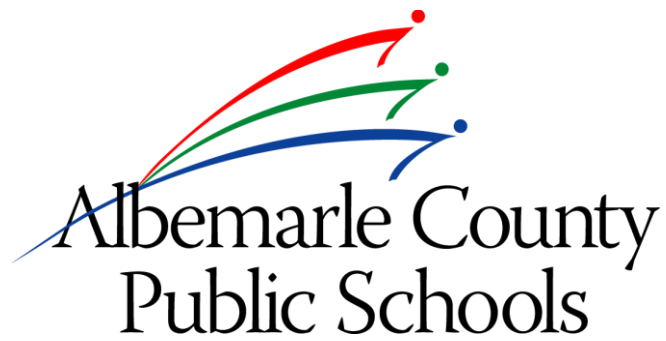




# **NEW SCHOOL NURSE HANDBOOK**

*Last Updated: August 2025*

# Table of Contents

1. [Standards of Care and Practice](#)
2. [Virginia Department of Health School Nursing Checklist](#)
3. [School Nurses 2024-25](#)
4. [School Nurse Training and Resources](#)
5. [Minimum Health Requirements Prior to School Entry \(Form MCH\)](#)
6. [Virginia Department of Health Supplemental Guidance to Minimum Immunizations](#)
7. [ACPS Clinic Visit Form](#)
8. [Vision and Hearing Screening](#)
9. [Accident Report Form](#)
10. [Power School Instructions for Nurses 2025 Edition](#)
11. [Interpretalk Instructions for Phone Interpretation](#)
12. [Asthma Action Plan](#)
13. [FARE Food Allergy Action Plan](#)
14. [Insect Sting Action Plan](#)
15. [Seizure Action Plan 2023 ACCE](#)
16. [Acute-Seizure-Action Plan EF ASAP 2024](#)
17. [Diabetes Medical Management Plan Supplement](#)
18. [Diabetes Medical Management Plan](#)
19. [Parents' Request for Giving Medication at School](#)
20. [Communicable Disease Reference Chart VDH 2024](#)
21. [School Exclusion for Illness Symptoms](#)
22. [CDC Respiratory Guidance](#)

# STANDARDS OF CARE AND PRACTICE

## STUDENT HEALTH RECORD

- Maintain school health records
- Review entering students' immunization record records and check that immunizations are up-to-date on an annual basis ([Form MCH 213](#), *Code of Virginia Minimum Immunization Requirements*)
- Enter immunization information into Student Information System (Power School)
- Check that physical examination by licensed physician, physician's assistant or nurse practitioner was completed prior to entry into primary school for the first time and enter date in Power School. Note: physical exam is not required prior to entry into secondary school.
- Check *ACPS Reg 9 - Medical* (parent report of health history) for pertinent health information; review physical examination form to determine if special needs are present so care plans can be developed accordingly
- Generate lists of students with health conditions and communicate to appropriate school personnel – usually those with supervisory authority over child. Note: information on *ACPS Reg 9 - Medical* or annual update may be shared with personnel who need to know, but other health information may not be shared without the expressed consent of the parent/guardian or student, if legally an adult

## MEDICATIONS

- Obtain [Parent's Request for Giving Medications at School](#)
- Obtain doctor's or licensed prescriber's order for prescription medication in written form. Fax is acceptable,
- Administer daily medication to appropriate student honoring the "rights"
  - Right drug
  - Right dose
  - Right time
  - Right patient
  - Right route
  - Documentation: Daily Medication Log
- PRN medications
  - Check paperwork and document
  - Take temperature (if indicated)
  - Take brief history
  - Documentation: PRN Medication Log
- Maintain "Record of Controlled Substances Received" and "Controlled Substances Sent Home or Destroyed"
- Prepare medication for field trips and instruct teacher or other school division employee on when and how to administer

## CLINIC MAINTENANCE

- Order clinic supplies – [Virginia School Health Guidelines](#) pp 118-120
- Adequately maintain clinic
- Check first aid supplies and equipment
- Check AED monthly and record

- Secure controlled substances in locked narcotic cabinet

### **SUPPORT STAFF**

- Maintain list of school staff trained in First Aid/CPR Heimlich and blood glucose monitoring, insulin administration, and glucagon administration Keep list in health office and main office
- Train instructional staff on medical monitoring and procedures including emergency procedures
- Assist in special activities, fire drills, and field trips as designated by principal
- Assist in enforcing rules and discipline
- Perform other duties as assigned by Principal

### **COMMUNICATION/DOCUMENTATION**

- Call parents of ill students
- Document nursing services provided to students in SIS
- Compile data on clinic services rendered and submit report to School Nurse Coordinator or superintendent's designee monthly
- Compile a list of students with health problems and distribute to administrators and appropriate personnel maintaining confidentiality (see above)

### **HEALTH CARE INTERVENTIONS**

For pathophysiology, clinical signs and symptoms and management refer to: [First Aid Guide to School Emergencies](#) (hardcopy of flipchart should be in a prominent place in the school clinic), [Virginia Guidelines for School Health](#) OR the **School Nurse Resource Manual** from *School Health Alert* Taliaferro & Resha 10<sup>th</sup> ed.

- Collaborate with student, parents, and school staff in optimal health promotion and health maintenance
- Assist ill or injured students and staff
- Call parent/guardian to take student home or seek medical care if warranted
- Perform emergency first aid
- Perform medical procedures as prescribed by physician and requested by parent
- Obtain or write health care plans and share with appropriate school personnel
- Participate in IEP and 504 meetings when there are medical interventions and accommodations
- Assist with special needs students with personal comfort and movement. When non-emergency procedures requiring privacy are required with children who are intellectually challenged, the parent of the child should be contacted.
- Conduct health related counseling that is sensitive to the emotional and physical needs of children and adolescents.
- Exclude students and staff who meet school exclusion criteria
- Report unusual clusters of communicable conditions to the [Blue Ridge Health Department](#) 434-326-2017

### **REFERRAL**

- Refer additional health concerns to guidance counselor, school psychologist, primary care provider, urgent or emergency care, physical therapist, administrator, or other professionals
- Serve as liaison with community agencies

**SCREENING**

- Organize and conduct basic screening programs for vision and hearing. Note: speech pathologist may conduct hearing screenings at some schools
- May collaborate with outside agencies or schools of nursing for optimal screening implementation.
- Students who fail screening should be screened again in 2 weeks
- Refer for evaluation by an eye doctor or audiologist if students fail twice
- Report numbers screened and failed to school nurse coordinator

**CONSULTATION**

- Provide guidance to staff for health-related procedures for special needs and disabled students
- Assist teachers with designated instructional activities pertaining to health matters
- Serve as member of School Crisis Team
- Advise administrators on appropriate intervention strategies to meet student needs

**REPORTS**

- Complete and submit to the school health coordinator
- Monthly Clinic Visit Data
- Immunization Status Report due October 15 each year
- Chronic Conditions Report
- Summary of Screenings Report
- Other information as requested

# Virginia Department of Health School Nursing Checklist

For a printed version of this manual, continue to next page for chart.

For the digital version of this manual, [click here for a PDF of the chart](#).

