP to exercise nursing judgement;
  - d. a task that a reasonable and prudent nurse would find to be generally accepted nursing practice;
  - e. an act consistent with the health and safety of the student or family; and
  - f. limited to a specific UAP, for a specific student, and within a specific timeframe

**Procedure:**

1. The decision to delegate shall be based on the school nurse's assessment of
  - a. the student's nursing care needs including, but not limited to,
    - ♦ complexity and frequency of the nursing care;
    - ♦ stability of the student's health;
    - ♦ degree of immediate risk if the task(s) is/are not carried out;
  - b. observation of the UAP's knowledge, skills, and abilities;
  - c. nature of the task(s) being delegated including, but not limited to,
    - ♦ the degree of invasiveness;
    - ♦ complexity;
    - ♦ irreversibility;
    - ♦ predictability of outcome; and

- ♦ potential for harm given student-specific characteristics;
- d. available and accessible resources such as
  - ♦ necessary equipment;
  - ♦ adequate supplies;
  - ♦ and other appropriate healthcare related personnel, such as psychologists, social workers, counselors, EMS, to meet the student's/family's nursing care needs; and
  - ♦ the availability of the school nurse to appropriately supervise the UAP.
- 2. The school nurse shall instruct the UAP in the delegated task(s) and verify the UAP's competence to perform the nursing task for a particular student. The nurse shall also instruct the UAP how to intervene in the event of any foreseeable risks that might be associated with the task(s) for that particular student.
- 3. The school nurse shall provide ongoing evaluation of
  - a. the degree to which the nursing care needs of the student are being met;
  - b. the performance of the delegated task by the UAP;
  - c. the UAP's need for further general, or student-specific instruction; and
  - d. the need to withdraw the delegation from the UAP.
- 4. The school health nurse is responsible for
  - a. making the decision to delegate;
  - b. monitoring the skills of the delegated provider (UAP);
  - c. evaluating the student's health and academic outcomes; and
  - d. following-up as needed.

**Documentation\*:**

- 1. Documentation of the training by the school nurse includes
  - a. a summary of the training techniques employed (e.g. demonstration, lecture, written instructions);
  - b. logging the date of the nurse evaluation of the UAP's readiness to perform; and
  - c. signing of the provided documents by the nurse giving the training and the UAP receiving the training.
- 2. A plan for, and documentation of, the continued supervision of the UAP may be kept on the training record. This documentation includes, but is not limited to
  - a. methods of supervision;
  - b. conferences held;
  - c. record reviews; and
  - d. telephone consultation.

Note: \* **Documentation:** The Health Department of Nassau County is responsible for the storing of the originals of each of these documents.

Copies of

"1. Documentation of the training by the school nurse includes" should be sent to the Office of Intervention & Prevention.

Copies of

"2. A plan for, and documentation of, the continued supervision of the UAP may be kept on the training record. This documentation includes, but is not limited to" should be stored in a manner that is easily accessible if it should be requested by the school district.

Adapted from the Escambia County School Health Service Programs (August, 2001)

**References:**

- ♦ Escambia County School Health Service Programs (2001)
- ♦ Florida Nurse Practice Act
- ♦ Individuals with Disabilities Act (IDEA)
- ♦ Section 504 of the Rehabilitation Act of 1973
- ♦ School Health Services Program: Section 381.0056
- ♦ Administration of Medication and Provision of Medical Services by District School Board Personnel: Section 1006.062, F.S.

# INSTRUCTIONS FOR DISPENSING STUDENT MEDICATION

## Procedure Statement: New Students

**NOTE: All medication should be given at home or in the doctor's office the first time. During the first "at school" administration of the medicine, the child should be observed carefully for 30 minutes, because of the possibility of an allergic reaction. This can happen at any time with any medicine, particularly antibiotics.**

## Procedure Statement: All Students

**NOTE: Tablets should be crushed only after checking with the doctor or pharmacist. Don't mix medicines together without checking. If the child vomits after the medication, call the parent/guardian and give them the time interval. If an error of any kind is made, always notify the parent/guardian and complete the Medication Incident Report form.**

## Procedure Statement: Authorization Forms (Parental Permission)

**NOTE: No medication will be given without written parental authorization and without a physician's instructions (prescription label or written order).**

## Procedure Statement: Parental Permission – Renewal of Permission

1. The permission form should be filed in the Cumulative Health Record (HRS 3041).
2. Permission forms are valid for **one** calendar year.
3. If medication **OR** dosage is changed, a new permission form is required.

## Procedure Statement: Activities

1. Check to see that the permission slip is on file.
2. When the medication is no longer being given, draw a line through the permission slip file in the Cumulative Health Record (HRS 3041).

## Procedure Statement: Storage of Medicine

1. Medication should be stored in a locked cabinet in the administrative suite.
2. If medication must be refrigerated, it should be stored in a locked box within the refrigerator.

## Procedure Statement: Activities

1. Medication should be delivered to school and kept in the container in which it was dispensed.
2. Bacteria will grow in medication and, for this reason, the caps should always be replaced tightly and contaminated objects (i.e., thermometers, catheters) should be stored in another area of the cupboard.
3. If the medication has an expiration date that is close to expiring, please request a fresh supply from the parent.
4. If the medicine changes appearance or odor, do not give it and notify the parent immediately.
5. Medication requiring refrigeration should not be kept in the refrigerator door. Bacteria from food can be transferred to medication kept in the same refrigerator; place the medication container inside a secure box before placing in the refrigerator.



## **Procedure Statement: Identification of Student**

**NOTE: Never give medication if there is any doubt as to the identity of the student.**

1. Ask the child to state his/her name (Do not prompt. Small children will often answer to other names.)
2. Have a teacher verify the identity of the student by sending the child to the office with an aide or a name tag. If you are still in doubt, call on the intercom or check to see if the teacher sent the student to the office and what he/she was wearing.
3. Check the name on the bottle of medicine when it is removed from the cupboard and again just before the child takes the medication. **ALWAYS CHECK AT LEAST TWICE.**
4. **DO NOT** let a child select his/her own medication from the cabinet.

## **Procedure Statement: Administration Techniques**

1. Always **wash your hands** well before and after giving medications.
2. When counting medication, disperse it into a sterile container. (All schools should have a pill counter tray.)
3. When dispensing medications, wear latex free gloves.
4. Follow the **label directions** carefully including any precaution stickers.
5. Record all medications immediately on Student Medication Log.
6. Date and initial each entry with time given.

## **Procedure Statement: Oral Administration**

**NOTE: Oral liquid medications are frequently prescribed by the “teaspoon” as a dosage. A calibrated medicine spoon or cup is preferable for making this measurement. Measure the medication with the calibrated cups provided. Pour the medication into the spoon sent by the parent. Label the cup with the student’s name. Rinse the cup after each use. Dispose of the cup when the medication is discontinued. Always measure carefully!**

1. Oral medications are always given with the child sitting up.
2. Measure the medication or remove the correct pills from the bottle. Check the name again against the bottle.
3. Hand it to or assist the child in putting it in their mouth.
4. Make sure the medicine is swallowed – check their mouth.
5. Always follow with **water**, unless otherwise directed. (Medication stuck in the esophagus can burn.)
6. Wipe off spills on the bottle with a **clean cotton ball**.

## **Procedure Statement: Ear Drops (This should seldom, if ever, be needed in school.)**

1. Double check to make sure the medicine is being put into the correct ear.
2. Lay the child on his/her opposite side.
3. Put in the drop – pull up and back on the ear.
4. Leave the child on his/her side for a few minutes.
5. Wipe off any medicine that runs out.

## **Procedure Statement: Eye Drops (This should seldom, if ever, be needed in school.)**

1. Make sure you are putting the medication into the correct eye.
2. Have the student close his/her eyes.
3. Do not put in the medication if the child is crying.
4. Have the student lie down and extend his/her neck back over the pillow.
5. Rest your hand on the child's forehead. Gently pull the lid down.
6. Apply drops or salve **without** touching the container tip to the eye or skin.
7. Keep the student in position for one minute.
8. If you contaminate the end of the tube, squeeze out a small amount of medicine on gauze (sterile) and start over.

**Procedure Statement: Nose Drops** (This should seldom, if ever, be needed in school.)

1. Position the student lying down with his/her neck extended over a pillow.
2. The student should keep this position for several minutes.
3. Observe closely for choking or vomiting.

**Procedure Statement: Inhaled Medications** (This is usually only chronically ill cases. This will be dealt with on an individual basis. Contact the nurse assigned to the school.)

**Procedure Statement: Topical Medications** (Seldom necessary, but possible to enhance learning).

1. Apply to clean skin surface.
2. Always use cotton tipped applicators or tongue depressors to apply salves and ointments, never with fingers.
3. Site will often be covered with gauze.

**Procedure Statement: Injectable Medications** (This will be dealt with using another procedure. Contact the School Nurse for instructions. In most cases the student will administer injections himself/herself.)

All procedures not covered in this syllabus should be cleared through the School Nurse and School Board Office.

**Procedure Statement: Reasons for Contacting the Parent/Guardian**

1. Any question regarding their instructions.
2. Failure of the child to receive the medication for any reason (i.e., vomiting, refusal, forgot, out of medicine, spilled last dose).
3. Any error in the administration – contact the parent/guardian immediately.
4. Any change in behavior or physical status which might be attributed to the medication.
5. Changes in appearance of medication or expiration of medication.

**Procedure Statement: Reasons for Contacting the Physician**

1. Parent/Guardian not available to answer an urgent question.
2. Any question not answered satisfactorily by the parent/guardian.
3. Immediately if signs of medication reaction become apparent.

**Procedure Statement: Medication Related Emergencies**

An allergic reaction to medication can happen at any time, no matter how long the child has taken the medication. The most common allergic symptoms are rash, itching, swelling, breathing problems, diarrhea, abdominal cramps, and bluish color skin. **Call the parent/guardian and/or physician immediately.**

**Never leave a child suspected of having an allergic reaction alone.**

If a student is removed to the hospital emergency room, send the medicine container and a photocopy of the emergency information card with the person accompanying the child.

**Procedure Statement: Create a Checklist**

1. Determine which students are to receive medications today.
2. Make a list with names and times.
3. Identify student positively.
4. Wash hands.
5. Measure carefully.
6. Double-check bottle with student.
7. Administer medication.
8. Log immediately.
9. Replace medication in cupboard and lock.
10. Wash hands.

## MEDICATION ADMINISTRATION ON FIELD TRIPS

1. It will be the health room designee's responsibility to prepare all medications for field trip administration. Therefore, you will need to be aware of all field trip times, etc.
2. All medication leaving the school campus during school hours or after school on a school-sponsored activity must be in its original container and accompanied by a medication form. There must be one medication form per medication. The one already being used in the health room for sign out is preferred for continuity. However, make sure it is returned to the health room upon return from the off-campus activity.
3. One **trained** person who has taken the medication training (preferably a teacher or principal's designee) will be responsible for issuing the medication at the appropriate time. This **CANNOT** be a parent chaperone. The time of medication administration must be put on the medication form when the medicine is given, not before or at the end of the day upon return to campus.
4. The medication must be transported in a locked container (tackle box, soft lunch box, bank bag, etc.) The container **MUST** be **LOCKED!** It cannot be transported in a purse or backpack.
5. Any child caught with unidentified medication or caught sharing medication with other students will be subject to school board policy regarding discipline for having drugs on his or her person.

**IT IS VERY IMPORTANT FOR CHILDREN WHO HAVE GLUCAGON, EPI PENS, OR INHALERS ORDERED FOR THEM, THAT THEY BE CARRIED ON THE TRIP AND APPROPRIATE PERSONNEL BE TRAINED FOR THEIR ADMINISTRATION. PLEASE NOTE, THIS NEEDS TO BE DONE EARLY ENOUGH SO THAT TRAINING CAN BE DONE PRIOR TO THE FIELD TRIP OR OTHER OFF-CAMPUS ACTIVITY.**

## NEBULIZATION IN THE SCHOOL SETTING

**Background:** A nebulizer is a machine used to deliver medicine as a mist to be breathed directly into the lungs. The nebulizer has a compressor or pump that pushes air through a tube and then through the medicine chamber to change the medicine into very small droplets. This is the mist that can be seen coming from the nebulizer.

The student with asthma may require nebulized medication. Some of the medications given by nebulizer are the same medications that are taken as pills, syrup or in metered dose inhalers, but for some students with asthma, the medication may work faster or better when delivered by nebulizer.

Several types of medications may be given by nebulizer including commonly prescribed asthma medications such as bronchodilators and anti-inflammatory drugs. Depending on the type of medication ordered, nebulization may be ordered to be given on a regular schedule each day or only for those times the student is having an especially difficult time with breathing.

**Policy:** Students with asthma have the right to the use of a nebulizer in the school setting to assist with management of their health condition. The intent of this policy is to support a student with asthma who has a stable chronic condition. During episodes of acute illness or asthma decompensation, the child should remain at home until well. It is suggested that other simpler medication delivery systems, such as metered dose inhalers, preferably with spacers, be explored by the school nurse with the student's health care provider. (In some cases, this can provide comparable control of the student's asthma.)

However, it is recognized that there may be circumstances when occasional or maintenance use of a nebulizer is medically necessary in the school setting in order to:

- ◆ Decrease absenteeism due to exacerbation of an underlying medical condition, or
- ◆ Act as proxy for the parent or guardian, who might otherwise have to routinely perform the procedure at school, potentially posing a hardship on the parent/guardian.

Therefore, nebulization may be given in the school setting under the following conditions:

1. General medication administration policy in the School Health Manual will be followed. Emphasis should be placed on proper documentation, procedure, and training using this policy and the attached "Medication by Nebulizer: Procedure" and "Medication by Nebulizer: Skills Checklist."
2. The parent/guardian or the designee has the option to administer the nebulization at the school. (Parents/guardians retain the legal right to assume responsibility for care of their child's medical condition.) School staff can assist by providing a safe, private environment in the school health room setting.
3. School district personnel allowed to administer nebulization at school will be:
  - a. the registered nurse contracted by the school board or
  - b. nurses employed by the school district or
  - c. school district personnel trained as prescribed in Florida Statutes 1006.062. (Trained school district personnel shall be school health aides and/or school health designees and other school-level employees as assigned by the principal.)

4. The school nurse shall evaluate the student's competency to perform the procedure and determine the level of assistance needed. This shall be discussed with the parent and documented in a written plan of care and placed in the student's Cumulative Health Record.
5. Nebulization shall always be performed in the school health room, with direct supervision by the school nurse or designated/trained school district staff.
6. School district personnel are to be instructed in the school district's emergency 911 procedures in the event of apparent irreversible or advanced respiratory distress in the student with asthma (e.g., shortness of breath or difficulty speaking, lips and nail beds grayish/bluish, chest and neck muscles pull in with breathing, anxiety or decreased consciousness).
7. Parents/guardians are responsible to supply and maintain all necessary equipment.

THE SCHOOL BOARD OF NASSAU COUNTY  
AUTHORIZATION FOR THE ADMINISTRATION  
OF PRESCRIBED MEDICATION BY SCHOOL PERSONNEL

Student's Name: \_\_\_\_\_ FL ID NO.: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Most prescribed medicine can be scheduled so that none is required while the student is at school. However, for those cases, which require that medicine be given to the students at school and to provide for the safe management of medications, the following procedures will be followed:

1. Only FDA approved medications that are prescribed by a physician will be administered by school personnel
2. This authorization form must be completed and returned to school before any medication will be accepted and administered
3. Medication will be accepted, counted and stored in the **original** container and administered only by trained school personnel, unless otherwise prescribed or instructed by the physician. Additional orders are to be attached to this form
4. Disposable measuring spoons or cups needed to dispense, or foods needed to administer the medicine must be furnished by the parent/guardian
5. The parent/guardian is responsible for delivering medication and refills to the school for student use. Expired medication will not be accepted or dispensed
6. All medication will be picked up by the parent/guardian on the last day of school or it will be disposed of by the Department of Health
7. Parent permission and provider authorization is required for students to self-carry / self-administer medication. Students with this designation are considered independent in taking their medication at school and require NO SUPERVISION by school staff. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry / self-administer privilege if the student proves to be irresponsible or incapable. (For inhalers, epinephrine auto-injectors, pancreatic enzymes and diabetes supplies)

---

**I GRANT PERMISSION TO THE PRINCIPAL OR DESIGNEE TO ASSIST IN THE ADMINISTRATION OF:**

\_\_\_\_\_ for the treatment of \_\_\_\_\_  
Name & Strength of medication Diagnosis

to my child \_\_\_\_\_. My child must receive \_\_\_\_\_ at \_\_\_\_\_  
Child's Name Dosage AM / PM

From: \_\_\_\_\_ to \_\_\_\_\_  
Beginning date Ending Date

\_\_\_\_\_  
Prescription Number Pharmacy Name Pharmacy Phone Number

\_\_\_\_\_  
Parent / Guardian Name (print) Parent / Guardian Signature Date

*There shall be no liability for civil damages as a result of the administration of such medication when the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances. F.S. 1006.062; School Board Rule 5.90 Administration of Medication by School Personnel.*

**VALID FOR ONE CALENDAR YEAR  
COMPLETE A SEPARATE FORM FOR EACH PRESCRIPTION**

Attach the "Medication Administration Record" to the back of this form when the medicine is no longer required and/or at the end of the school year. File in the Student's Cumulative Health Record.

The following pages are forms used for skills training and competence confirmation, procedure guidelines, and associated documents. Categories are grouped together alphabetically in most cases. However, some documents follow each other because of their association, as opposed to an alphabetical order.

For instance, several of the following pages deal with the blood, specifically the level of sugar in the blood.

At the end of this section are documents such as the *General Records Schedule GS7* (Destruction of Medical Records) and the “SCHOOL DISTRICT OF NASSAU COUNTY FACULTY AND STAFF HEALTH INFORMATION FORM.”