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training\* and planning needs for the school year.

### Beginning of the School Year

Code of Virginia  
Reference and Guidance  
Documents

#### Local Policy & Protocol Changes

- ✓ Identify and review new practice guidelines, policies, and documents.
- ✓ Identify any changes needed.

\* VDOE has developed training modules for new school nurse orientation and new school nurse coordinators orientation. [Learning & Resource Center for School Health Professionals](#)

[VDOE School Health Guidance and Resources Website](#)

#### Preparation

- ✓ Set up a health room.
- ✓ Send a message to teachers, parents, and guardians introducing yourself and sharing your role in keeping students and schools healthy.
- ✓ Review school enrollment physicals, or student health history forms, follow up and contact parents with any questions or concerns.
- ✓ Direct parents/guardians to download and print the Commonwealth of Virginia School Entrance Health Form MCH 213G from the VDH School Health Website as needed.

[VDH School Health Website](#)

[§ 22.1-270. Preschool Physical Examinations](#)

[Virginia School Health Guidelines](#)

[School Entrance Health Form \(MCH213G\)](#)

[Multiple Languages Available](#)

[Instructions](#)

- ✓ Work with parents/guardians, school staff, local health departments, and community health care providers to identify and follow up with students needing school required immunizations (especially middle school –7th grade: HPV, Tdap, & MenACWY and high school –12th grade: MenACWY).

<https://www.vdh.virginia.gov/backtoschool/>

[§ 22.1-271.2 - Immunization Requirements](#)

[§ 32.1-46 - Immunization of Children Against Certain diseases](#)

- ✓ Immunization resources and optional VDOE Module 2 Immunization Training can be accessed here:

- [Learning & Resource Center for School Health Professionals](#)
- [VDH Immunization Requirements](#)
- [VDH-Childhood-and-Adolescent-Vaccine-Schedule Infographic](#)
- [Certificate of Religious Exemption](#)

[12VAC5- 110 Regulations for the Immunization of School Children](#)

- ✓ Work with students and parents/guardians to update or develop individual health care plans (IHPs), Diabetic Medical Management Plan (DMMP), and emergency care plans (IEPs).

[§ 22.1-274.01:1. Students who are diagnosed with diabetes; self-care; insertion and reinsertion of insulin pump.](#)

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training and planning needs for the school year.

### Preparation continued:

- ✓ Obtain necessary forms, supplies, and medication prior to the start of school.
  - [Virginia Diabetes Council Tool Kit – DMMP and Forms](#)
  - [Seizure Action Plan](#)
  - [AAAAI Asthma Resources](#)
  - [Asthma Emergency Action Plan](#)
  - [Anaphylaxis Emergency Action Plan](#)
- ✓ Obtain necessary provider information and forms for daily/prn medications and health procedures to be administered in the schools setting per local school policy.
- ✓ Confirm forms, IHPs/IEPs, and training methods are current, evidence-based.

### All required training-prior to school start and obtaining medication

- ✓ Train school staff as appropriate regarding health and emergency care plans:
- ✓ All training modules may be accessed at the [VA Student Services-learning Center](#)
- ✓ Epi Pens (Stock Emergency Medication) and provide Epinephrine Accessibility in the School Setting (2 staff members - annual): [Links to anaphylaxis and epinephrine Info](#)
- ✓ [Obtain standing order, MOU and Epi Pen medication](#) (Adult and Junior)
- ✓ Additional Training: [CODE ANA](#)
  - Albuterol Accessibility (Undesignated Stock Emergency Medication) in the Public School Setting:\*Annual Training may be accessed at the <https://vastudentservices-clc.org/learning-center/>
  - [Obtain standing order, MOU and Albuterol inhaler medication and valved holding chamber/Spacers](#)
  - CPR, First Aid, and AED- 2 Staff members (per building) [CPR/AHA Automatic External Defibrillator \(AED\) Guidelines for Schools Redcross.org/take-a-class/cpr/cpr-training /cpr-renewal](#)
- ✓ Train additional school staff (clinic back up) as appropriate regarding medications and procedures to be administered in schools.
  - [Diabetic management and training \(annual\)](#)
  - [Medication administration training \(annual\)](#)
  - Solucortef - [Medication training>Solucortef for Adrenal Insufficiency](#)

### Code of Virginia Reference and Guidance Documents

[§ 22.1-274.2. Possession and self-administration of inhaled asthma medications and epinephrine by certain students or school board employees](#)

[§ 22.1-274. School health services-Virginia law](#)

[§ 22.1-274.2. Possession and self-administration of inhaled asthma medications and epinephrine by certain students or school board employees](#)

[§ 22.1-274. School Health services. \(E\).](#)

[§ 22.1-274.01:1. Students who are diagnosed with diabetes; self-care; insertion and reinsertion of insulin pump](#)  
[8VAC20-671-710. Medication and Health](#)  
[18VAC90-21-30. Content](#)

[§ 54.1-3408. \(H\) Professional use by practitioners.](#)

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training and planning needs for the school year.

- **Naloxone administration training** ([Optional- if school board approves Naloxone Administration Procedures Form for School Health Personnel Naloxone Medication](#))
- **VDH Pharmacy** <https://www.vdh.virginia.gov/epidemiology/naloxone/>
- ✓ Provide require training to any additional school staff in:
  - [Universal precautions / bloodborne pathogens \(annual\)](#)
  - [Epilepsy Foundation: Seizure training-first-aid-and-safety](#) (biennial training of all school employees with direct student contact)
- ✓ Other potential health emergencies according to needs in your school
  - Abdominal thrust maneuver (cafeteria workers)
  - G-tube feeding

### Mandated Data Reporting

- ✓ Monitor and establish a plan for conditional enrolled students. Periodically audit current student's immunization records for compliance.

### Immunization Reporting

- ✓ Immunization Status report due to VDH by Oct 15 of each year:
  - Adequately immunized enrolled kindergarten students who have received the following vaccines with the appropriate valid doses, as of the 1st day of school: DTaP, Polio, MMR, Varicella, Hepatitis B, and Hepatitis A
  - Adequately immunized enrolled 7th grade (middle school) students who have received the following vaccines with the appropriate valid doses, as of the 1st day of school: Tdap, MenACWY or MCV4, HPV.  
**\*HPV is mandated by the Code of Virginia for 7th grade students and requires reporting of the number of students who have and have not received the vaccine.**
  - January – Selected Public and Private Schools will need to complete an additional immunization survey: Virginia Annual Immunization Survey is reported to the CDC– If your school division is selected to participate, your principal or superintendent will be notified by mail.
  - Adequately Immunized enrolled High School (12th grade) students who have received the following vaccine with the appropriate valid doses, as of the 1st day of school: MenACWY or MCV4

### Data Collection for Public Schools Only

*Summary of division data submitted by school nurse coordinators or designated nurse and or administrator to report to SSWS.*

#### Code of Virginia

[Best practices for Administration of Naloxone in the School setting](#)

[OSHA Bloodborne Pathogen Training Guidance](#)

[SB1322 and Approved training programs seizures](#)

[Guidelines for Healthcare Procedures in Schools](#)

[Virginia Immunization Requirements](#)

[School Required Immunizations-VA Code 32.1- 46](#)

[Immunization Requirements School](#)

[Required Vaccines](#)

[Immunization Requirements](#)

[School Health Services Website](#)

[Single Sign-on Web Server \(SSWS\) link \(Public Schools Only\)](#)

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training and planning needs for the school year.