# **Blood Sugar and Associated Documents**

# HYPERGLYCEMIA

## (High Blood Sugar)

**Here are some of the symptoms of hyperglycemia:**

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

**Onset:** Gradual, may progress to diabetic coma.

**Blood Sugar:** Above 200 mg/dL  
Acceptable Range: 115-200 mg/dL



**EXTREME THIRST**



**FREQUENT URINATION**



**DRY SKIN**



**HUNGER**



**BLURRED VISION**



**DROWSINESS**



**DECREASED  
HEALING**



**TEST BLOOD GLUCOSE**



**If over 200 mg/dL  
for  
several tests or for 2  
days,  
CALL YOUR DOCTOR**

## HYPERGLYCEMIA SKILLS CHECKLIST

\*Contact your school RN for a performance check and form completion.

Name: \_\_\_\_\_ School: \_\_\_\_\_

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and location of Emergency Action Plan.		
2. Reviews symptoms of Hyperglycemia.		
3. Identifies where to find student specific supplies.		
4. Identifies supplies <ul style="list-style-type: none"> <li>• Blood glucose monitoring kit</li> <li>• Water</li> <li>• Ketone strips</li> <li>• Insulin, if ordered</li> </ul>		
5. Verbally recites appropriate response to a case scenario of hyperglycemia.		
6. Tests blood sugar if able.		
7. Test urine for ketones.		
8. Provide insulin, if ordered.		
9. Give 1-2 glasses of water every hour.		
10. No exercise, if ketones are present.		
11. Recheck blood sugar in 2 hours.		
12. If feeling ill at any time immediately call parent/ guardian.		
13. If student vomits, and is lethargic or has labored breathing, Call 911.		
14. Documents procedure.		

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date .

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date .

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# HYPOGLYCEMIA

## (LOW BLOOD SUGAR)

**Here are some of the symptoms of hypoglycemia:**

**Causes:** Too little food, too much insulin or diabetes medicine, or extra activity.

**Onset:** Sudden, may progress to insulin shock.

**Blood Sugar:** Below 70 mg/dL  
Normal range: 70-115 mg/dL



**SHAKING**



**FAST HEARTBEAT**



**SWEATING**



**DIZZINESS**



**ANXIOUS**



**HUNGER**



**IMPAIRED VISION**



**WEAKNESS,  
FATIGUE**



**HEADACHE**



**IRRITABLE**

### What can you do?



Drink 1/2 glass of juice or regular soft drink, or 1 glass of milk, or eat some soft candies (not chocolate).



Within 20 minutes after treatment, **TEST BLOOD GLUCOSE**. If symptoms don't stop, call your doctor.



Then, eat a light snack (1/2 peanut butter or meat sandwich and 1/2 glass of milk).

## HYPOGLYCEMIA SKILLS CHECKLIST

\*Contact your school RN for a performance check and form completion.

Name: \_\_\_\_\_ School: \_\_\_\_\_

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and location of Emergency Action Plan.		
2. Reviews symptoms of Hypoglycemia. <ul style="list-style-type: none"> <li>• Mild</li> <li>• Moderate</li> <li>• Severe</li> </ul>		
3. Identifies where to find student specific supplies.		
4. Identifies supplies <ul style="list-style-type: none"> <li>• Blood glucose monitoring kit</li> <li>• Lists various glucose products and amounts to be given</li> <li>• Lists various sugar sources and amounts to be given</li> <li>• Identifies appropriate carb and protein amounts</li> <li>• Identifies glucagon kit</li> </ul>		
5. Verbally recites appropriate response to a case scenario of hypoglycemia.		
6. Tests blood sugar if able.		
7. Provide appropriate glucose/ sugar source (orally).		
8. If glucagon is needed, see glucagon skills checklist.		
9. Wait 10-15 minutes, recheck blood glucose. If blood glucose is 70 or above and no symptoms, follow up with a carbohydrate and protein snack or meal (if scheduled within the hour and student may return to class.		
10. If blood glucose is below 70, treat again.		
11. Contact the parent.		
12. Documents procedure.		

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## BLOOD GLUCOSE MONITORING SKILLS CHECKLIST

\*Contact your school RN for a performance check and form completion.

Name: \_\_\_\_\_ School: \_\_\_\_\_

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure		
2. Identifies where procedure is done		
3. Identifies supplies--Meter--Test strips or cartridges, etc.--Lancing Device--Gloves		
4. Washes hands		
5. Assembles supplies.		
6. Puts gloves on.		
7. Prepares lancing device.		
8. Turns meter on, check codes (if applicable)		
9. Places strip into meter or prepares otherwise		
10. Cleans selected area, allows to dry		
11. Lances area.		
12. Places blood onto test strip.		
13. Places cotton ball or tissue over lanced area.		
14. Reads result.		
15. Turns meter off, removes strip.		
16. Disposes of strip, gloves and other supplies appropriately.		
17. Cleans up testing area.		
18. Washes hands.		
19. Records results.		

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

\*

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## CHILD SPECIFIC TRAINING CALCULATING INSULIN BOLUS BASED ON CARBOHYDRATE INTAKE

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing on-going supervision of the unlicensed assistive personnel (UAP).

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Reviews student's DMMP for student specific instructions.			
2. Gather supplies (carbohydrate table or book/ nutrition label, pen/pencil, paper and calculator).			
3. Describes time when bolus insulin usually given.			
4. Verifies the student's insulin to carbohydrate ratio order.			
5. Correctly identifies the number of grams/ servings of carbohydrate intake.			
6. Demonstrates correct calculation of bolus insulin dose for carbs.			
7. Verifies the student's correction factor insulin scale order.			
8. Demonstrates correct calculation of correction factor insulin dose.			
9. Correctly demonstrates the calculation of the total insulin dose.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## CHILD SPECIFIC TRAINING INSULIN ADMINISTRATION: PEN DEVICE

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing  
on-going supervision of the unlicensed assistive personnel (UAP).

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date/Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (insulin pen or cartridge, pen needle, alcohol wipe, cotton ball.)			
3. Check expiration date of insulin.			
4. Puts gloves on.			
5. Load insulin cartridge, if needed and wipe insulin pen top with alcohol wipe.			
6. Screw the needle onto the end of the insulin pen. Removes caps and set outer cap on flat surface.			
7. Primes the needle by dialing the pen to 2 units.			
8. Pushes the plunger until a small drop or stream of insulin is seen, and repeats as needed.			
9. Repeats priming if needed.			
10. Turns the knob to the dose ordered.			
11. Assists the student in choosing the injection site.			
12. Pinches skin and inserts insulin pen needle.			
13. Pushes injection button down completely to deliver insulin and counts to five with skin pinched and needle in place.			
14. Let's go of pinched skin but keeps needle in place in skin and counts to five.			
15. Removes insulin needle from skin. Dabs with cotton ball as needed.			
16. Carefully replaces the outer cap of the needle without touching the needle, unscrews the needle and disposes of it properly in sharps container.			

Improvement Plan:


RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



**This page is intentionally left blank. Do not remove unless directed to do so by the Office of Intervention & Prevention.**

## CHILD SPECIFIC TRAINING INSULIN PUMP THERAPY

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. UAP instructed on type of pump and basic operating functions of the pump and demonstrates			
2. How to give a bolus			
3. How to use the dose calculator function in the pump			
4. How to suspend the pump			
5. How to check the status of the pump			
6. How to verify the last dose given			
7. How to verify the pump is not in "no deliver" mode			
8. How to check insulin reservoir and insertion site			
9. How to change the batteries in the pump			
10. How to identify and respond to alarms			
11. If the pump infusion set is no longer functional, and the student is unable to reinsert their own infusion set, a parent/ guardian will be contacted to come to school to reinsert the infusion set.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# CHILD SPECIFIC TRAINING BLOOD GLUCOSE MONITORING

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Blood Glucose Meter Brand: \_\_\_\_\_

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands			
2. Gathers supplies (Meter, Test strips, Lancing Device, cotton ball or tissue.)			
3. Puts gloves on.			
4. Turns meter on and inserts test strip into meter or as otherwise directed.			
5. Verifies that code on meter matches code on bottle (if applicable)			
6. Punctures finger/ alternative site with lancing device.			
7. Obtains adequate blood sample.			
8. Applies blood to test strip.			
9. Covers lanced site with cotton ball or tissue.			
10. Reads results. Turns meter off. Removes strip.			
11. Disposes of strip, gloves and other supplies appropriately.			
12. Washes hands.			
13. Documents meter result.			
14. Follows DMMP or EAP.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## GLUCAGON INJECTION SKILLS CHECKLIST

\*Contact your school RN for a performance check and form completion.

Name: \_\_\_\_\_ School: \_\_\_\_\_

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. States name and purpose of procedure.		
2. Identifies procedure is done if severe hypoglycemia.		
3. Identifies expiration date of glucagon.		
4. Identifies accompanying steps. Send someone to call 9-1-1, notify school nurse, parent <ul style="list-style-type: none"> <li>• Maintain open airway</li> <li>• Give glucose gel in buccal pouch (if ordered)</li> <li>• Give glucose source when student is awake and able to swallow</li> <li>• Remains with student until EMS arrives</li> </ul>		
5. Identifies supplies: <ul style="list-style-type: none"> <li>• Glucagon kit</li> <li>• Alcohol wipe and cotton ball</li> <li>• Sharps container</li> <li>• Gloves</li> </ul>		
6. Washes hands		
7. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).		
8. Puts gloves on.		
9. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.		
10. Remove needle cover from syringe.		
11. Inject entire contents of syringe into vial of glucagon powder (held upright).		
12. Swirls vial gently until dissolved/ clear.		
13. Holds vial upside down, and withdraw all solution from the vial into the syringe.		
14. Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe		
15. Exposes injection site (upper, out area of thigh, arm).		
16. Holds syringe safely; use other hand to clean injection site with alcohol wipe.		
17. For subcutaneous injection only: pinches up skin/tissue.		
18. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon.		
19. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site		
20. Turns child to the side.		
21. Puts used syringe and vial in sharps container.		
22. Documents procedure.		

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_  
Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## CHILD SPECIFIC TRAINING GLUCAGON INJECTION

\*Delegation can only be done by an RN. The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date/ Initial	Date/ Initial
1. Washes hands.			
2. Gather supplies (glucagon kit, alcohol wipe, cotton ball, gloves).			
3. Puts gloves on.			
4. Remove flip-off seal from vial of glucagon powder, wipe with alcohol wipe.			
5. Remove needle cover from syringe.			
6. Inject entire contents of syringe into vial of glucagon powder (held upright).			
7. Swirls vial gently until dissolved/ clear.			
8. Holds vial upside down, and withdraw all solution from the vial into the syringe.			
9. Withdraws needle from vial, hold syringe upright, and remove air/bubbles from syringe.			
10. Exposes injection site (upper, out area of thigh, arm).			
11. Holds syringe safely; use other hand to clean injection site with alcohol wipe.			
12. For subcutaneous injection only: pinches up skin/tissue.			
13. For subcutaneous and intramuscular injection: inserts needle straight into tissue of injection site and inject glucagon			
14. Withdraws needle and press gently with alcohol wipe or cotton ball at injection site.			
15. Turns child to the side.			
16. Puts used syringe and vial in sharps container.			
17. Documents procedure.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

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NASSAU COUNTY DISTRICT SCHOOLS and FLORIDA DEPARTMENT OF HEALTH NASSAU  
COUNTY SCHOOL HEALTH SERVICES

**Glucose and Insulin Log**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian and phone number: \_\_\_\_\_

Insulin type: \_\_ Humalog \_\_ Novolog ☐ Other \_\_\_\_\_ Insulin injected by: ☐ insulin pen ☐ insulin pump

Insulin to carbohydrate ratio: \_\_\_\_\_ unit(s) of insulin :: per :: \_\_\_\_\_ grams of carbohydrates eaten

Blood glucose is checked by: ☐ glucometer (fingerstick) ☐ Continuous Glucose Monitor (CGM) with fingerstick for confirmation if needed

Correction dose for high blood glucose: \_\_\_\_\_ Blood glucose - (minus) \_\_\_\_\_ / (divided by) \_\_\_\_\_ = \_\_\_\_\_ units of insulin given  
(fingerstick) (blood sugar goal) (correction factor)

Date	Time	BG Fingerstick	CGM Alarm reading	# Units for correction	# Grams carb eaten	# Units for carbs eaten	# Units insulin on board	Total # Units given	Action taken	Initials

# CHILD SPECIFIC TRAINING URINE KETONE MONITORING

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing on-going supervision of the unlicensed assistive personnel (UAP).

Urine ketone strip expiration date: \_\_\_\_\_

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Washes hands			
2. Assembles supplies.			
3. Puts gloves on.			
4. Places cup of urine on protected area (waterproof disposable pad).			
5. Dips ketone testing strip in urine, taps off excess			
6. Times appropriately.			
7. Compares strip to bottle, accurately reads results.			
8. Disposes of all supplies appropriately.			
9. Removes gloves and disposes.			
10. Washes hands.			
11. Follows DMMP for action plan.			

Improvement Plan:


RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*



# Catheterization

## Female Catheterization- Child Specific Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Date	Date	Return Demonstration			
				Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Completes at _____ time(s) (In emergency, complete earlier than later)							
2. Complete where _____ (Consider privacy and access to bathroom)							
3. Position for catheterization							
4. Identifies body parts:							
Labia Majora							
Labia Minora							
Meatus							
Position of urethra							
5. Identifies potential problems and appropriate actions							
C. Identifies Supplies:							
1. Type of catheter							
2. Lubricant							
3. Urine receiving pan							
4. Cleaning material							
D. Procedure:							
1. Washes hands							
2. Gathers equipment							
3. Positions child for catheterization							
4. Arranges equipment for procedure							
5. Puts on clean gloves							
6. Lubricates catheter and places on clean surface							
7. Prepares cleaning materials							
8. Opens labia minora and majora							
9. Cleans from front of folds to back of meatus							
10. Uses swab only once							
11. Wipes a minimum of 3 times							
12. Grasps catheter about 3 inches from tip							
13. Inserts into urethra until urine begins to flow							
14. Advances 1/2 inch more							
15. Allows urine to flow by gravity into the shallow pan or toilet							
16. <u>Child-Specific:</u> If ordered, gently presses bladder to help empty							
17. Removes catheter slowly when urine stops flowing							
18. Stops and waits until all urine stops flowing							
19. Dries and dresses							
20. Washes equipment and puts used catheter in home container							
21. Documents procedure in observation log							
22. Reports any problems to parents							

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Male Catheterization- Child Specific

### Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Completes at _____ time(s) (In emergency, complete earlier than later)							
2. Complete where _____ (Consider privacy and access to bathroom)							
3. Position for catheterization							
4. Identifies body parts: scrotum, foreskin, meatus, glans							
5. Identifies potential problems and appropriate actions							
C. Identifies Supplies:							
1. Type of catheter							
2. Lubricant							
3. Urine receiving pan							
4. Cleaning material							
D. Procedure:							
1. Washes hands							
2. Gathers equipment							
3. Positions child for catheterization							
4. Arranges equipment for procedure							
5. Puts on clean gloves							
6. Lubricates catheter and places on clean surface							
7. Prepares cleaning materials:							
8. Retracts foreskin (if needed)							
9. Holds penis at right angle from body							
10. Pulls penis straight							
11. Cleans meatus and glans							
12. Uses swab only once							
13. Wipes a minimum of 3 times							
14.. Grasps catheter about 4 inches from tip							
15. Inserts well-lubricated catheter into penis with consistent pressure (if muscle spasm occurs, stop momentarily and then again use slow even pressure) NEVER FORCE A CATHETER.							
16. When urine begins to flow, inserts 1/2 inch more							
17. Allows urine to flow by gravity into the shallow pan or toilet							
18. <u>Child-Specific:</u> If ordered, gently presses bladder to help empty							
19. Removes catheter slowly when urine stops flowing							
20. Stops and waits until all urine stops flowing							
21. Dries and dresses							
22. Washes equipment and puts used catheter in home container							
23. Documents procedure in observation log							
24. Reports any problems to parents							

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

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**NASSUA COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU  
SCHOOL HEALTH SERVICES  
Catheterization Log**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Physician's Order \_\_\_\_\_

Date	Time	Amount	Color/ Consistency	Comments	Initials

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

9/15

# Colostomy

## Colostomy Care- Child Specific Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Reviews Standard Precautions							
2. Completes at _____ time(s)							
3. Identifies where procedure is done (consider privacy and access to bathroom)							
4. Position for ostomy care							
5. Identifies possible problems and appropriate actions							
C. Identifies Supplies:							
1. Soap and water							
2. Soft cloth or gauze							
3. Skin preparation							
4. Adhesive							
5. Clean bag							
6. Belt, if needed							
7. Scissors and measuring guide							
8. Clean gloves							
9. Adhesive tape, if needed							
D. Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure to child and encourages participation							
4. Puts on gloves							
5. Empties contents of bag before removal, if ordered							
6. Removes used bag							
7. Washes the stoma area							
8. Inspects skin for redness/irritation							
9. Dries stoma and skin							
10. Places skin barrier around stoma							
11. Applies adhesive to bag or removes backing from adhesive							
12. Centers new bag over stoma							
13. Presses bag firmly against skin barrier to prevent leaks							
14. Disposes of used bag in appropriate receptacle							
15. Removes gloves and washes hands							
16. Documents procedure and problems							
17. Reports any problems to parents							

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## Ileostomy Care-Child Specific

### Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Reviews Standard Precautions							
2. Completes at _____ time(s)							
3. Identifies where procedure is done (consider privacy and access to bathroom)							
4. Position for ostomy care							
5. Identifies possible problems and appropriate actions							
C. Identifies Supplies:							
1. Soap and water							
2. Soft cloth or gauze							
3. Skin preparation							
4. Adhesive							
5. Clean bag							
6. Belt, if needed							
7. Scissors and measuring guide							
8. Clean gloves							
9. Adhesive tape, if needed							
D. Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure to child and encourages participation							
4. Puts on gloves							
5. Empties contents of bag before removal, if ordered							
6. Removes used bag							
7. Washes the stoma area							
8. Inspects skin for redness/irritation							
9. Dries stoma and skin							
10. Places skin barrier around stoma							
11. Applies adhesive to bag or removes backing from adhesive							
12. Centers new bag over stoma							
13. Presses bag firmly against skin barrier to prevent leaks							
14. Disposes of used bag in appropriate receptacle							
15. Removes gloves and washes hands							
16. Documents procedure and problems							
17. Reports any problems to parents							

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



**NASSAU COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU  
SCHOOL HEALTH SERVICES**

## OSTOMY FLOW SHEET

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ School \_\_\_\_\_

Physician's Orders \_\_\_\_\_

Date	Time	Colostomy	Ileostomy	Stool	Flatus	Comments	Initials

RN Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

# Epinephrine

## EPINEPHRINE AUTO INJECTOR SKILLS CHECKLIST

\*Contact your school RN for a performance check and form completion.

Name: \_\_\_\_\_

School: \_\_\_\_\_

SKILL	Performs skill in accordance to written guidelines	Requires further instruction & supervision
	Date	Date
1. Identify symptoms of anaphylaxis.		
2. Have someone call 9-1-1. If you are by yourself, administer Epinephrine first, then call 9-1-1.		
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. (For Adrenaclick®, remove the gray cap labeled "1". Never put thumb, finger or hand over the RED tip. Remove the gray cap labeled "2".) (For Twinject®, remove the green cap labeled "1". Never put thumb, finger or hand over the RED tip. Remove the gray cap labeled "2".)		
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Adrenaclick® and the Twinject® trainer will have a red tip.)		
5. Press the trainer hard into the thigh until it clicks. Hold in place for 10 seconds.		
6. Remove the trainer from thigh position.		
7. Discuss sending the used Epinephrine Auto Injector to the emergency room with the student.		
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.		

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

## CHILD SPECIFIC TRAINING EPINEPHRINE AUTO INJECTOR

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Brand of Epinephrine Auto Injector: \_\_\_\_\_

\_\_\_\_\_  
Unlicensed Assistive Personnel (UAP)

\_\_\_\_\_  
Delegating School RN

\_\_\_\_\_  
Student

\_\_\_\_\_  
School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Identifies symptoms of anaphylaxis.			
2. Requests someone to call 9-1-1. If no one else is available, administer Epinephrine first, then call 9-1-1.			
3. Activate EpiPen® trainer by removing the gray/ blue safety cap. For Adrenaclick®, remove the gray cap labeled "1". Never put thumb, finger or hand over the RED tip. Remove the gray cap labeled "2". (For Twinject®, remove the green cap labeled "1". Never put thumb, finger or hand over the RED tip Remove the gray cap labeled "2".)			
4. Hold the EpiPen® trainer with black/orange tip at a 90-degree angle against the fleshy portion of the outer thigh. (Adrenaclick® and the Twinject® trainer will have a red tip.)			
5. Press the trainer hard into the thigh until it clicks. Hold in place for 10 seconds.			
6. Remove the trainer from thigh position.			
7. Send Epinephrine Auto Injector to the emergency room with the student.			
8. Epinephrine can be repeated in 15 minutes (if student has 2 injectors) if ordered.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# Food Allergies

## **Nassau County School Allergy Action Plan**

1. The school will be notified they have a student with an anaphylactic allergy.
2. Steps will be taken to obtain medical documentation from the parent/guardian regarding the specific allergy, including documentation on specific avoidance and prescription information.
3. The parent/guardian will fill out “Authorization for the Administration of Prescribed Medication by School Personnel.”
4. A Health Department or school nurse will respond to a request from a parent/guardian to review a physician’s orders and develop (or assist in the development of) an individualized healthcare plan and/or emergency care plan.
5. A team to develop/review/administer the Allergy Action Plan will be identified. The team may include, but not limited to the following:
  - a. Health Department Nurse
  - b. Other Health Department personnel
  - c. School Administration
  - d. District Administration
  - e. School Nurse
  - f. Teachers
  - g. Guidance
  - h. Food Service Personnel
  - i. Coaches, Athletic Directors, and after school volunteers, and Transportation Personnel
6. A Health Department Registered Nurse will conduct a healthcare plan meeting with the school team and any required plan(s) will be made.
7. Resources will be provided to the teacher, food service manager, and other school staff as needed, including a copy of the healthcare plan, classroom signage and parent letters.
8. As needed, additional training will be provided to staff by Registered Nurse, including Epi Pen administration guidance.
9. The Food Service Manager will enter notes into the Point of Service system in the cafeteria to alert the cashier of any food related allergen.
10. The teacher will post all required classroom signage.
11. The teacher will distribute parent/guardian letters to go home to all students in the classroom informing them of the allergy.

## Prevent Cross Contamination

Keep our students with food allergies safe in the classroom and the cafeteria.

### Cross Contact:

1. This can occur when an allergen is unintentionally transferred from one food to another.
2. This can cause food allergy reactions.
3. Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction.

### Cross-Contamination:

1. This occurs when microorganisms, like bacteria, contaminate food.
  2. This can cause foodborne illnesses.
  3. Proper cooking may reduce or eliminate the chances of foodborne illness.
- ◆ Always wash hands and change gloves between preparing different menu items.
  - ◆ Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.
  - ◆ Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.
  - ◆ Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.

Remember: If a mistake is made, you must start over and remake the allergy-friendly meal!



Wash with warm soapy water. Rinse with clean water.

Dry with a fresh cloth.

The top eight allergens are milk, wheat, eggs, soy, shellfish, peanuts, tree nuts, and fish.



This  
is a PEANUT  
AND TREE NUT  
FREE  
Classroom!





# ***The Nassau County School District***

**1201 Atlantic Avenue  
Fernandina Beach, Florida 32034**

**Dr. Kathy K. Burns, Ed.D.  
Superintendent of Schools**

Dear Parent/Guardian,

A student in your child's classroom has a severe, and possibly life-threatening, allergy to \_\_\_\_\_. Please do not send any food with \_\_\_\_\_ or \_\_\_\_\_ byproducts listed as an ingredient. Many non-food items can be used in the classroom to celebrate. Or, you may contact the Food Service Department at 491-9924 and ask if their staff is able to provide approved food items for a classroom event.

If you have any questions, you may call your school for further details. The administration, school nurse, or Health Department school nurse will be glad to speak with you.

Thank you for your assistance in keeping all of our students healthy and safe.

Sincerely,

---

# FOOD ALLERGY ALERT!



**Someone in this area has food allergies.  
Please do your part to keep them safe.**

**allergators.com™**

**Food Allergy Safety Stuff**

• allerts • wristbands • buttons • beach bags • t-shirts • waterbottles

# Gastrostomy

## Gastrostomy Button - Bolus Feeding- Child Specific Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Completes at _____ time(s)							
2. _____ ccs (amount)							
3. _____ Formula/feeding (type of feeding)							
4. Feeding to be completed in _____ minutes							
5. Position for feeding: _____							
6. Identifies potential problems and appropriate actions							
C. Identifies Supplies:							
1. 60cc catheter-tip feeding syringe							
2. Adapter with tubing and clamp							
3. Prescribed diet at room temperature							
4. Tap water							
D. Procedure:							
1. Washes hands thoroughly							
2. Gathers equipment							
3. Positions child							
4. Attaches the adapter to feeding syringe							
5. Opens safety plug and attaches the adapter with feeding syringe to the button							
6. Pours feeding into syringe until about one-half full							
7. Elevates the feeding above the level of the stomach.							
8. Opens clamp. Allows feeding to go in slowly, 20-30 minutes. The higher the syringe is held, the faster the feeding will flow. Lowers syringe if the feeding is going too fast.							
9. Refills the syringe before it empties to prevent air from entering stomach.							
10. Makes feeding like mealtime: young children may suck on a pacifier.							
11. Flushes the button with _____ ccs of water when feeding is complete.							
12. After flushing, lowers the syringe below the stomach level to facilitate burping.							
13. Removes the adapter with feeding syringe and snaps safety plug in place.							
14. Keeps the child in a feeding position for at least 30 minutes after completing feeding.							
15. Washes syringe and tubing with soap and warm water And puts in home container.							
16. Documents feeding and observations in log.							
17. Reports any problems to parents							

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# Gastrostomy Feeding Button - Slow Drip/Continuous Method

## Child Specific Skills Checklist

Child's Name: \_\_\_\_\_

Person Trained: \_\_\_\_\_ Position: \_\_\_\_\_ Instructor: \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Completes at _____ time(s)							
2. _____ ccs (amount)							
_____ Formula/feeding (type of feeding)							
3. Feeding to be completed in _____ minutes							
4. Position for feeding: _____							
5. Identifies where procedure is done and child's activity level.							
6. Identifies potential problems and appropriate actions.							
C. Identifies Supplies:							
1. GT button _____ (size)							
2. Adaptor with tubing and clamp							
3. Feeding solution in container (bag) at room temperature							
4. 60 cc catheter-tipped syringe							
5. Pump (if used)							
6. Tap water							
7. Pole to hold feeding container							
D. Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Positions child							
4. Explains the procedure to child							
5. Attaches adaptor to tubing							
... 6. ..Pours feeding/fluids into feeding container, runs feeding through tubing to the tip and clamps tubing.							
7. Hangs container on pole at height required to deliver prescribed flow. If pump is used, places tubing into pump and sets flow rate.							
8. Opens safety plug and inserts tubing into the button							
9. Opens clamp on tubing and adjusts flow to prescribed rate. (If pump is used, opens clamp completely)							
10. For a continuous feeding with a pump, adds more fluid to bag when empty.							
11. Checks rate and flow periodically and adjusts if needed.							
12. When single feeding is completed (bag empty), clamps feeding bag tubing and removes							
13. Makes feeding like mealtime: young children may suck on a pacifier.							
14. Attaches catheter-tipped syringe and flushes adaptor tubing and button with _____ ccs water							
15. After flushing, lowers syringe below stomach level to facilitate burping							

**Gastrostomy Feeding Button - Slow Drip/Continuous Method**  
**Child Specific**  
 Skills Checklist/page 2

Child's Name: \_\_\_\_\_

16.	Removes adaptor and tubing from button and snaps safety plug in place							
17.	Keeps child in feeding position for at least 30 minutes after completing feeding							
18.	Cleans and stores feeding container and tubing							
19.	Washes hands							
20.	Documents feeding and observations in log							
21.	Reports any problems to parents							

\_\_\_\_\_  
 RN Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

# **Medication Administration**

**NASSAU COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY  
SCHOOL HEALTH SERVICES**

## Medication Administration Skills Checklist

Staff person trained \_\_\_\_\_ Position \_\_\_\_\_

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure.	
Gives proper dose of medication at proper time. States 6 Rights.	
Compares labeled medication container with written order.	
Reads label 3 appropriate times.	
Checks expiration date on label.	
Documents medications given correctly.	
Maintains security of medication area.	
Describes proper actions for medication refusal, field trip, and medication error.	
<b>Emergency Medications:</b>	
<b>EpiPen:</b>	
States symptoms of allergic reaction, location of med and emergency plan.	
Demonstrates, with trainer, correct procedure for administration.	
States follow-up procedures.	
<b>Glucagon:</b>	
States signs of hypoglycemia, location of med and emergency plan.	
Demonstrates mixing of medication in syringe.	
Demonstrates proper injection technique, using correct site.	
Correctly states aftercare.	
<b>Diastat:</b>	
States understanding of when to use this medication, location of med and emergency plan.	
Demonstrates proper positioning of child, procedure for administering med.	
States aftercare needed.	

I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in student health status, and discovery of a medication error. In the event of a medication error, I am to fill out a medication incident report and forward it to the Office of Intervention & Prevention. I understand that I may not delegate this task to any other person.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**NASSAU COUNTY  
SCHOOL DISTRICT  
MEDICATION INCIDENT REPORT**

NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_  
                    LAST                      FIRST                      M.

SCHOOL NAME: \_\_\_\_\_ SCHOOL LOCATION #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GRADE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX:    MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: (CIRCLE) Wrong dosage > or <                      Wrong student                      Wrong medication

Wrong time                      Unable to locate student

Reported by: _____
<b>NARRATIVE DESCRIPTION:</b>

PARENT/GUARDIAN Notification YES[ ] NO[ ] By Whom _____	Date _____	Time _____
<b>Comments:</b>		

MD notification YES[ ] NO[ ] By Whom _____
<b>Comments:</b>

Poison Control notified: YES[ ] NO[ ] Recommendations:

ACTIONS/OBSERVATIONS:

RECOMMENDED PLAN OF ACTION

PLAN OF ACTION COMPLETED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Supervising Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Nassau County Schools and Florida Department of Health - Nassau School Health Services  
**Medication Administration Record**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physician name & Phone: \_\_\_\_\_ Parent name & Phone: \_\_\_\_\_

Medication name and strength: \_\_\_\_\_ Dose/Route/Time: \_\_\_\_\_

STAFF SIGNATURE	STAFF INITIALS

Check-in Date	Time	Discard Date	Expiration Date	Total Received (tabs, caps, units, ounces, puffs)	Staff Initials	Parent/Guardian Signature

NOTES: \_\_\_\_\_

**MEDICATION ADMINISTRATION RECORD**

Student: \_\_\_\_\_ Medication/Strength: \_\_\_\_\_ Dose/Route/Time: \_\_\_\_\_

- A complete signature and initials of each person administering medication should be included on the previous page
- Document time of administration and include your initials for each day the medications is given
- Use the key below to document why a dose was not given

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															

A=Absent D=Discontinued E=Early Dismissal F=Field Trip H=Holiday M=Missed Dose (see Nurse's notes) N=No Refill R=Refused P=Parental Notification

Medication pick up date: \_\_\_\_\_  
 Staff signature: \_\_\_\_\_

Total count of medication picked -up: \_\_\_\_\_  
 Parent signature: \_\_\_\_\_

Medication destroyed date: \_\_\_\_\_  
 Staff signature: \_\_\_\_\_

Total count of medication destroyed: \_\_\_\_\_  
 Staff signature (witness) : \_\_\_\_\_

## **Guidelines for the Administration of Narcotics for Pain Management**

Every effort should be made to discourage the use of narcotics in school. Many are known to cause drowsiness and decreased coordination, thus presenting impaired learning and safety issues for the student. That being said, there are students with chronic health problems and postoperative pain who are attending school. In the event a child is prescribed narcotics for use during the school day, the following rules shall apply:

All students requiring narcotics during school hours will need a written physician's order for the prescribed narcotic medication.

Those students prescribed narcotics for an acute condition (recent surgery, kidney stone, etc.) shall have a definite time frame specified on the doctor's orders, after which time the medication will be discontinued and picked up by parent/guardian within 72 hours.

Long term narcotic orders should be handled individually with the school nurse, parent/guardian and physician.

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

The parent/guardian and the school health designee shall sign the narcotic log to verify the initial count.

All narcotics shall be stored in a locked container (bank bag, locked fanny pack or similar) and then locked in a file cabinet or drawer and the key kept in the designee's possession or secured location.

Narcotics shall be counted and signed for daily by the designee and another school employee.

Appropriate school personnel should be advised that the child has been medicated and may exhibit adverse reactions.

There shall be no liability for civil damages as a result of the administration of such medications where the person administering such medication acts as an ordinarily reasonable, prudent person would have acted under the same or similar circumstances (FS 1006.062 (2)).

**NASSAU COUNTY DISTRICT SCHOOLS and FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY SCHOOL HEALTH SERVICES  
NARCOTICS ADMINISTERED FOR PAIN MANAGEMENT**

Student Name \_\_\_\_\_ Initial Count \_\_\_\_\_ Verified By \_\_\_\_\_  
Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

***\*\*Medications must be counted once daily by two people.***

Date	Time	Count	Signatures		Date	Time	Count	Signatures
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## MEDICATION BY NEBULIZER SKILLS CHECKLIST

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

SKILL	Performs skill according to written guidelines	Requires further instruction & supervision
	Date/Preceptor's Initials	Date/Preceptor's Initials
Wash hands.		
Position the student in a comfortable seated position.		
Place nebulizer on table or counter and plug into electrical outlet with ON/OFF switch in the OFF position.		
Place medication in the medicine chamber following all medication administration steps in the School Health Manual. Securely close the lid to the medicine chamber.		
Attach a mouthpiece or face mask to the medicine chamber with an adapter.		
Connect one end of the tubing to the medicine chamber and the other end to the nipple on the nebulizer compressor.		
Turn on the compressor switch and watch for the medication mist to flow from the mouthpiece or mask.		
If a mask is used, place the mask over the student's mouth and nose, securing it comfortably with the elastic strap that is attached.		
If a mouthpiece is used, have the student place their lips around the mouthpiece to make a seal.		
Instruct the student to breath in and out through the mouth slowly and completely.		
Monitor the student for changes in respiratory rate or effort. Initiate emergency procedures if indicated.		
Continue to have the nebulizer dispense the medication until all the medication has disappeared from the chamber.		
Document the procedure accurately.		
If symptoms have improved, the student may go back to class.		
If the equipment is not to be sent home for cleaning, before the next treatment, disassemble and clean the medicine chamber, adapter, mouthpiece or mask and lid with soap and water; rinse thoroughly. Soak for 30 minutes in a solution of 3 parts water to 1 part white vinegar; rinse thoroughly. Lay all pieces on a towel, cover with a paper towel and air dry. Store in a clean plastic bag.		

Preceptor's Name \_\_\_\_\_

Signature \_\_\_\_\_

Initial \_\_\_\_\_

An initial and date in the space beside each skill indicates that the procedure has been demonstrated in a competent manner.

## **Oxygen Therapy**

### **Definitions:**

Oxygen administration-This refers to a supplemental source of oxygen above the normal 21 percent oxygen concentration found in room air.

Continuous oxygen-The student has a treatment order to be on a continuous source of supplemental oxygen that needs to be maintained throughout the school day and during transportation to and from school.

Intermittent oxygen-The student has a treatment order to use a prescribed amount of PRN oxygen based on objective clinical assessment data (such as decreased SaO<sub>2</sub>, increased respiratory rate, or increased respiratory effort).

Emergency oxygen-This requires a standing physician order to administer oxygen to any student under emergency medical situations (such as seizure activity or acute respiratory distress).

### **Purpose:**

Oxygen administration in school is indicated to treat either acute or chronic hypoxia as prescribed by a treatment procedure authorization.

### **Methods:**

Nasal Cannula-This is a plastic tube that connects on one end to an oxygen source (tank) with the other end having two short prongs that each fit into the nostrils. This is generally indicated as an option for planned use of continuous or intermittent oxygen.

Mask-This is a plastic facemask with tubing connected to an oxygen source. The two main sizes of oxygen masks are pediatric and adult. They are generally indicated for emergency situations.