- ✓ Review (1) School Health Services (chronic conditions, staffing, and disposition) and (2) Vision and Hearing Surveys for the year.
- ✓ Check with your [Single Sign on Web Server \(SSWS\) Administrator](#) (usually in your Central Office) for Administrative Access to SSWS. Please remember your password!
- ✓ Notify school staff of data to be collected and check with your technology department for assistance with pulling this information.
- ✓ The collection window is open until June 30th of the current school year.
- ✓ Scoliosis data should be maintained at the local level. No report to state per VDOE Data.

Code of Virginia  
Reference and Guidance  
Documents

## Ongoing Efforts Throughout the School Year

### Mandated Public School Screening

School divisions have flexibility- familiarize and follow school policies regarding screenings.

- ✓ Schedule [hearing](#) and [vision](#) screenings for K, 2 or 3, 7, and 10 grades: Schedule a date for screening within the first 60 days of school start. This needs to be put on the school calendar and may be completed at any time within the school year.
  - Develop a plan for re-screening and referrals as needed.
  - All children, within 60 administrative working days of initial enrollment in a public school, shall be screened in the following areas to determine if formal assessment is indicated: (a) speech, voice, and language; (b) fine and gross motor functions; and (c) vision and hearing.

\* Because all children are required to have a physical examination when they first enter school, it was determined that this requirement would provide adequate screening for kindergarten students.

- ✓ Therefore, the only health screening required to be done for pupils will be for sight and hearing defects... **SUPTS. MEMO. SUPTS. MEMO.**  
No.159, August 19, 1987, Subject: Procedure for Implementing School Law 22.1-273

### Encouraged Screening

- ✓ **Height and weight screening.** There is no specific mandate for annual height and weight screenings in Virginia. However, height and weight measurements are a component of a complete physical examination, included in the comprehensive physical examination required for school entry into kindergarten or elementary school, and the yearly physical examination for participation in competitive sports in the high school.

[Code of Virginia, § 22.1-273](#)

[Code of Virginia § 22.1-214](#)

[8 VAC 20-250-10](#)

[8VAC20-81-50\(c\)](#)

[DOE Support SUPTS MEMOS](#)

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training and planning needs for the school year.

**Speech, voice and language** - Because all children are required to have a physical examination when they first enter school, it was determined that this requirement would provide adequate screening for kindergarten students. SUPTS. MEMO. SUPTS. MEMO. No. 159, August 19, 1987, Subject: Procedure for Implementing School Law 22.1-273

- ✓ **Fine and gross motor skills** - Because all children are required to have a physical examination when they first enter school, it was determined this requirement would provide adequate screening for kindergarten students. SUPTS. MEMO. SUPTS. MEMO. No.159, August 19, 1987, Subject: Procedure for Implementing School Law 22.1-273

- ✓ **Scoliosis Screening**

- Each school board shall implement a scoliosis program which consists of the provision of parent educational information of scoliosis for students in grades 5 through 10 **OR** the implementation of a program of regular screenings for scoliosis for students in grades 5 through 10. School boards shall not impose a fee for any scoliosis program implemented.
- School boards shall not be required to screen students in grades 5 through 10 who have been admitted for the first time to a public school and who have been tested for scoliosis as part of the comprehensive physical examination required by [§22.1-270 of the Code of Virginia](#) or those students whose parents have indicated their preference that their children not participate in scoliosis screening.

\*Encouraged Practices: Teachers at all grade levels are observant of speech defects, postural deviations, hearing impairments, dental defects, visual problems, and significant deviations in height and weight. If observed, they should be recorded on the health record and reported to the school nurse for follow up. SUPTS. MEMO. No. 159, August 18, 1987, Subject: Procedures for Implementing School Law 22.1.1-273

## School Required Immunizations- Conditional Enrollment

- ✓ Monitor and establish a plan for conditional enrolled students. Periodically audit current students' immunization records for compliance.

## Field Trips

- ✓ In preparation for field trips, meet with school administrators, grade level teachers, and other staff members to set expectations and provide detailed instructions for first aid and medication.

### Code of Virginia Reference and Guidance Documents

[8 VAC 20-81-50  
DOE Support SUPTS  
MEMOS](#)

[8 VAC 20-81-50](#)

[Code of Virginia,  
§ 22.1-214](#)

[DOE Support SUPTS  
MEMOS](#)

[Code of Virginia §22.1-270](#)

[8VAC20-690-20](#)

[DOE Support SUPTS MEMOS](#)

[School Immunization  
Requirements](#)

[Virginia Immunization  
Requirements](#)

[DOE, Medication  
Administration Manual  
for Training Unlicensed  
Personnel](#)

# School Nursing Checklist

## Activity, Action, and Screenings for Public Schools

Use this checklist as a guide to meet your training and planning needs for the school year.

- ✓ School nurses need advanced notice to adequately prepare for these events. School administrators should support you in this effort.
- ✓ Review Field Trip information in Medication Administration Manual

Code of Virginia  
Reference and Guidance  
Documents

### Miscellaneous

- ✓ Continue referrals and follow up of screening results.
- ✓ Promote COVID and flu vaccinations of staff/students.
- ✓ Review students who have been absent or consistently late and follow up.
- ✓ Continue providing direct care or ongoing supervision of delegation, as appropriate outreach to teachers regarding student health concerns.
- ✓ Review student progress on plan goals and adjust as needed.
- ✓ Document request to parents for additional medication or medical supplies. Check for expired medications.

## End of the Year Wrap Up

### Medication

- ✓ Return medications and any devices to parents. A receipt of items is recommended. Follow instructions for **Disposal of Medication at the end of the school year**. Unused or expired – optional **Return for destruction** to VDH Pharmacy Epinephrine and Albuterol. [Superintendent's Memo 159-15](#).