Tracheostomy Mask-This is a plastic mask designed to fit over a tracheostomy cannula and secured by an elastic strap around the neck (over the tracheostomy ties). This may be indicated for planned use of continuous or intermittent oxygen.

Mechanical Ventilation-This is a variety of portable mechanical ventilation devices that may be used for children who attend school. They are attached to the student via a tracheostomy and may or may not involve the routine delivery of supplemental oxygen.

Ambu Bag (Manual Resuscitation): In a case of extreme medical emergency (i.e., severe oxygen desaturation, impending respiratory failure, or respiratory or cardiac arrest), oxygen can be delivered at full flow (> 10 L/min.) with an Ambu Bag using

an appropriately sized sealed face mask or fitted directly onto a tracheostomy cannula.

**Equipment:**

This will be per provider's order and/or IHCP and/or ECP.

**Procedure:**

1. High pressure tanks (standard metal oxygen tanks) require a regulator that has
  - a. a valve to turn the oxygen source on and off;
  - b. a flow meter to measure and adjust the flow of oxygen;
  - c. a pressure gauge to determine the amount of oxygen remaining in the tank.
2. Open the tank by turning the valve at the top counterclockwise until the needle on the pressure gauge moves.
3. Set the flow meter to the prescribed rate (liters/minute) by turning the dial to the number or until the ball rises to the correct level on the scale.
4. If using a nasal cannula
  - a. place prongs into nose so they follow the curve of the nostrils;
  - b. secure around back of ears;
  - c. Adjust below the chin.
5. If using a face mask
  - a. place the mask over the nose and mouth;
  - b. secure it with an elastic strap around the head and above the ears;
  - c. the mask needs to fit comfortably, but firmly against the face.
    1. Any space between the mask and face dilutes the intended concentration of oxygen;
    2. for students unable to tolerate the elastic strap around their head, the mask can be held against the face without the strap. (This is only appropriate for a limited period of time).
6. If using a tracheostomy mask, follow the same procedure as a facemask, except cover the tracheostomy cannula with the mask and secure it around the neck.



7. If using an Ambu Bag
  - a. turn the oxygen flow rate > 10 L/min;
  - b. administer by either face mask or tracheostomy connection.
    1. Either option requires a tight seal to the airway.
    2. Rate and force of manual resuscitation breaths is determined by CPR certified personnel.
8. To close the tank
  - a. disconnect oxygen from the student;
  - b. turn the valve clockwise until it cannot go any further. (The flow meter should steadily decrease to zero, indicating that no oxygen is flowing or "leaking" from the tank. This is often called "bleeding" the tank off.)
  - c. Turn the flow meter dial to zero.
9. The tank needs to be stored in a secured upright position to prevent it from falling or tipping over.
10. The storage area for oxygen tanks must be free of petroleum products.

### **Liquid oxygen tanks:**

1. Portable liquid oxygen tanks can be refilled from a home-based liquid oxygen system.
2. These tanks are student specific and only indicated as part of an IHCP.
3. These tanks are used following the same procedural steps listed above and require the same safety considerations.

### **Important Safety Precautions:**

There are numerous safety precautions that are associated with the storage and maintenance of oxygen in the school setting. **School districts should consult with their town's fire marshal.**

### **Delegation Considerations:**

1. Initiation of oxygen therapy is performed by a registered nurse (RN), practical nurse, (LPN), or respiratory therapist (RT).
2. Monitoring of oxygen therapy is a
  - a. continuous or long-term oxygen use that does not require continuous pulse oximetry (see [Pulse Oximetry](#)) by a RN, LPN, RT, physical therapist, occupational therapist, teacher, or other certified personnel,

- b. or a continuous, intermittent, or emergency situation that requires continuous or frequent assessment of pulse oximetry or respiratory status by a RN, LPN, or RT.

### Select Nursing Considerations:

1. Oxygen may be drying to the airway mucosa. Humidification systems are often indicated with long-term or continuous use.
2. Skin assessments around tubing or elastic straps are indicated.
3. The presence of any source of supplemental oxygen requires strict fire safety guidelines.
4. **"Oxygen in Use"** signs should be posted at the entrance of all building sections, classrooms, or nursing offices; on vehicles during transportation of students; and wherever oxygen is stored or potentially used.
5. Oxygen supply vendor-contact information should be kept readily available.
6. Any oxygen tank that is heard hissing or noted to be leaking needs to be replaced promptly.
7. Checking monthly to ensure that they have an adequate supply to use in an emergency situation is a reasonable option.
8. Emergency ("stock") high-pressure oxygen tanks should not lose oxygen if they are not being used or if they were turned off properly.
9. Tanks noted to be less than half-full or expired should be refilled or replaced.

This information is taken substantially from Bowden, V.R., and Greenberg, C.S. (2008). *Pediatric Nursing Procedures*, 2nd edition. Philadelphia, PA: Lippincott Williams and Wilkins. It was modified to align in format to the Health Manual of the *School District of Nassau County, Florida*.

**NASSAU COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY  
SCHOOL HEALTH SERVICES**

**OXYGEN ADMINISTRATION LOG**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Physician's Order \_\_\_\_\_

Date	Time	Gauge level of O <sup>2</sup> tank	Oxygen L/M	Comments	Initials

RN Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Initials \_\_\_\_\_

# Rabies

## **Rabies (Animal Bite)**

The *ANIMAL BITE REPORT RABIES CONTROL INVESTIGATION* is the official form used by the **FLORIDA DEPARTMENT OF HEALTH** for rabies control. This form is found in the back of this section, “**MEDICATION GUIDELINES AND FORMS**.” However, a hardcopy is also available through the Health Department.

Contact your local Health Department nurse and the Office of Intervention & Prevention immediately when an animal bites a child or adult in the school setting. The *ANIMAL BITE REPORT RABIES CONTROL INVESTIGATION* form must be filled out each time an animal bites a child or adult in the school setting. The form is filled out by your local Health Department. Information about the victim and circumstances surrounding the bite should be provided by the school.

### **Instructions for completing the form “Animal Bite Report”, 6/07**

The purpose of this form is to collect information about animal bites in the context of a rabies control investigation. It should be used by county health department staff when conducting an animal bite investigation.

1. **Case Number:** Provide the number assigned to the case being investigated. This number is intended for internal tracking and will be specific to each county.
2. **Name:** Provide the first and last name of the bite victim.
3. **Sex:** Indicate if the victim is male or female.
4. **Age:** Provide the victim’s age.
5. **Telephone:** Enter the victim’s contact telephone number.
6. **Address:** Enter the victim’s address, including number and street, city, state, and zip code.
7. **Name of Parent/Guardian:** If the victim is a minor, enter the name of a parent or guardian.
8. **Address:** Enter the parent/guardian’s address, if different from that of the victim.
9. **Source of Information:** Indicate the name and contact telephone number of the person or office providing the information for the report.
10. **Place of Attack:** Enter the geographic location where the bite occurred (i.e. victim’s home, owner’s home, etc.).
11. **Time and Date of Attack:** Indicate the time and date when the attack took place.
12. **Circumstances of Attack:** Check the appropriate box to describe the circumstances surrounding the bite. If there is relevant information that is not captured by the check boxes, please write it in the space provided.

13. **Animal Owner:** Enter the name and contact telephone number of the animal's owner or custodian.
14. **Address:** Enter the animal owner's address, including number and street, city, state, and zip code.
15. **Type of Animal:** Check the box next to the type of animal involved in the bite. If "other", write the type of animal in the space provided. Indicate whether the animal is owned, wild, or stray. Indicate the gender and whether or not the animal has been spayed or neutered. If the animal has definitely not been spayed or neutered, select the "Unaltered" box. Enter the estimated age of the animal.
16. **Description:** Provide a description of the animal, including the breed, color, and other relevant identifying information.
17. **License Number:** If the animal is licensed, indicate the license number, the date the license was issued, and the dates for which the license is valid.
18. **Behavior:** Indicate if the animal's behavior at the time of the bite was normal, abnormal, or unknown.
19. **Prior Bite History:** Indicate whether the animal has a history of prior bites.
20. **Vaccination Status:** Indicate whether the animal has been vaccinated against rabies. Write in the name of the providing veterinarian, the vaccination date, the tag number, and check the box to indicate whether the animal received a 1-, 3-, or 4-year vaccine.
21. **Animal Location:** Check the box to indicate if the animal was unable to be located, or if the animal is being confined. If the animal is being confined, write in the dates of confinement.
22. **Quarantine Agreement:** If the animal is being confined at the owner's home, indicate whether the owner signed a Home Quarantine Agreement form (see the Rabies Guidebook for an example).
23. **Cause of Death:** If the animal is dead, indicate the cause of death by checking the appropriate box, and writing in the date of death.
24. **Quarantine Released:** Indicate if the animal has been released from quarantine. If yes, write in the date of the release and the name of the person authorizing the release.
25. **Veterinarian:** Check the box to indicate whether the animal has been seen by a veterinarian.
26. **Head Examination:** Check the box to indicate if an examination of the animal's head has been requested or is not warranted.
27. **Remarks:** Enter any additional remarks regarding the investigation that were not captured elsewhere in the form.
28. **Head Sent to Lab:** Enter the date the head was sent, and the name and contact telephone number of the person submitting the head for testing.
29. **Results:** Check the appropriate box to indicate if the head tested positive or negative for rabies, or if the results were unsatisfactory.



# ANIMAL BITE REPORT

## RABIES CONTROL INVESTIGATION

1. Case Number:

Date of Report: \_\_\_\_\_

2. Name (Last, First):		3. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		4. Age:		5. Telephone:	
6. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)							
7. Name of Parent/Guardian (if victim is a minor):				8. Address (if different than above):			
9. Source of Information (Person or Office):						Telephone:	
10. Place of Attack:				11. Time and Date of Attack:			
12. Circumstances of Attack: <input type="checkbox"/> K-9 (Police Action) <input type="checkbox"/> Sick/Hurt <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ <input type="checkbox"/> Unprovoked <input type="checkbox"/> Playful <input type="checkbox"/> Provoked							
13. Animal Owner (Custodian):						Telephone:	
14. Address (No. & Street): _____ (City) _____ (State) _____ (Zip)							
15. Type of Animal: <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Owned <input type="checkbox"/> Stray <input type="checkbox"/> Wild <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Spayed/Neutered <input type="checkbox"/> Unaltered <input type="checkbox"/> Unknown Estimated Age:							
16. Description (Breed, Color, Etc.):				17. License Number:		Date: _____ From: _____	
18. Behavior: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown				19. Prior Bite History: <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Vaccination Status: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Unvaccinated <input type="checkbox"/> Unk. VET: _____				Vaccination Date: _____		Rabies Tag No.: <input type="checkbox"/> 1 Year Vaccine <input type="checkbox"/> 3 Year Vaccine <input type="checkbox"/> 4 Year Vaccine	
21. Animal Location: <input type="checkbox"/> Unable to Locate Animal <input type="checkbox"/> Animal Confined				From Date: _____		To Date: _____	
22. If at owner's home, has Quarantine Agreement been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
23. Cause of Death: <input type="checkbox"/> Illness <input type="checkbox"/> Injury <input type="checkbox"/> Euthanasia Date: _____							
24. Quarantine Released: _____				Date: _____ By: _____			
25. Veterinarian <input type="checkbox"/> Did <input type="checkbox"/> Did Not See Animal				26. Head examination is: <input type="checkbox"/> Requested <input type="checkbox"/> Not Warranted			
27. Remarks:							
28. Head Sent to Lab: _____				Date: _____ By: _____		Telephone: _____	
29. Results: <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE <input type="checkbox"/> UNSATISFACTORY							
30. Victim Notified By: <input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Mail				Date: _____		By: _____	
31. <input type="checkbox"/> Case Closed				Date: _____		By: _____	
32. Person Completing Form:						Telephone: _____	

# Seizures



## Procedure for Responding to Seizures in the School Setting

**Purpose:** This procedure establishes guidelines for School Health Nurses, School Health Clinic Staff, and school personnel 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

**Diastat** - Diazepam rectal gel is an emergency intervention drug 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/she 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 a student Emergency Health Care Plan as needed for students identified as having a seizure disorder to be completed by the School Health Registered Nurse (RN).
  1. Distribute plan/notify appropriate personnel of a student's health care needs.
- B. Assure that at least two (2) 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 five (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/after the seizure; or if Diastat is used.
- e. Notify parent/guardian and school administration or designee.

- 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/guardian.
  - d. Document seizure in student Cumulative Health Record

## II. Administration of Diazepam Rectal Gel (Diastat) in the school setting.

The use of this drug should be limited to life-threatening convulsive seizure activity: convulsive seizures lasting greater than five (5) minutes or as directed by a physician or status epilepticus, which consists of repeated convulsive seizures without a return to consciousness between seizures.

- A. Develop a student Emergency Health Care Plan for students prescribed Diastat for school use to be completed by the School Health Registered Nurse (RN).
  - 1. Distribute Emergency Health Care Plan to appropriate school personnel.
- B. Assure that at least two (2) staff members are trained to administer Diastat.
- C. Call 911 when Diastat is administered, notify school administration or designee.
- D. Notify parent/guardian of seizure activity and of administration of Diastat.
- E. Document seizure activity and drug administration on the student record.
- F. Continue to monitor student until EMS arrives.
- G. Label used Diastat syringe with the time of administration and give to EMS.

## III. Use of Vagal Nerve Stimulation

- A. Develop a student Emergency Health Care Plan for students with an implanted vagal nerve stimulator, VNS (completed by the RN).
  - 1. Distribute Emergency Health Care Plan to appropriate school personnel.
- B. Assure that at least two (2) 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 is aware of magnet location.
- C. Notify parent/guardian of use of the magnet during the school day.
- D. Document magnet use and any seizure activity on the student Cumulative School Health Record.
- E. Call 911 if:
  - 1. Convulsive seizure lasts longer than five (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.	<i>Tonic-Clonic (grand mal)</i> - convulsions, shaking, jerking and stiffness; loses consciousness
2.	<i>Absence (petit mal)</i> - has a blank stare, appears dazed or in a daydream; may blink or chew repeatedly
3.	<i>Atonic (drop attack)</i> - falls or collapses suddenly, but may stand and walk again within a minute
4.	<i>Myoclonic</i> – has sudden powerful movements of the arms, hands or torso

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



### Basic seizure first aid:

Stay calm and track time  
 Keep child safe  
 Do not restrain  
 Do not put anything in the 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



## CHILD SPECIFIC TRAINING DIASTAT and DIASTAT ACCUDIAL

\*Delegation can only be done by an RN.

The school RN is responsible for training and providing ongoing supervision of the unlicensed assistive personnel (UAP).

Unlicensed Assistive Personnel (UAP)

Delegating School RN

Student

School Year

SKILL	Training Date / Initial	Return Demonstration	
		Date	Date
1. Identifies signs and symptoms of seizures.			
2. Assembles equipment: <ul style="list-style-type: none"> <li>Gloves</li> <li>Lubricant</li> <li>Diastat or Diastat Accudial</li> </ul>			
3. Prepares Medication: <ul style="list-style-type: none"> <li>Removes cap from Diastat syringe</li> <li>Places on clean surface</li> </ul>			
4. Prepares student: <ul style="list-style-type: none"> <li>Provides privacy</li> <li>Exposes buttocks</li> <li>Positions student with slight knee to chest</li> <li>Obtains assistance as needed</li> </ul>			
5. Puts on gloves.			
6. Lubricates syringe tip.			
7. Insert syringe into rectum.			
8. Push plunger in, counting 1-2-3; count again 1-2-3.			
9. Withdraws syringe, holds buttocks together counting 1-2-3.			
10. Releases buttocks. Discards syringe.			
11. Covers buttocks with clothing and remove gloves.			
12. Monitors student and calls 9-1-1 as per Medical Management Plan			
13. Wash hands after procedure and student is stable.			

Improvement Plan:

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# Suctioning

# Suctioning - Nasal and Oral Technique Child Specific Skills Checklist

Trained Personnel \_\_\_\_\_

Delegating School RN \_\_\_\_\_

Student \_\_\_\_\_

School Year \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Identifies Supplies:							
1. Suction machine with tubing							
2. Catheter							
3. Cup of tap water							
C. Steps:							
1. Assembles supplies							
2. Washes hands							
3. Turns on suction machine and checks for function							
4. Removes catheter from storage bag being careful not to touch the last 5 inches of catheter							
5. Attaches catheter to suction tubing							
6. Inserts catheter into nose and advances until child coughs without suction							
7. Applies suction when child coughs and withdraws							
8. Puts a few drops of normal saline into nose to thin out secretions (if they are thick)							
9. Repeats suctioning in this order (6-8) until nose is clear							
10. Suctions mouth by advancing catheter into mouth without suction							
11. Applies suction and withdraws catheter while twirling							
12. Repeats suctioning in above order (10-11) until mouth is clear							
13. Dispose of or cleans catheter							
14. Rinses tubing with tap water							

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# **Suctioning - Sterile Technique** **Child Specific** **Skills Checklist**

Trained Personnel

Delegating School RN

Student

School Year

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Identifies Supplies:							
1. Suction machine with tubing							
2. Sterile catheter kit							
3. Saline							
4. Cup of tap water							
5. Resuscitator bag							
C. Steps:							
1. Assembles supplies							
2. Washes hands							
3. Turns on suction machine and checks for function							
4. Opens package and removes kit							
5. Opens kit without touching inside							
6. Removes glove by holding inside of cuff and pulling glove over other hand							
7. Picks up catheter bag and removes catheter using gloved hand							
8. Attaches top of catheter to suction tubing							
9. Uses resuscitator bag with dirty hand to give 3-5 breaths							
10. Inserts catheter into trach tube without suction							
11. Advances catheter into trach tube without suction							
12. Applies suction by putting thumb on suction catheter adapter							
13. Twirls catheter between fingers as it is pulled out of trach tube, staying in no more than 10 seconds							
14. Gives 3-5 breaths with resuscitator bag after catheter Has been removed from trach tube							
15. Repeats suctioning in above order (10-14) until secretions are removed							
16. Places drops of saline or prescribed solution in trach tube (if secretions are thick), follows with extra breaths, then suction							
17. Suctions nose and mouth with same catheter the same way							
18. Completes suctioning, disconnects catheter from suction tubing, wraps catheter around gloved hand and pulls glove off inside out							
19. Rinses suctioning tubing with tap water							

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

**NASSAU COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU  
SCHOOL HEALTH SERVICES  
Suctioning Log**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Grade \_\_\_\_\_

School \_\_\_\_\_ Physician's  
Order \_\_\_\_\_

Date	Time	Amt.	Color	Consistency	Tracheal/ Nasal	Comments	Initial




Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

9/16

# Tube Feeding

**NASSAU COUNTY DISTRICT SCHOOLS and  
FLORIDA DEPARTMENT OF HEALTH NASSAU  
SCHOOL HEALTH SERVICES  
Tube Feeding Log**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Physician's Order \_\_\_\_\_

Date	Time	Amt. formula	Amt. Water	Pump setting	Residual Amount	Comments	Initial


Signature \_\_\_\_\_

Date\_\_\_\_\_

Initials

Signature \_\_\_\_\_

Date\_\_\_\_\_

Initials

Signature \_\_\_\_\_

Date\_\_\_\_\_

Initials

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# Urostomy

## Urostomy Care Child Specific Skills Checklist

Trained Personnel \_\_\_\_\_

Delegating School RN \_\_\_\_\_

Student \_\_\_\_\_

School Year \_\_\_\_\_

	Demo Date	Return Demonstration					
		Date	Date	Date	Date	Date	Date
A. States name and purpose of procedure.							
B. Preparation:							
1. Reviews Universal Precautions							
2. Completes at _____ time(s)							
3. Identifies where procedure is done (consider privacy and access to bathroom)							
4. Position for ostomy care							
5. Identifies possible problems and appropriate actions							
C. Identifies Supplies:							
1. Soap and water							
2. Soft cloth or gauze							
3. Skin preparation							
4. Adhesive							
5. Clean bag							
6. Belt, if needed							
7. Scissors and measuring guide							
8. Clean gloves							
9. Adhesive tape, if needed							
10. Container to clean/store bag							
11. Disinfectant solution to clean used bag							
D. Procedure:							
1. Washes hands							
2. Assembles equipment							
3. Explains procedure to child and encourages participation							
4. Puts on gloves							
5. Empties contents of bag into toilet before removal							
6. Removes used bag							
7. Washes the stoma area							
8. Inspects skin for redness/irritation							
9. Dries stoma and skin							
10. Places skin barrier around stoma							
11. Applies adhesive to bag or removes backing from adhesive							
12. Centers new bag over stoma							
13. Presses bag firmly against skin barrier to prevent leaks							
14. Attaches belt, if used							
15. Disposes of used bag in appropriate receptacle							
16. Removes gloves and washes hands							
17. Documents procedure and problems							
18. Reports any problems to parents							

RN Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

*\*Initial and date in space beside each skill indicates procedure has been demonstrated in a competent manner.*

# Varicella

## **VARICELLA SURVEILLANCE WORKSHEET (Chicken Pox)**

The *VARICELLA SURVEILLANCE WORKSHEET* is the official form used by the CDC to track outbreaks of varicella. This form is found on the next page in the hardcopy of the manual. However, it is not found in the on-line version of the Health Manual. In the on-line version, that page is blank.

Contact your local Health Department nurse and the Office of Intervention & Prevention immediately upon detection of varicella in your school. The *VARICELLA SURVEILLANCE WORKSHEET* form must be filled out each time a case of varicella (chicken pox) is detected in the school setting. The form should then be forwarded to your local Health Department.

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## Nassau County School Health Training

Name \_\_\_\_\_

You will be given the opportunity to complete the following items during your orientation. Please initial the items as they are completed in your training. The Florida Department of Health (DOH) school nurse will sign items that require return demonstration. After completion of your training, please give this form to the DOH school nurse.

\_\_\_\_\_ 1. Background information on how school health services are provided in Florida, including Supplemental School Services.

\_\_\_\_\_ 2. Instruction in policies dealing with line of authority and medical supervision.

\_\_\_\_\_ 3. Instruction in techniques for dealing with line of authority and medical supervision.

\_\_\_\_\_ 4. Instruction in first aid and CPR (training program sponsored by the Nassau County School District).

\_\_\_\_\_ 5. Review of School Health Manual, HRSM 150-25.

\_\_\_\_\_ 6. Instruction in the importance of maintaining confidentiality in relation to students records and counseling students.

\_\_\_\_\_ 7. Review of and instruction in maintaining health room equipment and supplies.

**\* DOH/ LPN school nurses will review with each health aide on site re:  
adequacy of individual school health room equipment, supplies, and design  
safety needs, for appropriate care of students.**

\_\_\_\_\_ 8. Instruction in recognition of signs of illness and comfort measures for minor discomforts, basic first aid principles.

\_\_\_\_\_ 9. Instruction in practices used in prevention and control of infection, hand washing, and proper handling and disposal of body fluids (universal Precautions) and Isolation guidelines.

\_\_\_\_\_ 10. Recognition of trends and/or patterns of students with multiple health room contacts, which might indicate a need for further nursing assessment.

\_\_\_\_\_ 11. Instructions in the procedures of Concussion Guidelines.

\_\_\_\_\_ 12. Instruction in procedures for services needed by medically complex students as indicated.

\_\_\_\_\_13. Instruction in recognizing signs and symptoms of child abuse or neglect and sexual abuse, and appropriate referral and follow-up.

\_\_\_\_\_14. Instruction in recognizing signs and symptoms of drug use and abuse, and appropriate referral and follow-up.

\_\_\_\_\_15. Instruction on Medical Marijuana Management Policy

\_\_\_\_\_16. Instructions in state reviews and health room monitoring tool.

\_\_\_\_\_17. Instruction on procedure for accountability, administration, and recording of medication.

**\*Requires return demonstration (date/initial) \_\_\_\_\_**

\_\_\_\_\_18. Instruction in procedures regarding emergency management and emergency medications.

**\*Requires return demonstration \_\_\_\_\_**

\_\_\_\_\_19. Instruction on how to maintain a daily health room activity log on all students contacts relating to health problems, illness, or injury.

\_\_\_\_\_20. Instruction on how to complete the health room forms and proper documentation required as a designated health aide and nurse on campus.

\_\_\_\_\_21. Coding for services: Employee Activity Record (EARS).

\_\_\_\_\_22. Instruction in Cumulative School Health Record requirements and familiarity with Florida Law concerning immunization requirements and student health exams.

\_\_\_\_\_23. Instruction in screening for and dealing with students with pediculosis or their parents.

\_\_\_\_\_24. Instructions in reporting communicable diseases.

\_\_\_\_\_25. Instruction of techniques in performing and recording required health screenings.

**Orientation completed as verified by: \_\_\_\_\_**

Florida Department of Health Nassau school health nurse (date/sign)

**Congratulations, and best wishes for a rewarding future in school health!**

## Delegation Check List

If one or more items are checked as “no”, it is recommended that more in-depth preparation is needed before delegation to unlicensed assistive personnel will be safe.

Criteria for Delegation	Yes	No	N/A
<b>School Registered Nurse’s Responsibilities:</b>			
Has developed an Individualized Health Care Plan (IHCP)			
Has established communication links between RN & parent/guardian, health care provider, and delegated unlicensed assistive person (UAP) for supervision, monitoring, and consultation			
<b>Unlicensed Assistive Personnel’s Responsibilities:</b>			
Has completed all necessary training			
Has demonstrated skill competence			
<b>Parent’s/Guardian’s Responsibilities:</b>			
Has understanding that a UAP may perform this duty			
Has signed any required written authorizations			
Has provided all necessary equipment and supplies			
Has completed health history information forms			
Has provided all required emergency information			
<b>Student’s Situation or Skills or Responsibilities:</b>			
Is medically stable			
If able, has completed initial self-care education			
If capable of performing tasks, has demonstrated skill competence			
Agrees to follow local policies & procedures			
<b>Health Care Provider’s Responsibilities:</b>			
Has provided required health/medical history, information and authorization forms			
Has signed a statement indicating students level of independent functioning			
Has provided specific written orders related to treatment or medications			

Developed from recommendations of the *Florida Department of Health Nursing Guidelines for the Delegation of Care of Students with Diabetes in Florida Schools* (2003)

**Plan for Supervision and Evaluation of Unlicensed  
Assistive Personnel/Paraprofessional (Delegate)**

<b>Method of Supervision</b>	
<input type="checkbox"/> Direct observation of Delegate	<input type="checkbox"/> Conference with Delegate
<input type="checkbox"/> Record Review (Review of Student's Record) Nurse or Nursing Supervisor **	<input type="checkbox"/> Telephone Consultation by School Procedure
<i>** Unlicensed Assistive Personnel (UAP)/Paraprofessional has been informed of the signs, symptoms, and/or complications that require an immediate call to the school nurse or nursing supervisor.</i>	
<b>Evaluation</b>	
Evaluation of UAP/Paraprofessional will be performed once every:	
<input type="checkbox"/> month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> semester <input type="checkbox"/> 6 months <input type="checkbox"/> school year	
<b>Specified Health Procedure Needs are Being Met by Delegate</b>	
Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)	Date: _____  <input type="checkbox"/> Procedure performed competently ** <input type="checkbox"/> Additional training required <input type="checkbox"/> Procedure not performed competently (delegation withdrawn)
<i>**UAP/Paraprofessional performs delegated task competently as evidenced by performing task according to the procedure skills checklist.</i>	
<input type="checkbox"/> Additional training performed	Date: _____
<input type="checkbox"/> Delegation withdrawn	Date: _____

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

Pull at the end of the school year and store with Student Treatment Record.

**SCHOOL DISTRICT OF NASSAU COUNTY  
FACULTY AND STAFF HEALTH INFORMATION FORM**

**School Year** \_\_\_\_\_

This is a medical information form that we would like to keep on file in the health room. Providing this information is entirely voluntary. It would only be used by the health room nurse in the event of an emergency situation. This form will be kept in strict confidence, stored in a locked file and shredded at the end of the school year.

NAME: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any health problems, conditions, concerns you may have that would be beneficial for us to be aware of in an emergency situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

06/2016

### ***General Records Schedule GS7 (Destruction of Medical Records)***

Medical records may be destroyed after a prescribed period of time. The determined required time certain medical records must be kept on file can be found in the *General Records Schedule GS7 for Public Schools Pre-k-12 and Adult Education*.

Schedules for the destruction of certain medical documents include

- CLINIC LOG
- HEALTH IMMUNIZATION CERTIFICATION
- HEALTH IMMUNIZATION NOTICE OF NONCOMPLIANCE
- MEDICAL/HEALTH CARE RECORDS: STUDENT
- RELEASE OF STUDENT INFORMATION: MEDICAL

General Records Schedule GS7 for Public Schools Pre-K-12 and Adult and Career Education

Please refer to Rule 65C-22.004, *Florida Administrative Code*, Health Related Requirements, for specific authorization requirements in child care settings. Retention is pursuant to Section 95.11, *Florida Statutes*, Statute of Limitations on medical malpractice.

**RETENTION:**

- 1) Record copy. 7 anniversary years after last patient/student contact.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**MILLAGE AND BOND ELECTION RECORDS**

Item #70

This record series documents elections held to approve or reject proposed sale of bonds or an ad valorem tax millage for school improvements. Records may include, but are not limited to, School Board request to the county for the election; ballot language; and the results of the election from the Supervisor of Elections.

**RETENTION:**

- 1) Record copy. Permanent.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**\* PARENT/GUARDIAN CONSENTS FOR PHOTOGRAPHIC/VIDEO/AUDIO RECORDING OF STUDENT** Item #159

This record series consists of parent or guardian consents to make and use photographic, video, or audio recordings of students. The record may include, but is not limited to, the name of the student, name and signature of parent/guardian, name of school, purposes for which records may be used, and any limitations on use of records. Records may be made for such purposes as publication in a district newsletter, posting on a school website, use by school counseling interns to improve counseling skills, or other purposes.

**RETENTION:**

- 1) Record copy. 3 school years.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**\* PARENTAL AUTHORITY RECORDS** Item #160

This record series consists of documentation empowering a person other than the custodial parent(s) to exercise parental authority. Parental authority records may include, but are not limited to, notarized statements of Power of Attorney, court documentation awarding guardianship, foster care placement documentation, and related records.

**RETENTION:**

- 1) Record copy. 3 school years after the records are no longer in effect or student no longer registered with the school district, whichever occurs first.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**PARKING DECAL/PERMIT RECORDS: STUDENTS**

Item #161

This record series consists of applications for parking decals or permits allowing students to park in designated areas, lots, or spaces, along with any related documentation.

**RETENTION:**

- 1) Record copy. Retain as long as decal/permit is in effect.
- 2) Duplicates. Retain until obsolete, superseded, or administrative value is lost.

**PUBLIC SCHOOLS STAFF SURVEY FILES**

Item #33

This record series documents surveys of school instructional personnel conducted each fall pursuant to Section 1001.03(5) and 1012.07, *Florida Statutes*, Identification of Critical Teacher Shortage Areas; and Rule 6A-20.0131, *Florida Administrative Code*, Critical Teacher Shortages. The series may include, but is not limited to, Form ESE 058, Public Schools Staff Survey-New Hires - Instructional Personnel (or equivalent form) and any supporting documentation. Survey data is submitted to the Department of Education.

**RETENTION:**

- 1) Record copy. 3 fiscal years provided applicable audits are released.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**REGISTRATIONS: ADULT AND CAREER EDUCATION**

Item #162

This record series consists of student registration records which may include, but are not limited to, registration form; fee assessment and payment documentation, including records of any refunded fees; and other required information and documentation. This series includes records of student who began the admissions process and paid fees but who never registered for classes. See also "REGISTRATIONS: K-12" and "UNREGISTERED STUDENT RECORDS."

**RETENTION:**

- 1) Record copy. 5 fiscal years.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**REGISTRATIONS: K-12**

Item #163

This record series consists of student registration records which may include, but are not limited to, registration form; verification of legal name, birth date, and address; and other required information and documentation. See also "REGISTRATIONS: ADULT AND CAREER EDUCATION" and "UNREGISTERED STUDENT RECORDS."

General Records Schedule GS7 for Public Schools Pre-K-12 and Adult and Career Education

**RETENTION:**

- 1) Record copy. 3 fiscal years.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**RELEASE OF STUDENT INFORMATION: DIRECTORY INFORMATION WITHHOLDING REQUEST**

Item #164

This record series documents requests by parents, guardians, or eligible students to withhold the release of any or all student directory information under the provisions of the Family Educational Rights and Privacy Act (FERPA), 34CFR99.37, and 20 U.S.C. 1232g, Family educational and privacy rights. FERPA defines "directory information" as "information contained in an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed ..." (34CFR99.3).

**RETENTION:**

- 1) Record copy. Retain until obsolete, superseded or administrative value is lost.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**X RELEASE OF STUDENT INFORMATION: GENERIC**

Item #161

This record series consists of authorizations by the parent/guardian or the adult student to release student educational information to another party. The release specifies what records are to be sent and to whom or what institution. This series does not include authorizations to release medical information. Retention is based on Section 95.11, *Florida Statutes*, the Statute of Limitations for negligence, statutory liability, etc., and 34CFR99.32(d)(3), Family Educational Rights and Privacy, which specifically exempts disclosure to "a party with written consent from the parent or eligible student" from the recordkeeping requirements of 34CFR99.32(a).

**RETENTION:**

- 1) Record copy. 4 anniversary years after records released or last effective date of authorization, whichever is later.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**RELEASE OF STUDENT INFORMATION: MEDICAL**

Item #162

This record series consists of authorizations by the parent/guardian or the adult student for release of medical records by a full service clinic or school nurse for the purpose of transfer, family request, or another doctor's review. Physical or mental health data can only be released to a health professional. This release is identical to those required in more formalized health care facilities.

**RETENTION:**

- 1) Record copy. 7 anniversary years.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**SCHOOL CHOICE RECORDS**

Item #163

This record series documents requests by students or parents/guardians for transfer to a school of their choosing. This series may include applications, review of materials, parent's consent to provide the necessary transportation, letters of approval or denial, and any supporting documentation. For school choice records that are connected to any funding program or source (e.g., Federal Title I), use the applicable item from the *General Records Schedule GS7-SL for State and Local Government Agencies* for instance, GRANT FILES, "PROJECT FILES: FEDERAL," etc.).

**RETENTION:**

- 1) Record copy. 3 fiscal years provided applicable audits have been released.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**SCHOOL DEMOGRAPHIC REPORTS**

Item #165

This record series consists of demographic reports for public schools including, but not limited to, race, gender, and grade level for each school and a summary total for the county. The reports provide a history of enrollment for the district and the makeup of all schools and measure growth for county funding. This series covers reports maintained by the school/district, not the reports submitted to the Florida Department of Education which are covered by "FULL-TIME EQUIVALENCY RECORDS." These records may have archival value.

**RETENTION:**

- 1) Record copy. Permanent.
- 2) Duplicates. Retain until obsolete, superseded or administrative value is lost.

**SCHOOL IMPROVEMENT PLAN RECORDS**

Item #166

This record series documents reporting activities conducted by each school district as required by Chapter 1008, *Florida Statutes*, Assessment and Accountability, and Rule 6A-1.09981, *Florida Administrative Code*, Implementation of Florida's System of School Improvement and Accountability. The student assessment program is intended to provide information needed to improve the public schools by enhancing the learning gains of all students and to inform parents of the educational progress of their public school children. The performance accountability system provides a variety of measures such as yearly progress, individual student learning gains in public schools, school grades, and return on investment. Reports submitted annually to the Florida Department of Education by school districts may include, but are not limited to, 1990s assessments, climate survey results, test data, staff data, and other information relative to that school and its plans for meeting statewide goals and standards for performance measures.

**RETENTION:**



**800**

**SCREENING:  
VISION  
HEARING  
SCOLIOSIS**

**NOTE: The Vision and Hearing Screening instrument is in this manual and in the on-line manuscript. The Scoliosis instrument is in this manual, but not in the on-line manuscript.**

**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH**  
**CUMULATIVE SCHOOL HEALTH RECORD**

The Cumulative School Health Record Form 3041 is the standard student information records system to be used by all public schools for each student's cumulative record to be maintained by the school district. In accordance with Florida Statute 381.0056, such system shall include basic health data resulting from services of the Department of Health including screening services and results, referral, and follow-up.