### Communication

- ✓ Send letters to parent to notify of Immunization Requirements: HPV, Meningococcal (MenACWY), and Tdap requirements for middle school (7th grade) and Meningococcal (MenACWY) for high school (12th grade) students.
- ✓ Send necessary forms home to parents for the upcoming school year -Emergency Action Plans, Diabetic Medical Management Plans and Medication Administration. Students may see healthcare providers over the summer break.
  - [Virginia Diabetes Council Tool Kit – DMMP and Forms](#)
  - [Seizure Action Plan](#)
  - [AAAAI Asthma Resources](#)
  - [Asthma Emergency Action Plan](#)
  - [Anaphylaxis Emergency Action Plan](#)

[School Required Immunizations-VA Code 32.1- 46 Immunization Requirements School Required Vaccines](#)  
[Link to Current Immunization Letter \(Middle and High School\)](#)

# School Nurses 2025-20266

## Elementary Schools

|                |                       | Phone    | Internal |
|----------------|-----------------------|----------|----------|
| Agnor-Hurt     | Steve Floyd           | 973-5211 | 22403    |
| Baker-Butler   | Emily Sim             | 974-7777 | 21014    |
| Broadus Wood   | Rachell Myhr          | 973-3865 | 23014    |
| Brownsville    | Katelyn Wilder        | 823-4658 | 24014    |
| Crozet         | Lindsay Baker         | 823-4800 | 26014    |
| Greer          | Katie Kinsey          | 973-8371 | 27232    |
| Hollymead      | Ashleigh Wright       | 973-8301 | 28014    |
| Ivy            | Claire Bowman         | 293-9304 | 29014    |
|                | Debbie Hajek          | 293-9304 | 29014    |
| Mountain View  | Madison Mills         | 293-7455 | 25019    |
| Murray         | Johanna Bosen         | 977-4599 | 30014    |
| Red Hill       | <i>Cynthia Digges</i> | 293-5332 | 31014    |
| Scottsville    | Lisa Bittner          | 286-2441 | 32014    |
| Stone-Robinson | Tonya Floyd           | 296-3754 | 33014    |
| Stony Point    | Christine Eichler     | 973-6405 | 34107    |
| Woodbrook      | <i>Peyton Brink</i>   | 973-6600 | 35016    |
| Woodbrook      | Grace Morris          | 973-6600 | 35016    |

## Middle Schools

|          |                 |          |       |
|----------|-----------------|----------|-------|
| Burley   | Deborah Wald    | 295-5101 | 50060 |
| Henley   | Ashley Nawasreh | 823-4393 | 51014 |
| Journey  | Crystal Jackson | 975-9320 | 52014 |
| Lakeside | Patty Bullock   | 975-0599 | 53014 |
| Walton   | Daniela Marden  | 977-5615 | 54014 |

## High Schools

|                      |                    |          |       |
|----------------------|--------------------|----------|-------|
| AHS                  | Carol Janssens     | 975-9300 | 60102 |
|                      | BJ Fortune         | 975-9300 | 60103 |
| Center 1             | Zina Tezeno        | 244-8900 | 64012 |
| Monticello           | Terry Tomlin       | 244-3100 | 61014 |
| Community Lab School | Noel Purdy, LPN    | 296-3090 | 62014 |
| WAHS                 | Joanna Donovan     | 823-8700 | 63014 |
| WAHS                 | <i>Mary Moster</i> | 823-8700 | 63014 |

|                   |                       |          |
|-------------------|-----------------------|----------|
| Trailhead Academy | <i>Chris Stutsman</i> | 437-7090 |
|-------------------|-----------------------|----------|

**School Nurse Floater** Abby Gallagher 434-996-1710

**Nurse Coordinator** Eileen Gomez 434-249-4625 (ACPS cell)

# School Nurse Training and Resources

## School Nurses Trainings

- **Diabetes** – Link to be sent by Eileen Gomez
- **VIIS** – Statewide
- **Seizure** <https://www.epilepsy.com/programs/training-education/nurses>
- **Anaphylaxis Recognizing and Responding to Anaphylaxis**  
<https://www.foodallergy.org/our-initiatives/education-programs-training/fare-training-food-allergy-academy/recognizing>
- **Child Abuse**  
[https://www.dss.virginia.gov/family/cps/mandated\\_reporters/cwse5692/story.html](https://www.dss.virginia.gov/family/cps/mandated_reporters/cwse5692/story.html)
- **Undesignated Albuterol Inhaler** <https://vastudentservices-dc.org/learning-center/>
  - Instructions:
    - Select “By Course” not “By Topic”
    - Scroll to Undesignated Stock Albuterol
    - Complete module 3,4 and 5 then take post-course quiz in module 6, and print certificate of completion

## School Nurse Resources

- School Health Services Website: <https://www.k12albemarle.org/our-departments/school-health-services>
- School Nurse Manual: <https://www.k12albemarle.org/our-departments/school-health-services/school-nurse-manual>
- Virginia Department of Education School Health Webpage: [https://www.doe.virginia.gov/support/health\\_medical/index.shtml](https://www.doe.virginia.gov/support/health_medical/index.shtml)
- Virginia Department of Health School-aged and Family Health: <https://www.vdh.virginia.gov/school-age-health-and-forms/>

## **Minimum Health Requirements Prior to School Entry (Form MCH)\***

*By law in the State of Virginia, any child may be prevented from entering school if a physical examination and/or immunizations are not complete. (Rev. 7/10/25)*

1. **Health History:** *Part I of MCH\** Completed by parent/guardian. Can be done in Power School: *ACPS Reg 9 - Medical*
2. **Immunizations:** *Part II of MCH\** Immunizations do not have to be recorded on page 2 **if** they are recorded on another form with the name of the vaccine and the date it was administered. Immunization record must be signed by doctor, RN or health department official. Minimum requirements are listed below.
3. **Physical Examination:** *Part III of MCH\** Form completed no more than 12 months prior to entry into elementary school. May accept physical examination from a doctor or nurse practitioner on form other than VA (MCH) if the *scope* of the exam is the same as the VA required one. Per VDOE, scope of out-of-state physical exams means it must include at a minimum: 1) the visit was a well child visit 2) a review of systems occurred 3) areas of concern and any medically necessary restrictions are noted and 4) signature of healthcare provider and date of exam.

| <b>Immunization</b>                       | <b>Minimum number required</b>                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DTaP, DTP, DT or Tdap</b>              | 4 w/ 1 dose on or after 4th birthday<br>> 7 years need only 3 doses if 1 <sup>st</sup> dose $\geq$ 12 months (1 can be Tdap)                                                                                                                                                                                                          |
| <b>Tdap Booster</b>                       | 1 dose required prior to entry into 7 <sup>th</sup> (or 8 <sup>th</sup> 9 <sup>th</sup> 10 <sup>th</sup> 11 <sup>th</sup> 12 <sup>th</sup> grade)<br>(Only 1 dose necessary)                                                                                                                                                          |
| <b>Polio (OPV or IPV)</b>                 | 3 w/ 1 dose on or after 4th birthday (only 3 doses if 3 <sup>rd</sup> on/after 4 <sup>th</sup> birthday and at least 6 months after previous dose)                                                                                                                                                                                    |
| <b>Hepatitis A (HAV)</b>                  | Effective July 1, 2021, 2 doses w/ first dose at age 12 months or older, minimal interval 6 months between doses. In SY 2025, Hep A required prior to entry into K, 1, 2, 3 & 4                                                                                                                                                       |
| <b>Hepatitis B</b>                        | 3 with at least 4 months spacing between 1 <sup>st</sup> and 3 <sup>rd</sup> doses                                                                                                                                                                                                                                                    |
| <b>Human Papillomavirus (HPV) Vaccine</b> | Effective July 1, 2021, a complete series of 2 doses w/ first dose before entering 7th grade. After reviewing educational materials approved by the Board of Health, the parent or guardian, at their sole discretion, may elect for the child not to receive the HPV vaccine.                                                        |
| <b>Measles, Mumps, Rubella (MMR)**</b>    | 2 MMRs or 2 each Measles and Mumps and 1 Rubella<br>First dose on or after first birthday<br>Second MMR may be administered at pre-K physical.                                                                                                                                                                                        |
| <b>Varicella (chicken pox)**</b>          | 2, none required if history of disease                                                                                                                                                                                                                                                                                                |
| <b>Meningitis MenACWY</b>                 | Effective July 1, 2021, 2 doses. The first dose prior to entering 7th grade and the final dose prior to entering 12th grade. In SY 2025, a dose is required for 8 <sup>th</sup> , 9 <sup>th</sup> , 10 <sup>th</sup> & 11 <sup>th</sup> grade if not given prior to 7 <sup>th</sup><br>If first dose $>$ 16, second dose not required |