# NASSAU COUNTY SCHOOL DISTRICT

## VISION / HEARING SCREENING REQUEST

Student's Legal Name: (Last, First, Middle) \_\_\_\_\_ DOB: \_\_\_\_\_ Student Number: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Form to be returned to: \_\_\_\_\_

Screening requested by: \_\_\_\_\_ Date Requested: \_\_\_\_\_

### VISION SCREENING RESULTS:

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

Does the student wear glasses? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the student wear contact? \_\_\_\_\_ Yes \_\_\_\_\_ No

Screened with glasses/contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Snellen: \_\_\_\_\_ Right \_\_\_\_\_ Left

Near Point: \_\_\_\_\_ Right \_\_\_\_\_ Left

#### Pass/Fail Criteria for Vision:

##### Snellen Results

Grade PK-K (ages 3-5 years old): 20/40 = Pass; 20/50 = Fail

Grade 1-12 (ages 6-18 years old): 20/30 = Pass; 20/40 = Fail

##### Near Point Results

Grade PK-K (ages 3-5 years old): 20/40 = Pass; 20/50 = Fail

Grade 1-12 (ages 6-18 years old): 20/30 = Pass; 20/40 = Fail

Recommend Rescreen \_\_\_\_\_ Yes \_\_\_\_\_ No

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

### RESCREENING RESULTS:

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

Does the student wear glasses/contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Snellen: \_\_\_\_\_ Right \_\_\_\_\_ Left

Near Point: \_\_\_\_\_ Right \_\_\_\_\_ Left

Screened with glasses/contacts? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments: \_\_\_\_\_

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student has private vision exam, attach copy of results.)

### HEARING SCREENING RESULTS:

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

Right Ear: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Left Ear: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Recommend Rescreen \_\_\_\_\_ Yes \_\_\_\_\_ No

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_

### RESCREENING RESULTS:

Date: \_\_\_\_\_

Examiner: \_\_\_\_\_

Right Ear: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

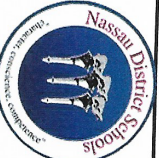
Left Ear: \_\_\_\_\_ Pass \_\_\_\_\_ Fail

Referred to: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student receives audiological evaluation, attach copy of results.)

#### Pass/Fail Criteria for Hearing for all ages:

25 dB at 1000, 2000 and 4000 Hz

30+ dB at any frequency = fail

		School / Grade: _____	
Student #: _____		Student: _____	
Parent/Guardian: _____		Date: ____ / ____ / ____	
Phone: _____		<b>HEALTH SCREENING FORM</b>	
<b>VISION - TEST #1</b> 5 years old - Refer if > 20/40 6+ years old - Refer if > 20/30		<b>Opt-Out:</b> <input type="checkbox"/> All <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Growth & Development <input type="checkbox"/> Scoliosis <input type="checkbox"/> Dental	
<input type="checkbox"/> <b>SNELLEN</b> <input type="checkbox"/> <b>SPOT check</b> Date: ____ / ____ / ____ Child wears prescription glasses OR contacts Worn for test <input type="checkbox"/> Left at home <input type="checkbox"/> Broken / Lost		<input type="checkbox"/> <b>SNELLEN</b> <input type="checkbox"/> <b>SPOT check</b> Date: ____ / ____ / ____ Child wears prescription glasses OR contacts Worn for test <input type="checkbox"/> Left at home <input type="checkbox"/> Broken / Lost	
RIGHT 20 / ____  LEFT 20 / ____	<input type="checkbox"/> <b>WITHIN LIMITS</b> <input type="checkbox"/> <b>REFER</b> <input type="checkbox"/> <b>RESCREEN</b>	RIGHT 20 / ____  LEFT 20 / ____	<input type="checkbox"/> <b>WITHIN LIMITS</b> <input type="checkbox"/> <b>REFER</b>
<b>HEARING - TEST #1</b> Refer if > 25 db		<b>HEARING - TEST #2</b> Refer if > 25 db	
PURE TONE    Date: ____ / ____ / ____  check mhz boxes the student CAN hear RIGHT mhz <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 4000 <input type="checkbox"/> <b>WITHIN LIMITS</b> LEFT mhz <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 4000 <input type="checkbox"/> <b>WITHIN LIMITS</b>		PURE TONE    Date: ____ / ____ / ____  check mhz boxes the student CAN hear RIGHT mhz <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 4000 <input type="checkbox"/> <b>WITHIN LIMITS</b> LEFT mhz <input type="checkbox"/> 1000 <input type="checkbox"/> 2000 <input type="checkbox"/> 4000 <input type="checkbox"/> <b>WITHIN LIMITS</b>	
<b>GROWTH &amp; DEVELOPMENT</b> Refer if BMI < 5% (underweight) OR > 95% (obese)		Height / inches _____ Record partial inches using 2 decimals and round DOWN to the nearest quarter inch EX: 47.75 Weight / pounds _____ Record weight using 1 decimal point EX: 83.2	
<b>SCOLIOSIS</b>  Date: ____ / ____ / ____ Curvature degrees _____ <input type="checkbox"/> <b>WITHIN LIMITS</b> <input type="checkbox"/> <b>REFER</b>		<b>DENTAL</b>  Date: ____ / ____ / ____ Left _____ Top _____ Front _____ Back _____ Right _____ Bottom _____ <input type="checkbox"/> <b>WITHIN LIMITS</b> <input type="checkbox"/> <b>REFER</b>	
BMI results: _____  Percentile result: _____		Referral closed date: _____	
Contact date: _____ <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other		Contact date: _____ <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other	
Contact date: _____ <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other		Contact date: _____ <input type="checkbox"/> Letter <input type="checkbox"/> Phone <input type="checkbox"/> Other	

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**900**

**CHILD  
ABUSE**

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**CHAPTER 827 & A.R. 5.91**  
**ABUSE OF CHILDREN**

827.01  
Definitions

827.01  
Unlawful desertion of a child

827.03  
Abuse, aggravated abuse, and neglect of a child; penalties

827.035  
Newborn infants

827.04  
Contributing to the delinquency or dependency of a child; penalty

---

827.071  
Sexual performance by a child; penalties

A.R. 5.91  
CHILD ABUSE, ABANDONMENT, AND NEGLECT--

**827.01 Definitions.**—As used in this chapter:

- (1) “Caregiver” means a parent, adult household member, or other person responsible for a child’s welfare.
- (2) “Child” means any person under the age of 18 years.
- (3) “Placement” means the giving or transferring of possession or custody of a child by any person to another person for adoption or with the intent or purpose of surrendering the control of the child.

History.—s. 48, ch. 74-383; s. 1, ch. 77-174; s. 7, ch. 96-322.



### **827.03 Abuse, aggravated abuse, and neglect of a child; penalties.—**

(1) **DEFINITIONS.**—As used in this section, the term:

(a) “Aggravated child abuse” occurs when a person:

1. Commits aggravated battery on a child;
2. Willfully tortures, maliciously punishes, or willfully and unlawfully cages a child; or
3. Knowingly or willfully abuses a child and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the child.

(b) “Child abuse” means:

1. Intentional infliction of physical or mental injury upon a child;
2. An intentional act that could reasonably be expected to result in physical or mental injury to a child; or
3. 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.

(c) “Maliciously” means wrongfully, intentionally, and without legal justification or excuse. Maliciousness may be established by circumstances from which one could conclude that a reasonable parent would not have engaged in the damaging acts toward the child for any valid reason and that the primary purpose of the acts was to cause the victim unjustifiable pain or injury.

(d) “Mental injury” means injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability of the child to function within the normal range of performance and behavior as supported by expert testimony.

(e) “Neglect of a child” means:

1. 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
2. A caregiver’s failure to make a reasonable effort to protect a child from abuse, neglect, or exploitation by another person.

Except as otherwise provided in this section, neglect of a child may be based on repeated conduct or on a single incident or omission that results in, or could reasonably be expected to result in, serious physical or mental injury, or a substantial risk of death, to a child.

(2) **OFFENSES.**—

(a) A person who commits aggravated child abuse commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A person who willfully or by culpable negligence neglects a child and in so doing causes great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(c) A person who knowingly or willfully abuses a child without causing great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(d) A person who willfully or by culpable negligence neglects a child without causing great bodily harm, permanent disability, or permanent disfigurement to the child commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) EXPERT TESTIMONY.—

(a) Except as provided in paragraph (b), a physician may not provide expert testimony in a criminal child abuse case unless the physician is a physician licensed under chapter 458 or chapter 459 or has obtained certification as an expert witness pursuant to s. 458.3175 or s. 459.0066.

(b) A physician may not provide expert testimony in a criminal child abuse case regarding mental injury unless the physician is a physician licensed under chapter 458 or chapter 459 who has completed an accredited residency in psychiatry or has obtained certification as an expert witness pursuant to s. 458.3175 or s. 459.0066.

(c) A psychologist may not give expert testimony in a criminal child abuse case regarding mental injury unless the psychologist is licensed under chapter 490.

(d) The expert testimony requirements of this subsection apply only to criminal child abuse cases and not to family court or dependency court cases.

History.—s. 1, ch. 4721, 1899; s. 1, ch. 4971, 1901; GS 3236, 3238; RGS 5069, 5071; s. 1, ch. 9331, 1923; CGL 7171, 7173; s. 1, ch. 65-113; s. 1, ch. 70-8; s. 940, ch. 71-136; s. 49, ch. 74-383; s. 30, ch. 75-298; s. 1, ch. 84-238; s. 8, ch. 96-322; s. 16, ch. 99-168; s. 1, ch. 2003-130; s. 9, ch. 2012-155; s. 6, ch. 2015-177.

Note.—Former s. 828.04.

**827.035 Newborn infants-**

It shall not constitute neglect of a child pursuant to s. 827.03 or contributing to the dependency of a child pursuant to s. 827.04, if a parent leaves a newborn infant at a hospital, emergency medical services station, or fire station or brings a newborn infant to an emergency room and expresses an intent to leave the infant and not return, in compliance with s. 383.50.

History.—s. 8, ch. 2000-188; s. 24, ch. 2001-53.

**827.04 Contributing to the delinquency or dependency of a child; penalty.—**

(1) Any person who:

(a) Commits any act which causes, tends to cause, encourages, or contributes to a child becoming a delinquent or dependent child or a child in need of services; or

(b) Induces or endeavors to induce, by act, threat, command, or persuasion, a child to commit or perform any act, follow any course of conduct, or live in a manner that causes or tends to cause such child to become or to remain a dependent or delinquent child or a child in need of services, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(2) It is not necessary for any court exercising juvenile jurisdiction to make an adjudication that any child is delinquent or dependent or a child in need of services in order to prosecute a violation of this section. An adjudication that a child is delinquent or dependent or a child in need of services shall not preclude a subsequent prosecution of a violation of this section.

(3) A person 21 years of age or older who impregnates a child under 16 years of age commits an act of child abuse which constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. A person who impregnates a child in violation of this subsection commits an offense under this subsection regardless of whether the person is found to have committed, or has been charged with or prosecuted for, any other offense committed during the course of the same criminal transaction or episode, including, but not limited to, an offense proscribed under s. 800.04, relating to lewd, lascivious, or indecent assault or act upon any person under 16 years of age. Neither the victim's lack of chastity nor the victim's consent is a defense to the crime proscribed under this subsection.

History.—s. 50, ch. 74-383; s. 30, ch. 75-298; s. 1, ch. 77-73; s. 1, ch. 77-429; s. 4, ch. 88-151; s. 8, ch. 90-53; s. 2, ch. 96-215; s. 10, ch. 96-322.

**827.071 Sexual performance by a child; penalties.—**

(1) As used in this section, the following definitions shall apply:

- (a) “Deviate sexual intercourse” means sexual conduct between persons not married to each other consisting of contact between the penis and the anus, the mouth and the penis, or the mouth and the vulva.
- (b) “Intentionally view” means to deliberately, purposefully, and voluntarily view. Proof of intentional viewing requires establishing more than a single image, motion picture, exhibition, show, image, data, computer depiction, representation, or other presentation over any period of time.
- (c) “Performance” means any play, motion picture, photograph, or dance or any other visual representation exhibited before an audience.
- (d) “Promote” means to procure, manufacture, issue, sell, give, provide, lend, mail, deliver, transfer, transmute, publish, distribute, circulate, disseminate, present, exhibit, or advertise or to offer or agree to do the same.
- (e) “Sadomasochistic abuse” means flagellation or torture by or upon a person, or the condition of being fettered, bound, or otherwise physically restrained, for the purpose of deriving sexual satisfaction from inflicting harm on another or receiving such harm oneself.
- (f) “Sexual battery” means oral, anal, or vaginal penetration by, or union with, the sexual organ of another or the anal or vaginal penetration of another by any other object; however, “sexual battery” does not include an act done for a bona fide medical purpose.
- (g) “Sexual bestiality” means any sexual act between a person and an animal involving the sex organ of the one and the mouth, anus, or vagina of the other.
- (h) “Sexual conduct” means actual or simulated sexual intercourse, deviate sexual intercourse, sexual bestiality, masturbation, or sadomasochistic abuse; actual lewd exhibition of the genitals; actual physical contact with a person’s clothed or unclothed genitals, pubic area, buttocks, or, if such person is a female, breast, with the intent to arouse or gratify the sexual desire of either party; or any act or conduct which constitutes sexual battery or simulates that sexual battery is being or will be committed. A mother’s breastfeeding of her baby does not under any circumstance constitute “sexual conduct.”
- (i) “Sexual performance” means any performance or part thereof which includes sexual conduct by a child of less than 18 years of age.

(j) “Simulated” means the explicit depiction of conduct set forth in paragraph (h) which creates the appearance of such conduct and which exhibits any uncovered portion of the breasts, genitals, or buttocks.

(2) A person is guilty of the use of a child in a sexual performance if, knowing the character and content thereof, he or she employs, authorizes, or induces a child less than 18 years of age to engage in a sexual performance or, being a parent, legal guardian, or custodian of such child, consents to the participation by such child in a sexual performance. Whoever violates this subsection is guilty of a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(3) A person is guilty of promoting a sexual performance by a child when, knowing the character and content thereof, he or she produces, directs, or promotes any performance which includes sexual conduct by a child less than 18 years of age. Whoever violates this subsection is guilty of a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(4) It is unlawful for any person to possess with the intent to promote any photograph, motion picture, exhibition, show, representation, or other presentation which, in whole or in part, includes any sexual conduct by a child. The possession of three or more copies of such photograph, motion picture, representation, or presentation is prima facie evidence of an intent to promote. Whoever violates this subsection is guilty of a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(5)(a) It is unlawful for any person to knowingly possess, control, or intentionally view a photograph, motion picture, exhibition, show, representation, image, data, computer depiction, or other presentation which, in whole or in part, he or she knows to include any sexual conduct by a child. The possession, control, or intentional viewing of each such photograph, motion picture, exhibition, show, image, data, computer depiction, representation, or presentation is a separate offense. If such photograph, motion picture, exhibition, show, representation, image, data, computer depiction, or other presentation includes sexual conduct by more than one child, then each such child in each such photograph, motion picture, exhibition, show, representation, image, data, computer depiction, or other presentation that is knowingly possessed, controlled, or intentionally viewed is a separate offense. A person who violates this subsection commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) This subsection does not apply to material possessed, controlled, or intentionally viewed as part of a law enforcement investigation.

(6) Prosecution of any person for an offense under this section shall not prohibit prosecution of that person in this state for a violation of any law of this state, including a law providing for greater penalties than prescribed in this section or any other crime punishing the sexual performance or the sexual exploitation of children.

History.—s. 4, ch. 83-75; s. 1, ch. 85-273; s. 1, ch. 86-38; s. 1, ch. 91-33; s. 1, ch. 92-83; s. 1283, ch. 97-102; s. 1, ch. 2001-54; s. 4, ch. 2007-143; s. 15, ch. 2011-220; s. 3, ch. 2012-19.

## **5.91 CHILD ABUSE, ABANDONMENT, AND NEGLECT--**

I. The School Board strongly prohibits any action or omission constituting child abuse, abandonment, or neglect by any of its employees, agents, volunteers, or by other persons affiliated in any way with the School District. Not later than the end of the first week of classes each year, the principal of each school in Nassau County shall review with all school personnel the pertinent provisions of Chapters 415 and 827, Florida Statutes and 1006.061, Florida 588 Statutes. In addition, each school principal will provide annual child abuse prevention training for school personnel and volunteers.

### **II. Reports of child abuse and neglect—**

a. Any person including but not limited to school teachers, other school officials or personnel who knows, or has reasonable cause to suspect, that a child is abused, abandoned or neglected shall report such knowledge or suspicion to the Department of Children and Family Services.

b. All telephone reports made to the Abuse Registry (1-800-962-2873) by teachers or any other member of the school staff shall be made privately. A teacher or staff member may also contact the principal, a school designee, district office or support person to let them know the case has been reported. Among the provisions of Chapter 39.201, F.S., is the requirement that mandates reporters provide their names to the Abuse Hotline counselor at the time a report is made.

III. Each school shall post at least one (1) notice containing the toll-free number to inform employees that they have:

A. A duty to report all actual or suspected cases of child abuse or neglect.

B. Immunity from any liability when such reports are made in good faith.

C. A duty to comply with child protective investigations and all provisions of law relating to child abuse and neglect.

IV. No interview, conference, discussion, or interrogation shall be permitted of any child who is or who may be a "victim" of child abuse or child neglect except as follows:

A. Only identified officers of the Police Department, Sheriff's Department, or other recognized law enforcement agency may conduct such interviews on school premises. Included in the designation shall be Department of Children and Families field workers or counselors and medical or child protection team personnel.

B. The interview shall be conducted only in the presence of these persons designated by the existing agreement with the above mentioned agencies.



V. Notwithstanding any of the above, any person may report known or suspected cases of child abuse or neglect on the statewide toll-free telephone number as provided by law.

Authority: 1001.42, F.S.

Law Implemented: 39.201, 1006.061, F.S.