\* MCH is the Commonwealth of Virginia School Health Entrance Form; current version is MCH-213 G

\*\* First dose must be on or after 1<sup>st</sup> birthday

Exemptions to above requirements:

- 1) Family objects to immunizations and/or physical exam for religious reasons.
- 2) Family is homeless.
- 3) Student is medically exempt from immunizations – must have signature from physician stating reason for medical exemption and what time, if any, the exemption will be removed.
- 4) Student has had at least 1 vaccine of each series and the minimum interval between shots has not been reached. Family must present a schedule for completion of all required series (catch-up).

# Supplemental Guidance for School-Required Vaccines

## Effective: July 2022

Vaccine Requirement for newly enrolling students, based on School Year in Virginia

| Grade | 2-dose series - Hepatitis A |
|-------|-----------------------------|
| KG    | 2021-2022                   |
| 1st   | 2022-2023                   |
| 2nd   | 2023-2024                   |
| 3rd   | 2024-2025                   |
| 4th   | 2025-2026                   |
| 5th   | 2026-2027                   |
| 6th   | 2027-2028                   |
| 7th   | 2028-2029                   |
| 8th   | 2029-2030                   |
| 9th   | 2030-2031                   |
| 10th  | 2031-2032                   |
| 11th  | 2032-2033                   |
| 12th  | 2033-2034                   |

| Grade | 1 dose - Meningococcal Conjugate                                                                                                             |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------|
| 7th   | School Year 2021-2022                                                                                                                        |
| 8th   | 2022-2023                                                                                                                                    |
| 9th   | 2023-2024                                                                                                                                    |
| 10th  | 2024-2025                                                                                                                                    |
| 11th  | 2025-2026                                                                                                                                    |
|       | At least 1 dose prior to 12 <sup>th</sup> grade -- after the age of 16 - Meningococcal Conjugate                                             |
| Grade | School Year                                                                                                                                  |
| 12th  | 2021-2022                                                                                                                                    |
| 12th  | 2022-2023                                                                                                                                    |
| 12th  | 2023-2024                                                                                                                                    |
| 12th  | 2024-2025                                                                                                                                    |
| 12th  | 2025-2026                                                                                                                                    |
|       | 2 doses - Meningococcal Conjugate (1 dose prior to 7 <sup>th</sup> grade, and 1 dose prior to 12 <sup>th</sup> grade -- after the age of 16) |
| Grade | School Year                                                                                                                                  |
| 12th  | 2026-2027                                                                                                                                    |

In subsequent years, vaccines are required at the grade level of the initial cohort affected by the change in the requirements.

# ACPS Clinic Visit Form

Click here to access the [ACPS Clinic Visit Form](#). Please **make a copy of this document** before inserting information.

**Virginia Department of Education  
Office of Student Service  
2025-2026  
Chronic Health Conditions Report**

School Division: **Albemarle County Public Schools**

Name of School:

Name of Person Completing this Report:

| <b>Health Condition</b>                                                  | <b>Total Students with Condition</b> |
|--------------------------------------------------------------------------|--------------------------------------|
| <b>Diabetes:</b>                                                         |                                      |
| 1. Type I                                                                | 1.                                   |
| 2. Type II                                                               | 2.                                   |
| 3. Blood glucose monitoring (requiring any assistance or documentation)  | 3.                                   |
| 4. Insulin Injections                                                    | 4.                                   |
| 5. Insulin Pump Management:                                              | 5.                                   |
| 6. Continuous Glucose Monitoring                                         | 6.                                   |
| 7. Diabetes Medical Management Plan                                      | 7.                                   |
| 8. Self-carry Glucagon                                                   | 8.                                   |
| Total number of insulin injection doses administered by clinic personnel |                                      |
| <b>Asthma</b>                                                            | Total with asthma                    |
| 1. Receiving inhaled medication at school                                | 1.                                   |
| 2. Receiving nebulizer treatment at school                               | 2.                                   |
| 3. Self-carry inhaler                                                    | 3.                                   |
| 4. Have an asthma action plan                                            | 4.                                   |
| 5. Received undesignated albuterol at school                             | 5.                                   |
| <b>Seizure Disorders</b>                                                 | Total with seizures                  |
| 1. Emergency med, prn                                                    | 1.                                   |
| a. Rectal (Diatat)                                                       | a.                                   |
| b. Nasal (Valtoco)                                                       | b.                                   |
| 2. Vagal Nerve Stimulator Implant (VNS)                                  | 2.                                   |
| 3. Seizure Action Plan                                                   | 3.                                   |
| <b>Intracranial Shunt</b>                                                |                                      |
| <b>Cardiac Disorders</b>                                                 |                                      |
| <b>Cystic Fibrosis</b>                                                   |                                      |
| <b>Kidney Disorders</b>                                                  | Total with kidney disorders          |
| 1. Self catheterization                                                  | 1                                    |
| 2. Staff performs catheterization                                        | 2.                                   |
| 3. Indwelling catheter                                                   | 3.                                   |
| 4. Dialysis                                                              | 4.                                   |
| <b>Adrenal Insufficiency</b>                                             |                                      |
| 1. Emergency medication (cortisol)prescribed                             | 1.                                   |
| 2. Cortisol administered                                                 | 2.                                   |
| 3. Emergency Action Plan                                                 | 3.                                   |
| <b>Cancer</b>                                                            |                                      |
| 1. <b>Tube Feeding (food or water)</b>                                   | 1.                                   |
| 2. <b>Receive Medication through Tube</b>                                | 2.                                   |
| 3. <b>Receive ostomy care</b>                                            | 3.                                   |

|                                                                                                                                                                                                                                                                                                  |                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Central Venous Access Devices</b><br>Central Line Requiring Care at School                                                                                                                                                                                                                    |                                                               |
| <b>Impaired Mobility</b>                                                                                                                                                                                                                                                                         | Total with any impairment in mobility                         |
| 1. Wheelchair dependent<br>2. Prosthetics<br>3. Walker dependent                                                                                                                                                                                                                                 | 1.<br>2.<br>3.                                                |
| <b>Hearing Impaired</b>                                                                                                                                                                                                                                                                          | Total with impairment                                         |
| 1. Cochlear Implant<br>2. Hearing Aid                                                                                                                                                                                                                                                            | 1.<br>2.                                                      |
| <b>Ventilator Dependent</b>                                                                                                                                                                                                                                                                      |                                                               |
| <b>Tracheostomy Tube</b><br><b>Require Suctioning (oral or trach)</b>                                                                                                                                                                                                                            |                                                               |
| <b>ADD/ADHD</b>                                                                                                                                                                                                                                                                                  |                                                               |
| <b>Allergies</b><br>1. Food w/ Epipen<br>2. Food w/o Epipen<br>3. Insect w/ Epipen<br>4. Insect w/o Epipen<br>5. Latex w/ Epipen<br>6. Latex w/o Epipen<br>7. Anaphylaxis Action Plan<br>8. Epinephrine Administered<br>a) Pediatric dose<br>b) Adult dose<br>9. Undesignated epinephrine used 2 | 1.<br>2.<br>3.<br>4.<br>5.<br>6.<br>7.<br>8<br>a)<br>b)<br>9. |
| <b>Do Not Resuscitate Orders</b>                                                                                                                                                                                                                                                                 |                                                               |
| <b>Autism Spectrum Disorder</b>                                                                                                                                                                                                                                                                  |                                                               |
| <b>Acquired Traumatic Brain Injury</b>                                                                                                                                                                                                                                                           |                                                               |
| <b>Sickle Cell Disease</b>                                                                                                                                                                                                                                                                       |                                                               |
| <b>Other Blood Disorders</b>                                                                                                                                                                                                                                                                     |                                                               |
| <b>Juvenile Rheumatoid Arthritis</b>                                                                                                                                                                                                                                                             |                                                               |
| <b>Adrenal or Cortisol Insufficiency</b>                                                                                                                                                                                                                                                         |                                                               |
| <b>Cerebral Palsy</b>                                                                                                                                                                                                                                                                            |                                                               |
| <b>Celiac Disease</b>                                                                                                                                                                                                                                                                            |                                                               |
| <b>Migraines</b>                                                                                                                                                                                                                                                                                 |                                                               |
| <b>Oxygen Dependent</b>                                                                                                                                                                                                                                                                          |                                                               |
| <b>Diagnosed Mental Health Condition</b>                                                                                                                                                                                                                                                         |                                                               |
| <b>Other (Please List)</b><br><b>Down Syndrome</b><br><b>Hydrocephalus</b><br><b>Chronns or ulcerative colitis</b><br><b>Organ transplant</b><br><b>Fragile X</b><br><b>Other Trisomys</b><br><b>PANDAS PANS</b><br><b>Lactose intolerance</b><br><b>Other</b>                                   |                                                               |

# Commonwealth of Virginia

## Vision and Hearing Screening

### Summary Report 2025 -20266

School: Albemarle County Public Schools

School Year: 2025-2026

Person Preparing Data: \_\_\_\_\_

Title: \_\_\_\_\_

Screener should submit **separate** summaries for each designated grade level.

Check Level: \_\_\_\_\_ Grade K

\_\_\_\_\_ Grade 7

\_\_\_\_\_ Grade 3

\_\_\_\_\_ Grade10

| SCREENING | # Screened | Number Referred for Suspected Defect | No Report Following Referral | Number of Those Referred that Were Seen by a Health Care Provider | Number of Those Seen with Condition Diagnosed by the Health Care Provider<br>(Includes those seen once as well as those receiving ongoing care) |
|-----------|------------|--------------------------------------|------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| VISION    |            |                                      |                              |                                                                   |                                                                                                                                                 |
| HEARING   |            |                                      |                              |                                                                   |                                                                                                                                                 |

# Vision and Hearing Screening Summary Report

School:

*Name of school reporting data*

Year:

*Academic year*

Person Preparing Data:

*Name of the person preparing the report*

Title:

*Title of the person preparing the report*

Check Level:

*Check the appropriate grade level.*

***A separate report form should be used for each grade level screened.***

# Screened:

*The total number of students screened*

Number Referred for Suspected Defect:

*This is the number of students who failed the screening and were referred to a health care provider for further evaluation*

No Report Following Referral:

*No report or follow-up information provided*

Number of Those Referred that Were Seen by a Health Care Provider:

*This reflects those who were seen by an ophthalmologist, optometrist, physician, or other health care provider for further evaluation*

Number of Those Seen With Condition Diagnosed by the Health Care Provider:

*This includes those seen once as well as those who may continue to receive ongoing care. This number reflects those with corrections even though it may take several visits or years to complete care.*

**Submit completed form to the school nurse coordinator who will compile the local school division's aggregate report. Submit one copy to the building principal for informational purposes.**

**The school nurse coordinator should compile an aggregate report and submit it the Virginia Department of Education by the last day of school. A copy of the report should be sent to the superintendent of the school division for informational purposes.**

# Accident Report Form

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

## Accident Report

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Accident Location: \_\_\_\_\_

Describe signs and symptoms of injury:

---



---



---



---

How did accident occur? \_\_\_\_\_

---



---

List unsafe conditions: \_\_\_\_\_

Action taken: \_\_\_\_\_

---



---

Name of Parent/Guardian notified: \_\_\_\_\_ By whom: \_\_\_\_\_

Parent/Guardian Phone Number : \_\_\_\_\_ Time notified: \_\_\_\_\_

Who Transported Student \_\_\_\_\_ How: \_\_\_\_\_

Follow-up Recommendation for Parent/Guardian: \_\_\_\_\_

---

Name & title of person in charge at the time of accident: \_\_\_\_\_

Name of witness: \_\_\_\_\_

Follow-up report: \_\_\_\_\_

---

Signature & title of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of principal \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please send a copy of report to Kimberly Rhodes in Building Services Office**

# Power School Instructions for Nurses 2025 Edition

## Interpretalk Instructions for Phone Interpretation



- Press option **2** for INTERPRETALK®.
- When greeted by a Call Center Coordinator, please provide your Account Code and the following information:
  - **School's Name**
  - **Caller's Name**
- Request the language needed, or ask for assistance in identifying the language.
- Hold momentarily while your Interpreter is connected.
- The Coordinator will inform you that the Interpreter is on the line and will provide you with the Interpreter's ID number.
- Explain the objective of the call to the Interpreter, then proceed by speaking directly to the Limited English Proficient speaker in the first person.  
**Example:** "What is your name?" NOT "Ask her what her name is."
- Upon completion of the call, all parties should simply hang up. Your time will be automatically recorded.