History--New 6/28/90 Amended 8/22/96, 8/08/02, 6/14/07

**1000**

**DENTAL  
SERVICES**

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## **NASSAU COUNTY HEALTH DEPARTMENT DENTAL CLINIC**

The Nassau County Health Department Dental Clinic is located at 86207 Felmor Road, Yulee, FL. We also have a satellite dental office located at the NCHD Hilliard Clinic at 37203 Pecan Street in Hilliard, FL. We provide preventive, restorative, and emergency dental services for children ages 3 – 20. We also provide exams, cleanings, and fluoride varnish treatments for 1 and 2 year olds to prevent early childhood caries. We accept the following dental insurances:

1. HealthyKids (Kidcare) Dental
  - a. Dentaquest - HealthyKids
  - b. MCNA – Managed Care of North America
  - c. Liberty
2. Medicaid-Dental
  - a. Regular Medicaid
  - b. Dentaquest – Molina and Magellan
  - c. United HealthCare Dental (only SNP)
  - d. Liberty (Staywell/Wellcare)

Children who are not insured are seen on a sliding scale fee according to family income and size.

We provide emergency dental services for Medicaid adults who are 21 and over, and for the Medicaid insurances that allow it, we also provide cleanings, and limited fillings.

Please contact the Nassau County Health Department Dental Clinic at:

Hilliard: (904)-875-6020

Yulee: (904)-875-6090



## **NASSAU COUNTY HEALTH DEPARTMENT DENTAL CLINIC**

Nassau Condado Departamento Dental Clínica, se encuentra en 86207 Felmor Road, Yulee, FL 31537. También tenemos una oficina dental satélite ubicada en la clínica de Hilliard, 37203 Pecan Street, Hilliard, FL. Ofrecemos servicios dentales preventivos, restaurativos y de emergencias para niños edades 3 – 20 años. También ofrecemos exámenes, limpiezas y tratamientos de barniz de fluoruro para niños edades 1 – 2 años, para prevenir la caries de primera infancia. Aceptamos los siguientes seguros dentales:

1. Healthy Kids (Kidcare) Dental
  - a. Dentaquest – HealthyKids
  - b. MCNA
  - c. Liberty
2. Medicaid-Dental
  - a. Regular Medicaid
  - b. Dentaquest-Molina and Magellan
  - c. United Healthcare Dental (only SNP)
  - d. Liberty (Staywell/Wellcare)

Niños que no están asegurados se ven en una tarifa de escala móvil según ingreso familiar y tamaño.

Ofrecemos servicios dentales de emergencia de adultos (21 años y más) de Medicaid y para los seguros de Medicaid que lo permiten. También ofrecemos limpiezas y empastes limitadas depende en su plan de Medicaid.

Póngase en contacto con el Departamento de Salud Nassau Condado de Clínica Dental (904) 875-6100 opción 3 y luego seleccione la opción 1 para Yulee Dental o 2 para Hilliard Dental hacer una cita.

## **DENTAL GUIDELINES FOR NASSAU COUNTY SCHOOL STUDENTS**

-Brush your teeth at least 3 times per day, once in the morning, afternoon, and most importantly right before going to bed. Use a small, pea size drop of toothpaste that contains fluoride when brushing and brush for 1 minute. Also brush your tongue gently as well. ALWAYS use a soft toothbrush and change it every 6 months or when the bristles start to spread out.

-Floss once per day, right before going to bed, then brush afterwards.

-If you do not have fluoride in the water, it is recommended to rinse once per day with an over-the-counter fluoride rinse. Use ½ to 1 capful and swish for 1 minute then spit out. Do not eat or drink for at least 30 minutes afterwards.

-See your dentist twice per year for an examination, cleaning, fluoride application, and reinforcement of Oral Care Instructions. Any areas of decay (cavities) will be found while small and small and can be taken care of easily. If decay is not taken care of it will grow and start to hurt, may require more extensive treatment of extraction of the tooth.

-Once the permanent molars are erupted and are visible your dentist should place protective sealants to fill the deep grooves and help reduce the chance of decay.

If you follow these simple steps you should have a healthy and clean mouth and teeth!

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**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

Dear Valued Patient / Guardian of Patient

We are happy to have you as a client of The Florida Department of Health, Nassau County Dental Clinic. We are devoted to providing the best dental care possible in a timely and courteous manner. As our clients, you can help us achieve this goal in several ways.

1. Be on time for your dental appointment. Please realize that if you are late, it creates a domino effect and will cause the remaining appointments to be compromised. There is a grace period of 10 minutes. After that, we reserve the right to reschedule your appointment.
2. We expect you to come to your scheduled appointments. We are a small clinic and have many patients that need our care. If you are unable to come to your appointment, you must give a 24 hour notice. If you give that notice, there will be no penalty. If you do not come to your appointment or cancel within a 24 hour period, there will be a penalty assessed. You will be reminded of this penalty by phone when you call to reschedule your appointment. **If you have 3 penalties assessed in one calendar year, we will no longer schedule you for regular dental care and you will only be seen for dental emergencies.**
3. We try to call and confirm all appointments the day before as a courtesy to you. If for some reason you do not receive a call, you are still expected to come to your appointment. If your telephone number has been changed, disconnected or you have no phone, please let us know in advance of your appointment.
4. Please let us know in advance if you are not planning to come to your scheduled appointment. No shows are very costly for our clinic and can and should be avoided.

If you have any questions, please let us know. We will be happy to address any questions, comments or concerns you may have.

Please sign and date below, stating you understood and agree to the above requirements.

\_\_\_\_\_  
Patient / Parent or Guardian of Patient

\_\_\_\_\_  
Date

9/2021

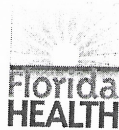
**Florida Department of Health in Nassau County**  
Yulee Dental Clinic  
86207 Felmor Road • Yulee, FL 32097  
PHONE: 904/875-6090 • FAX 904/428-5635  
[FloridaHealth.gov](http://FloridaHealth.gov)



**Accredited Health Department**  
Public Health Accreditation Board

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Vision:** To be the Healthiest State in the Nation

**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Florida Department of Health, Nassau County Dental Clinic**  
**CONSENT FORM**

Patient's Name: \_\_\_\_\_  
Last First M

Address City, State Zip

Telephone Number: ( ) D.O.B.: / /

Nassau County Number: / / Sex: F / M Race: \_\_\_\_\_

Do you have Dental Insurance? \_\_\_\_\_. If yes, please list insurance name: \_\_\_\_\_

Whenever medical or dental treatment is performed, there is always a risk of complications due to unexpected problems. In dentistry, some of the risks include, but are not limited to: Allergic reactions to the drugs and medications used, excessive bleeding, temporary or permanent numbness, and fracture of the jaw, post-operative pain or joint pain. Frequently, a child who is experiencing a lip that is "asleep" from the anesthetic may chew on his/her lip. If this does happen, try not to worry. It will heal quickly and without a scar. The occurrence of these reactions is rare, but you should know that sometimes they do occur.

If there is any treatment you do not want your child to have, please note it here: \_\_\_\_\_

**(Understand that refusal of any recommended treatment may compromise the staff's ability to deliver quality care).**

**I HAVE READ, UNDERSTAND AND ACCEPT THE RISKS AS OUTLINED ABOVE.** I give my consent for my child / myself \_\_\_\_\_ to receive dental treatment from the staff of the Florida Department of Health, Nassau County Dental Clinic. In addition, I consent to have released to the dental program any medical chart information from any source concerning my child's / my physical or psychological condition to be used to provide better dental care.

Patient / Parent or Guardian of patient signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Number: ( ) \_\_\_\_\_

**CONSENT TO USE NITROUS OXIDE**

Due to a patient's concern regarding a procedure, we sometimes use Nitrous Oxide anesthesia (laughing gas) to help relax patients. It does not put them to sleep. We use this only when care cannot be completed due to the child's anxiety.

I Consent to the use of Nitrous Oxide anesthesia, if necessary, during my child's dental treatment.

9/2021

**Florida Department of Health in Nassau County**  
Yulee Dental Clinic  
86207 Felmor Road • Yulee, FL 32097  
PHONE: 904/875-6090 • FAX 904/428-5635  
FloridaHealth.gov

**PHAB Accredited Health Department**  
Public Health Accreditation Board



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To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

**Dental Health History**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN: \_\_\_\_\_

In the following questions, circle **Yes** or **No**, whichever applies. Your answers will be considered confidential.

1. Do you (**PATIENT**) have or have you (**PATIENT**) had any of the following:

Rheumatic Fever or Heart Murmur	Yes	No	Neurological Problems	Yes	No
Heart Trouble or Shortness of Breath	Yes	No	Tuberculosis (TB) or Persistent Cough	Yes	No
High or Low Blood Pressure	Yes	No	Diabetes or Excessive Thirst	Yes	No
Fainting or Dizzy Spells	Yes	No	Epilepsy or Seizures	Yes	No
Stroke	Yes	No	Kidney Problems or Excessive Urination	Yes	No
Anemia or Blood Problems	Yes	No	Liver Problems or Hepatitis	Yes	No
Sickle Cell Anemia	Yes	No	Venereal Disease	Yes	No
Excessive Bleeding or Bruise Easily	Yes	No	AIDS/ARC/HIV positive	Yes	No
Blood Transfusions	Yes	No	Cancer	Yes	No
Allergies or Skin Rash	Yes	No	Pregnancy	Yes	No
Asthma	Yes	No			
Thyroid Problems	Yes	No			
Emotional Problems	Yes	No			

Trimester 1 2 3  
Painful or Swollen Joints Yes No  
Other \_\_\_\_\_

2. Are you (**PATIENT**) currently under the care of a physician (doctor)?  
If yes, list name of doctor. \_\_\_\_\_ Yes No
3. Have you (**PATIENT**) been hospitalized in the last 2 years?  
If yes, describe? \_\_\_\_\_ Yes No
4. Are you (**PATIENT**) currently taking any medications, pills or drugs?  
If yes, list. \_\_\_\_\_ Yes No
5. Are you (**PATIENT**) allergic to or have you ever experienced any ill effect from a local Anesthetic (Novocain), Penicillin, or any drugs/pills? (EX: rash, itching or fainting).  
If yes, describe. \_\_\_\_\_ Yes No
6. Have you (**PATIENT**) ever experienced any unfavorable reaction from previous dental treatment? If yes, describe. \_\_\_\_\_ Yes No
7. Are you (**PATIENT**) currently having any dental pain or problem?  
If yes, describe. \_\_\_\_\_ Yes No

I certify that I have read and understand the above questions and have answered the questions to the best of my knowledge. I have asked for an explanation of any terms (words) that I did not know (if any), and my questions have been answered to my satisfaction. I will not hold my dentist, or any of his/her staff, responsible for any errors or omissions that I may have made in the completion of this form.

I also understand that before treatment is provided, I have the right to have the benefits, alternatives, and significant risk factors associated with this treatment explained to my satisfaction.

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_  
(If patient is a child, parent or legal guardian must sign) Relationship to Patient \_\_\_\_\_

Comments by Dentist: \_\_\_\_\_

9/2021 Signature of Dentist \_\_\_\_\_ Date \_\_\_\_\_

**Florida Department of Health in Nassau County**  
Yulee Dental Clinic  
86207 Felmor Road • Yulee, FL 32097  
PHONE: 904/875-6090 • FAX 904/428-5635  
FloridaHealth.gov

**Accredited Health Department**  
Public Health Accreditation Board

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## FINANCIAL DATA SHEET

The Nassau Board of County Commissioners, State of Florida, and the Federal Government have set requirements, which establish fees based on income and family size. **PAYMENT OF FEES IS DUE AT THE TIME OF YOUR VISIT. NO ONE** will be denied services due to lack of funds, however, you will be expected to pay the balance and we will bill you at periodic intervals. If your income or family size changes, we may require proof of such changes.

### PATIENT DEMOGRAPHICS

Name _____	Birth date _____	Phone # _____	(Home or Message?) _____
EMERGENCY CONTACT PERSON & PHONE _____			
Social Security # _____	Person Named as Head of Household _____		
Street Address _____	Zip _____		
Mailing Address (if different) _____	Zip _____		
Directions to Home from Clinic _____			
English Speaking? Yes _____ No _____ If no, specify which language _____			
Race _____	Sex _____	Number of people in Household _____	

### INFORMATION ON YOUR FAMILY UNIT

List Persons Living in Your House					IMPORTANT For Children
Name	Sex	Birth date	Age	Relationship	School Attending and Which Grade?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### CHILD CARE INFORMATION

List children in your home that use day care services, the name of the Day Care or Person who you pay to care for your children and the amount you pay each week.

Child's Name	Name of Day Care or Person	Amount Paid Weekly
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

### EARNED INCOME FOR THE FAMILY UNIT

Family Member's Name	Where Employed	City	Hours/ Week	Weekly Income Before Taxes
1. _____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	\$ _____

### UNEARNED INCOME FOR THE FAMILY UNIT

If you receive income from any of the following areas, please list the amount that you receive.

Child Support \$ _____	Unemployment \$ _____
(List Child's Name & the Amount Received Weekly	Workman's Compensation \$ _____
1. _____ \$ _____	Alimony \$ _____
2. _____ \$ _____	Other \$ _____
3. _____ \$ _____	Social Security \$ _____
4. _____ \$ _____	(Do not include Supplemental Security Income or SSI)

PLEASE CONTINUE ON THE BACK OF THIS FORM

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## INITIATION OF SERVICES

### **PART I** CONSENT FOR CARE, TREATMENT AND INFORMATION DISCLOSURE (TREATMENT, PAYMENT OR OPERATIONS)

**Client (Patient) Name:** \_\_\_\_\_

**Name Of Agency:** Florida Department of Health, Nassau County Dental Clinic

**Address of Agency:** 86207 Felmor Rd., Yulee, FL 32097  
37203 Pecan St., Hilliard, FL 32046

I consent to entering into a client-provider relationship. I authorize Department of Health staff and their representatives to render routine health care. I understand routine health care is confidential and voluntary and may involve medical office visits including obtaining medical history, examination, administration of medication, laboratory tests and/or minor procedures. I may discontinue the relationship at any time. I consent to the use and disclosure of my medical information; including medical, dental, HIV/AIDS, substance abuse prevention, psychiatric/psychological, and case management; for treatment, payment and health care operations.

### **PART II** MEDICAID PATIENT CERTIFICATION, AUTHORIZATION TO RELEASE, AND PAYMENT REQUEST (Only applies to Medicaid Clients)

As Client/Representative signed below, I certify that the information given by me in applying for payment under Title XIX is correct. I authorize the above agency to release my medical information for this or a related Medicaid claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for physician's services to the above named agency and authorize it to submit a claim to Medicaid for payment.

### **PART III** ASSIGNMENT OF BENEFITS (Only applies to Third Party Payers)

As Client /Representative signed below, I assign to the above named agency all benefits provided under any health care plan or medical expense policy. The amount of such benefits shall not exceed the medical charges set forth by the approved fee schedule. All payments under this paragraph are to be made to above agency. I am personally responsible for charges not covered by this assignment.

### **PART IV** MY SIGNATURE BELOW VERIFIES THE ABOVE INFORMATION AND RECEIPT OF THE NOTICE OF PRIVACY RIGHTS

\_\_\_\_\_  
Client/Representative Signature

\_\_\_\_\_  
Self or Representative's Relationship to Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (optional)

\_\_\_\_\_  
Date

### **PART V** WITHDRAWAL OF CONSENT

I \_\_\_\_\_ WITHDRAW THIS CONSENT, effective \_\_\_\_\_  
Client/Representative Signature Date

\_\_\_\_\_  
Witness (optional)

\_\_\_\_\_  
Date

9/2021

**Florida Department of Health in Nassau County**  
Yulee Dental Clinic  
86207 Felmor Road • Yulee, FL 32097  
PHONE: 904/875-6090 • FAX 904/428-5635  
FloridaHealth.gov





**1100**

**RESCUE  
TRANSPORTING A  
CHILD TO A  
HOSPITAL  
&  
INVOLUNTARY  
EXAMINATION  
(BAKER ACT)**

## **5.731 REMOVING STUDENTS FROM SCHOOL—**

When a student must be removed from school due to medical or other circumstances, the principal or designee shall observe the following procedures.

### **I. Accidents and Other Medical Emergencies**

- A. When a student is ill or is injured and emergency medical personnel are called to the school, and if the decision is made to transport the student to the hospital, the principal or designee shall:
  - 1. Notify the parent/guardian.
  - 2. If the parent/guardian cannot be reached, an emergency contact as listed on the student's Emergency Medical Card may be contacted. The emergency contact should be asked if he/she can locate the student's parent/guardian, but should not be given other information. He/she should be asked to have the parent/guardian contact the school. All attempts to reach the parent should be documented by date and time, as well as recording the name of any emergency contact reached.
  - 3. A school staff member designated by the principal shall accompany the student to the hospital if the parent/guardian is not available to go to the hospital with the student. If possible, the school staff member should provide his/her own transportation rather than ride in an emergency vehicle. The staff member should stay at the hospital until the parent/guardian or other designated caretaker arrives.

### **II. Removal by Law Enforcement (see also Administrative Rule 2.10 – On-Campus Interaction of Students with Law Enforcement Officers)**

A law enforcement officer having jurisdiction within Nassau County who produces official credentials or other evidence of authority shall have the right, in the performance of that officer's official duties, to remove a student from school control. The student's principal shall not be required to physically deliver the student to the officer, but shall provide any information available which indicates the student's location. Removal of a student from school control may be accomplished with or without placing the student under arrest and shall be effected in the manner deemed appropriate by the officer. School personnel are not authorized to prevent or impede the officer in the lawful removal of a student from campus, and shall cooperate with the officer's lawful requests for assistance. Removal of a student from campus shall be documented by the principal or his designee, who shall thereafter use reasonable efforts to notify the student's parent or guardian of the removal, the name of the officer effecting the removal and the identity of the law enforcement agency to which that officer belongs.