Account Code

5674

# Asthma Action Plan

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

**School Division:**

|                                     |                              |              |                               |
|-------------------------------------|------------------------------|--------------|-------------------------------|
| <b>Name</b>                         |                              |              | <b>Date of Birth</b>          |
| <b>Health Care Provider</b>         | <b>Provider's Phone #</b>    | <b>Fax #</b> | <b>Last flu shot</b>          |
| <b>Parent/Guardian</b>              | <b>Parent/Guardian Phone</b> |              | <b>Parent/Guardian Email:</b> |
| <b>Additional Emergency Contact</b> | <b>Contact Phone</b>         |              | <b>Contact Email</b>          |

**Asthma Triggers** (Things that make your asthma worse)

|                                                   |                                      |                                                       |                                          |                                                                                                                                            |
|---------------------------------------------------|--------------------------------------|-------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Colds                    | <input type="checkbox"/> Dust        | <input type="checkbox"/> Animals:                     | <input type="checkbox"/> Strong odors    | Season<br><input type="checkbox"/> Fall <input type="checkbox"/> Spring<br><input type="checkbox"/> Winter <input type="checkbox"/> Summer |
| <input type="checkbox"/> Smoke (tobacco, incense) | <input type="checkbox"/> Acid reflux | <input type="checkbox"/> Pests (rodents, cockroaches) | <input type="checkbox"/> Mold/moisture   |                                                                                                                                            |
| <input type="checkbox"/> Pollen                   | <input type="checkbox"/> Exercise    | <input type="checkbox"/> Other: _____                 | <input type="checkbox"/> Stress/Emotions |                                                                                                                                            |

▼ **Medical provider complete from here down** ▼

|                         |                                          |                                      |                               |                                   |                                 |
|-------------------------|------------------------------------------|--------------------------------------|-------------------------------|-----------------------------------|---------------------------------|
| <b>Asthma Severity:</b> | <input type="checkbox"/> Intermittent or | <input type="checkbox"/> Persistent: | <input type="checkbox"/> Mild | <input type="checkbox"/> Moderate | <input type="checkbox"/> Severe |
|-------------------------|------------------------------------------|--------------------------------------|-------------------------------|-----------------------------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Green Zone: Go!</b>                                                                                                                                                                                                                                                                                                                                                                                   | <b>Take these CONTROL (PREVENTION) Medicines EVERY Day</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p>You have <b>ALL</b> of these:</p> <ul style="list-style-type: none"> <li>Breathing is easy</li> <li>No cough or wheeze</li> <li>Can work and play</li> <li>Can sleep all night</li> </ul>  <p><b>Peak flow:</b> _____ to _____<br/>(More than 80% of Personal Best)</p> <p><b>Personal best peak flow:</b> _____</p> | <p><b>Always rinse your mouth after using your inhaler and remember to use a spacer with your MDI.</b></p> <p><input type="checkbox"/> No control medicines required.</p> <p><input type="checkbox"/> Aerospan _____ <input type="checkbox"/> Advair _____ <input type="checkbox"/> Alvesco _____ <input type="checkbox"/> Asmanex _____ <input type="checkbox"/> Budesonide _____</p> <p><input type="checkbox"/> Dulera _____ <input type="checkbox"/> Flovent _____ <input type="checkbox"/> Pulmicort _____ <input type="checkbox"/> QVAR _____ <input type="checkbox"/> Symbicort _____</p> <p><input type="checkbox"/> Other: _____</p> <p>_____ puff (s) MDI _____ times a day <b>Or</b> _____ nebulizer treatment(s) _____ times a day</p> <p><input type="checkbox"/> (Montelukast) Singulair, take _____ by mouth once daily at bedtime</p> <p><b>For asthma with exercise, ADD:</b> <input type="checkbox"/> Albuterol <input type="checkbox"/> Xopenex <input type="checkbox"/> Ipratropium, MDI, 2 puffs with spacer 15 minutes before exercise (i.e., PE class, recess, sports)</p> |

|                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Yellow Zone: Caution!</b>                                                                                                                                                                                                                                                                                                                                             | <b>Continue CONTROL Medicines and ADD RESCUE Medicines</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>You have <b>ANY</b> of these:</p> <ul style="list-style-type: none"> <li>Cough or mild wheeze</li> <li>First sign of cold</li> <li>Tight chest</li> <li>Problems sleeping, working, or playing</li> </ul>  <p><b>Peak flow:</b> _____ to _____<br/>(60% - 80% of Personal Best)</p> | <p><input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent), MDI, _____ puffs with spacer every _____ hours as needed</p> <p><input type="checkbox"/> Albuterol 2.5 mg/3ml <input type="checkbox"/> Levalbuterol (Xopenex) _____ <input type="checkbox"/> Ipratropium (Atrovent) 2.5mg/3ml one nebulizer treatment every _____ hours as needed</p> <p><input type="checkbox"/> Other: _____</p> <p><b>Call your Healthcare Provider if you need rescue medicine for more than 24 hours or two times a week, or if your rescue medicine doesn't work.</b></p> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Red Zone: DANGER!</b>                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Continue CONTROL &amp; RESCUE Medicines and GET HELP!</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p>You have <b>ANY</b> of these:</p> <ul style="list-style-type: none"> <li>Can't talk, eat, or walk well</li> <li>Medicine is not helping</li> <li>Breathing hard and fast</li> <li>Blue lips and fingernails</li> <li>Tired or lethargic</li> <li>Ribs show</li> </ul>  <p><b>Peak flow:</b> &lt; _____<br/>(Less than 60% of Personal Best)</p> | <p><input type="checkbox"/> Albuterol <input type="checkbox"/> Levalbuterol (Xopenex) <input type="checkbox"/> Ipratropium (Atrovent), MDI, _____ puffs with spacer <b>every 15 minutes</b>, for <b>THREE</b> treatments.</p> <p><input type="checkbox"/> Albuterol 2.5 mg/3ml <input type="checkbox"/> Levalbuterol (Xopenex) _____ <input type="checkbox"/> Ipratropium (Atrovent) 2.5mg/3ml one nebulizer treatment <b>every 15 minutes</b>, for <b>THREE</b> treatments</p> <p><input type="checkbox"/> Other: _____</p> <p style="text-align: center; color: red;"><b>Call your doctor while administering the treatments.</b><br/><b>IF YOU CANNOT CONTACT YOUR DOCTOR:</b><br/><b>Call 911 or go directly to the Emergency Department NOW!</b></p> |

**REQUIRED SIGNATURES:**

I give permission for school personnel to follow this plan, administer medication and care for my child and contact my provider if necessary. I assume full responsibility for providing the school with prescribed medication and delivery/ monitoring devices. I approve this Asthma Management Plan for my child.

PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

SCHOOL NURSE/DESIGNEE \_\_\_\_\_ Date \_\_\_\_\_

OTHER \_\_\_\_\_ Date \_\_\_\_\_

CC: ☐ Principal ☐ Cafeteria Mgr ☐ Bus Driver/Transportation ☐ School Staff  
☐ Coach/PE ☐ Office Staff ☐ Parent/guardian

**SCHOOL MEDICATION CONSENT & HEALTH CARE PROVIDER ORDER****Check One:**

- ☐ Student, in my opinion, can carry and self-administer inhaler at school.
- ☐ Student needs supervision or assistance to use inhaler, and should not carry the inhaler in school.

MD/NP/PA SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

**Effective Dates** ► \_\_\_\_\_ to ► \_\_\_\_\_

Virginia Asthma Action Plan approved by the Virginia Asthma Coalition (VAC) 04/2015

Blank copies of this form may be reproduced or downloaded from [www.virginiaasthmacoalition.org](http://www.virginiaasthmacoalition.org)

Based on NAEPP Guidelines 2007 and modified with permission from the D.C. Asthma Action Plan via District of Columbia, Department of Health, D.C. Control Asthma Now, and District of Columbia Asthma Partnership

# **FARE Food Allergy Action Plan**

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).