### III. Involuntary Examination – Baker Act

- A. Follow the procedures stated in the Nassau County School Health Manual regarding involuntary examination.
- B. Notify the parent/guardian. If abuse is suspected and reported, notification of the parents may be delayed for 24 hours.
- C. If the parent/guardian cannot be reached, an emergency contact as listed on the student's Emergency Medical Card may be contacted. The emergency contact should be asked if he/she can locate the student's parent/guardian, but should not be given other information. He/she should be asked to have the parent/guardian contact the school. All attempts to reach the parent should be documented by date and time, as well as recording the name of any emergency contact reached.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 39.201, 381.0056, 394.463, 843.02, 843.06, 1002.20, 1003.31, 1006.07, F.S.

History--New 10/22/15

## **Mental Health:**

### **Introduction**

The following guidelines are to be used in the management of a child who may appear to be distressed or is suffering related to a mental health concern.

1. If you observe inappropriate behavior and/or appearance of a student that may include any of the following:
  - ◆ Aggressive or irritable behaviors
  - ◆ Delusions or hallucinations
  - ◆ Extreme changes in mood
  - ◆ Changes in personal appearance
  - ◆ Drug and/or alcohol use
  - ◆ Sadness, frequent crying
  - ◆ Noticeable changes in eating and/or sleeping (being fatigued)
  - ◆ Difficulty concentrating
  - ◆ Withdrawal from activities
  - ◆ Statements of suicide, self-harm or intent to die
2. The following actions should be taken:
  - a. **If a mental health emergency is suspected, refer to the “Involuntary Examination” (Baker Act) section of the Health Manual. The student is to always remain in the company of school district staff.**
  - b. If it is not a mental health emergency,
    - i. notify the principal or designee of the situation and notify the parent/guardian;
    - ii. make the appropriate referral to the school counselor and the electronic “System of Care.”



## **BAKER ACT:**

### **Introduction**

1. What is the Baker Act? What does it do?
  - a. The Baker Act, found in Chapter 394, Part I, Florida Statutes, is also known as the Florida Mental Health Act. The Baker Act governs the provision of mental health services to individuals who have serious mental, emotional, or behavioral disorders that result in voluntary or involuntary examinations and/or admissions, on either an inpatient or outpatient basis, into a facility for treatment of such disorder. Enacted in 1971, the law was designed to protect the rights and liberty interests of citizens with mental illnesses and ensure public safety.
  - b. The Baker Act provides legal procedures for mental health examinations and treatment under certain circumstances, including: Voluntary Admissions, Involuntary Examinations, Involuntary Inpatient Placements (IIP), and Involuntary Outpatient Placements (IOP).
  - c. The Baker Act regulates: Crisis stabilization Units (CSUs) and Short-Term Residential Treatment Facilities (SRTs).
  - d. The Baker Act protects the rights of all individuals examined or treated for mental illness in Florida.

### **2. What is an involuntary examination? How is it conducted?**

- a. An involuntary exam is a psychiatric exam conducted without a person's consent, often called "getting Baker Acted."
- b. Involuntary exams are initiated by law enforcement officers, mental health professionals, physicians, and circuit courts.
- c. For an involuntary exam, the individual must have all the following: he/she appears to have a mental illness; he/she presents a danger to self or others; and refuses a voluntary exam or is unable to understand the need.
- d. Antisocial attitudes, without an accompanying threat or danger to himself/herself or others, does not constitute a basis for an involuntary exam.
- e. Involuntary exams are provided only by DCF-designated Baker Act receiving facilities: hospitals and Crisis Stabilization Units (CSUs).
- f. Services at hospitals and CSUs focus on stabilizing the immediate crisis.
- g. Within 72 hours of arrival, the facility must release the individual or file a petition for involuntary placement.
- h. Average length of stay is 4.5 days.
- i. Release must be approved by a psychiatrist or a clinical psychologist.

3. What Is Involuntary Inpatient Placement (IIP)?

- a. IIP is the Baker Act's term for civil commitment.
- b. IIP allows an individual to be admitted for mental health treatment (beyond stabilization of the immediate crisis) without their consent.

4. What Is Involuntary Outpatient Placement (IOP)?

- a. IOP is a form of commitment that allows individuals to be mandated by the court to receive mental health treatment on an outpatient basis.

## **School Responsibilities**

1. Preliminary Considerations:
  - a. Does it appear that the student is presently suffering from a mental or emotional condition that may lead them to harm themselves or others?
  - b. Is the threat of harm substantial, rather than merely a remote possibility?
  - c. Is the threat of harm imminent, that is, do you believe that the harm would happen in the near future? If in doubt, err on the side of caution and follow the steps set forth below.
2. Escort the student to the mental health provider **and** inform the school administrator. **DO NOT LEAVE THE STUDENT ALONE!** If the mental health provider is not available, escort the student to the school counselor, school psychologist, or school administrator.
3. If abuse and/or neglect is suspected:
  - a. The person who suspects the abuse or to whom abuse has been reported, shall follow the Nassau County School District Child Abuse and Neglect Procedures and Administrative Rule 5.91. This information is to be reported to the abuse hotline at 1-800-96-ABUSE (1-800-962-2873) or online at <http://www.dcf.state.fl.us/abuse/report/>.
  - b. The school administrator, school counselor, school mental health provider, or school psychologist must remain with the student until given direction by the Florida Department of Children and Families concerning what further action is needed.
  - c. **If the abuse/neglect is reported, parental notification may be delayed for 24 hours.**
4. If abuse is not suspected:
  - a. The school mental health provider will complete a suicide risk assessment or threat assessment.
    - i. If the assessment indicates that the student is at imminent risk of harm to self or others, the mental health provider will contact Starting Point Behavioral Health's Mobile Response Team (MRT) at 904-580-0529, parent, and law enforcement.
    - ii. If after conducting the assessment and conferring with the problem solving team (i.e. administrator, school counselor, teacher) the assessment indicates that the student is not at imminent risk of harm to self or others, the mental health provider along with the school based problem solving team will determine follow up care or discuss services needed.

**OR**

- b. If the mental health provider is not available, the school administrator, school counselor, or school psychologist must contact Starting Point Behavioral Health's Mobile Response Team (MRT) at 904-580-0529 immediately as well as the parent and law enforcement.
- c. The parent/guardian of the student shall be contacted. If the parent/guardian cannot be reached, an emergency contact as listed on the student's Emergency Medical Card may be contacted. The emergency contact should be asked if he/she can locate the student's parent/guardian but should not be given other information. He/she should be asked to have the parent/guardian contact the school. All attempts to reach the parent should be documented by date and time, as well as, recording the name of any emergency contacts reached.

**NOTE:** If the student is deemed to not be at imminent risk, and the MRT is not called, the parent/guardian is to be informed of the results of the suicide risk assessment. The student must not leave the school campus **alone**. ~~without a parent/guardian~~. A follow-up problem solving team meeting with the parent/guardian is required.

- 5. If the parent/guardian cannot be reached, then, the school counselor, school mental health provider, school psychologist or school administrator shall notify law enforcement.
- 6. Once the MRT is called, the team should expect arrival in less than one hour and in most circumstances within 30 minutes.
- 7. If the MRT initiates an involuntary examination of the student under the Baker Act, the MRT will complete the Baker Act forms and law enforcement will transport the student to the nearest hospital or crisis stabilization unit (CSU).
- 8. If the student is NOT Baker Acted:
  - a. The MRT team will develop a Crisis Safety Plan with the student and parent/guardian. This includes but is not limited to contact with the student and parent at a minimum of twice a day for 72 hours.
  - b. School staff should give the student supportive feedback and share resources available. Examples of resources include:
    - i. Calling 1-800-273-TALK **or 988**, the suicide prevention hotline;
    - ii. Texting the Crisis Hotline at 741-741

- iii. Providing an index card on which school staff and the student write three to four steps that the student can take if they are thinking of suicide. The steps should include items that 1) connect the student to their support group (for example, go to the YMCA, go to a friend's home, call 1-800-273-TALK), and/or 2) remind the student of coping skills (for example, walk around the block for 30 minutes, listen to music outside) The student should be encouraged to keep this card with them in their pocket or purse.
- c. If the student's parent is delayed during the MRT assessment, the student shall be kept at school and watched by school staff until the parent/guardian can be reached and the student can be turned over to the parent/guardian.
- 9. The team member who initially reported the concern, **must** document what occurred in the FOCUS System of Care in order to provide follow-up services to the student and/or assist with the student's re-entry to the school following an involuntary examination or development of a Crisis Safety Plan.
- 10. If the student was admitted under the Baker Act, the school designated staff must also report the incident in IERS (Involuntary Examinations and Restraint and Seclusion) system with the DOE within 24 hours.

**Please Reference the Nassau County School District Comprehensive Crisis Plan for more Information.**

# NASSAU COUNTY SCHOOL DISTRICT

## Involuntary Examination (IE) Quick Reference

(Complete Baker Act Procedures are in the Health Manual)

\*NOTE: If the student is 12 years old or younger, the parent must be contacted to obtain verbal consent prior to contacting the Mobile Response Team (MRT).

\*\*NOTE: Evidence of de-escalation strategies must be documented.

Does it appear that the student is presently suffering from a mental or emotional condition that may lead them to harm themselves or others?

Is the threat of harm substantial, rather than merely a remote possibility?

Is the threat of harm imminent, that is, do you believe that the harm would happen in the near future?

IF IN DOUBT, ERR ON THE SIDE OF CAUTION AND FOLLOW THE STEPS SET FORTH BELOW.

YES



Escort the student to the mental health provider and inform the school administrator; DO NOT LEAVE THE STUDENT ALONE!  
\*If the mental health provider is not available, escort the student to the school counselor or school psychologist.

IS ABUSE/NEGLECT SUSPECTED?

YES



Follow the NCSD Child Abuse and Neglect Procedures and Administrative Rule 5.91. Follow the steps set forth below.

NO



Follow the steps set forth below.

IS THE STUDENT MEDICALLY STABLE?

YES



The mental health provider will complete a Suicide Risk Assessment or Threat Assessment.  
\*If a mental health provider is not available, the school counselor may complete the assessment.

NO



Call 911.

DOES THE SUICIDE RISK/THREAT ASSESSMENT INDICATE IMMINENT RISK?

YES



\*Call Mobile Response Team (MRT) at 904-580-0529\*, parent, and law enforcement.

NO



The school based team is to determine follow up care or services as needed; parent must be contacted; student must not leave campus alone. If abuse/neglect was reported, parental notification may be delayed.

MRT CONDUCTS ASSESSMENTS. DID THEY DETERMINE THAT AN IE WAS NECESSARY?

YES



MRT will complete the appropriate forms for the IE and law enforcement will transport.

NO



MRT will complete a Crisis Safety Plan with student and parent/guardian.

MRT PROVIDES SUPPORT FOR 72 HOURS.



SCHOOL TEAM SETS UP A PROBLEM SOLVING TEAM MEETING UPON STUDENT'S RETURN.

**MUST DOCUMENT IN THE SOC AND IF HOSPITALIZED FROM SCHOOL PREMISES OR FROM A SCHOOL ACTIVITY, IT MUST ALSO BE REPORTED IN IERS.**

**1200**

**HOMELESS STUDENTS  
(ACCOMPANIED AND  
UNACCOMPANIED  
HOMELESS YOUTH'S  
MEDICAL RIGHTS)**

### **Emergency Cards**

When checking for completion of the card, be sure to check the back. Parents/Guardians should check either “yes” or “no”. If the family indicates that they may be in a homeless situation, please make a copy of the front of the card and send it to the Liaison through the county mail system or fax it to the Office of Middle Schools & School Services at 904- 548-0439. If the parent is on campus, you may also have them speak with a Guidance Counselor and complete paperwork.

### **Health Screenings**

In an effort to conduct health screenings on homeless students, when a student is enrolled in the homeless program, the Liaison will email the student’s Health Aide and ask him/her to conduct any missed screenings on the student. Upon completion, the Health Aide or School Nurse will inform the Liaison of any needs that would benefit from Liaison intervention.

### **Missing records**

Homeless students are allowed to enroll in school immediately and are given notice that they have 30 days to obtain the needed items. When the previous school’s records arrive and the needed items are still missing, the School Nurse and the Homeless Liaison are tasked with working with the parent/guardian/caregiver to obtain the student’s needed records. However, the Liaison will be unaware of the need unless informed. Because the McKinney-Vento Law requires that schools not create barriers to the enrollment and retention of the child in school (McKinney-Vento Act. 42 U.S.C. 11432(g)(1),(g)(7)), removal from school should only occur in the event of non-cooperation of the parent/guardian/caregiver, and only after the intervention by the Liaison.

### **FORMS IN THIS SECTION**

The forms in “**1200 HOMELESS STUDENTS ACCOMPANIED AND UNACCOMPANIED HOMELESS YOUTH’S MEDICAL RIGHTS**” are the “Caregiver’s Authorization Affidavit” and the “Unaccompanied Homeless Youth Certificate.” These are provided in this manual for information purposes only. If you have a youth who may benefit from this Affidavit or Certificate, contact the Homeless Student Liaison at the *Office of Middle Schools & School Services* or your school’s Guidance Counselor.





# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns, Ed.D.  
Superintendent of Schools

(904) 491-9900  
Fax (904) 277-9042  
info@nassau.k12.fl.us

## Caregiver's Authorization Affidavit

Upon completion of this form, the listed Caregiver is granted the authority under ESSA (Elementary Student Success Act, 2016) to act in assisting the school regarding school-related issues such as teacher/staff communication (i.e. attendance notes and access to student data base), signing field trip forms, registering for sports, clubs, and other school activities, signing for special education participation, and authorizing school-related medical care.



The minor(s) named below live(s) in my home and I am 18 years of age or older.

1. Name of minor(s): \_\_\_\_\_
2. Minor's (s') birth date(s): \_\_\_\_\_
3. Caregiver's printed name: \_\_\_\_\_
4. Caregiver's home address: \_\_\_\_\_
5. Check at least one of the following:

\_\_\_\_ I am a grandparent, aunt, uncle, or other qualified relative of the minor (e.g., sibling, step-brother, step-sister, cousin, any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition even after the marriage has been terminated by death or divorce.)

\_\_\_\_ I have advised the following parent(s) or other person(s) having legal custody of the minor as to my intent to enroll and authorize medical care and have received no objection.

\_\_\_\_\_  
Name of Parent or Legal Guardian Informed

\_\_\_\_\_  
Name of Parent or Legal Guardian Informed

\_\_\_\_ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended enrollment and authorization of school-related matters for the named minor.

6. Caregiver's date of birth: \_\_\_\_\_
7. Caregiver's state driver's license or state ID card number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

I declare under penalty or perjury under the laws of this state that the foregoing information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.*

The Nassau County School Board does not discriminate in admission, access, treatment or employment in its programs and educational or extra-curricular school activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. The School Board also provides equal access to facilities for the Boy Scouts of America and other patriotic youth groups. (DesignUpdated February 2018)

## **Unaccompanied Homeless Youth**

When in need of medical care, Unaccompanied Homeless Youth, (UHY) who are **sixteen years old or older** can be provided an Unaccompanied Homeless Youth Certificate (see copy provided) by the Homeless Liaison. This certificate grants these minors the right to sign for health care services for themselves and for his/her own child(ren), if applicable. These services include medical, dental, psychological, substance abuse, surgical diagnosis and treatment and preventive care. Also included are services, such as flu immunizations, provided at/through the school district.

From Commissioner of Education, Pam Stewart's Memorandum to Superintendents, September 12, 2014:

Pursuant to s. 743.067(2), F.S., as amended, a health care provider may accept the written certificate as proof of the minor's status as an unaccompanied homeless youth and may keep a copy of the certificate in the youth's medical file.

Also, the bill allows an unaccompanied homeless youth, notwithstanding s. 394.4625(1), F.S., to consent to medical, dental, psychological, substance abuse, surgical diagnosis and treatment, including preventative care by a facility licensed under chapter 394, 395 or 397, and any forensics medical examination for the purposes of investigating any felony offense under chapter 784, 787, 794, 800, or 827, for: himself or herself; or his or her child, if the unaccompanied homeless youth is unmarried, is the parent of the child, and has actual custody of the child.

Unaccompanied Homeless Youth (UHY) ages **14 and older** are exempted from the parental consent requirement to receive mental health assessments and services, if the provider has actively sought consent but cannot reasonably obtain it under Title IV, including Safe and Healthy Students, 21<sup>st</sup> Century Community Learning Centers, charter schools, and magnet schools (per Sonya Morris, Bureau Chief, Federal Educational Programs).

UHY may also need help with insurance issues. The Homeless Liaison may be able to help.



# The Nassau County School District

1201 Atlantic Avenue  
Fernandina Beach, Florida 32034

Dr. Kathy K. Burns, Ed.D.  
Superintendent of Schools

(904) 491-9900  
Fax (904) 277-9042  
info@nassau.k12.fl.us

## Unaccompanied Homeless Youth Certificate For the Purposes of Accessing Health Services

Re: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name of Youth, please type or print clearly) (Month/Day/Year)

Current Mailing Address of Youth (if none, please list name, phone number, and mailing address of current contact):

(address & phone)

Per Section 743.067, Florida Statutes, I am authorized to determine that this youth is an unaccompanied homeless youth who is 16 years of age or older and is eligible for services pursuant the McKinney-Vento Homeless Assistance Improvements Act, 42 U.S.C. §11431-11435, and am providing this form of certification as the (please check):

☒ McKinney-Vento School District Liaison for Homeless Children and Youths

I also hereby certify that the above-named youth (please check):

☒ WAS IDENTIFIED AS AN UNACCOMPANIED HOMELESS YOUTH ON \_\_\_\_\_  
(Month/Day/Year)

Should you have additional questions or need more information about this youth, please contact me at the number listed in the box below.

I, \_\_\_\_\_, hereby attest that the information provided by me is true to the best of my knowledge.  
(Name of Youth, please type or print clearly)

\_\_\_\_\_  
Signature of Unaccompanied Homeless Youth

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Homeless Liaison Certifying Youth

\_\_\_\_\_  
Date Signed

Mollie Cressey  
Print Name of Person Certifying Youth

(904) 277-9021  
Telephone Number

Homeless Liaison  
Official Title of Homeless Liaison Certifying Youth

The Nassau County School District- Florida  
Name of School District and State

***Our mission is to develop each student as an inspired life-long learner and problem-solver with the strength of character to serve as a productive member of society.***

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