# FARE.

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE  
PICTURE  
HERE

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergic to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

☐ **Special Situation/Circumstance** - If this box is checked, the child has an extremely severe allergy to the following food(s) \_\_\_\_\_.

**Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.**

### For ANY of the following SEVERE SYMPTOMS



#### LUNG

Shortness of breath, wheezing, repetitive cough



#### HEART

Pale or bluish skin, faintness, weak pulse, dizziness



#### THROAT

Tight or hoarse throat, trouble breathing or swallowing



#### MOUTH

Significant swelling of the tongue or lips



#### SKIN

Many hives over body, widespread redness



#### GUT

Repetitive vomiting, severe diarrhea



#### OTHER

Feeling something bad is about to happen, anxiety, confusion

#### OR A COMBINATION

of symptoms from different body areas

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

### MILD SYMPTOMS



#### NOSE

Itchy or runny nose, sneezing



#### MOUTH

Itchy mouth



#### SKIN

A few hives, mild itch



#### GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

### MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



# FARE.

Food Allergy Research & Education

## FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

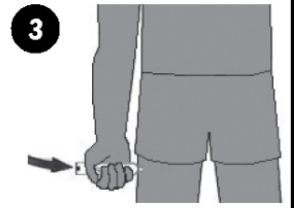
### HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



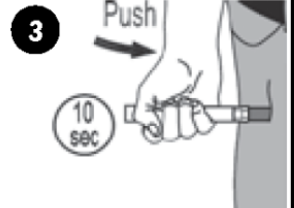
### HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



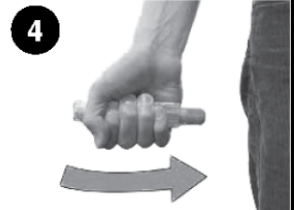
### HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



### HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi™ by finger grips only and slowly insert the needle into the thigh. SYMJEPi™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



### ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

Insert student  
picture here

## Insect Sting Allergy Action Plan

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergy to: \_\_\_\_\_

Asthma?

---

### Symptoms

(THIS SECTION TO BE DEDERMINED BY PHYSICIAN AUTHORIZING TREATMENT)

### Give Checked Medication

• If a bee sting has occurred, but no symptoms

☐ Epinephrine ☐ Antihistamine

If reaction is progressing (several of the above areas affected), give

The severity of symptoms can quickly change.

†Potentially life-threatening.

☐ Epinephrine ☐ Antihistamine

|                 |                                                             |                                                                                |
|-----------------|-------------------------------------------------------------|--------------------------------------------------------------------------------|
| • Site of sting | Swelling, redness, itching (see sting treatment below)      | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Skin          | Itching, tingling, or swelling of lips, tongue, mouth       | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Stomach       | Nausea, abdominal cramps, vomiting, diarrhea                | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Throat†       | Tightening of throat, hoarseness, hacking cough             | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Lung†         | Shortness of breath, repetitive coughing, wheezing          | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Heart†        | Thready pulse, low blood pressure, fainting, pale, blueness | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |
| • Mouth†        | Swelling of throat or tongue                                | <input type="checkbox"/> Epinephrine<br><input type="checkbox"/> Antihistamine |

### Medications/Doses

Epinephrine (brand and dose):

---

Antihistamine (brand and dose):

---

Other (e.g., inhaler-bronchodilator if asthma):

---

---

## Monitoring

**Stay with student; alert healthcare professionals and parent.** Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

**Emergency Contacts:** Call the parent or guardian to notify them of the incident.

1. Name & Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name & Relationship \_\_\_\_\_

Phone \_\_\_\_\_

***I agree to the above plan, and agree that school health personnel and my child's physician or staff may discuss this plan if there are questions.***

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

**First aid for sting:** Remove stinger as quickly as possible; apply ice; monitor for symptoms of reaction

## FOR NURSE'S OFFICE USE

Staff and faculty received Epinephrine Injection Training on \_\_\_\_/\_\_\_\_/\_\_\_\_

By \_\_\_\_\_ Notes:

See links for instructions for [generic epinephrine](#) or [Adrenaclick](#)

## How to use Auvi?Q®

1. Pull Auvi?Q® from the outer case
2. Pull off Red safety guard
3. Place black end against the middle of the outer thigh (through clothing, if necessary), then press firmly and hold in place for 5 seconds. Each device is a single-use injection.
4. Seek medical attention immediately

# Seizure Action Plan 2023 ACCE

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

# SEIZURE ACTION PLAN (SAP)



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Seizure Information

| Seizure Type | How Long It Lasts | How Often | What Happens |
|--------------|-------------------|-----------|--------------|
|              |                   |           |              |
|              |                   |           |              |
|              |                   |           |              |
|              |                   |           |              |

### How to respond to a seizure (check all that apply)

- ☐ First aid – **Stay. Safe. Side.**
- ☐ Give rescue therapy according to SAP
- ☐ Notify emergency contact
- ☐ Notify emergency contact at \_\_\_\_\_
- ☐ Call 911 for transport to \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### First Aid for any seizure

- ☐ **STAY** calm, keep calm, begin timing seizure
- ☐ Keep me **SAFE** – remove harmful objects, don't restrain, protect head
- ☐ **SIDE** – turn on side if not awake, keep airway clear, don't put objects in mouth
- ☐ **STAY** until recovered from seizure
- ☐ Swipe magnet for VNS
- ☐ Write down what happens  
\_\_\_\_\_
- ☐ Other  
\_\_\_\_\_

### When to call 911

- ☐ Seizure with loss of consciousness longer than 5 minutes, not responding to rescue med if available
- ☐ Repeated seizures longer than 10 minutes, no recovery between them, not responding to rescue med if available
- ☐ Difficulty breathing after seizure
- ☐ Serious injury occurs or suspected, seizure in water

### When to call your provider first

- ☐ Change in seizure type, number or pattern
- ☐ Person does not return to usual behavior (i.e., confused for a long period)
- ☐ First time seizure that stops on its' own
- ☐ Other medical problems or pregnancy need to be checked

### When rescue therapy may be needed:

#### When and What to do

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

If seizure (cluster, # or length) \_\_\_\_\_  
Name of Med/Rx \_\_\_\_\_ How much to give (dose) \_\_\_\_\_  
How to give \_\_\_\_\_

## Care after seizure

What type of help is needed? (describe) \_\_\_\_\_

When is person able to resume usual activity? \_\_\_\_\_

## Special instructions

First Responders: \_\_\_\_\_  
 \_\_\_\_\_

Emergency Department: \_\_\_\_\_  
 \_\_\_\_\_

## Daily seizure medicine

| Medicine Name | Total Daily Amount | Amount of Tab/Liquid | How Taken<br>(time of each dose and how much) |
|---------------|--------------------|----------------------|-----------------------------------------------|
|               |                    |                      |                                               |
|               |                    |                      |                                               |
|               |                    |                      |                                               |
|               |                    |                      |                                               |

## Other information

Triggers: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Allergies: \_\_\_\_\_

Epilepsy Surgery (type, date, side effects) \_\_\_\_\_

Device: ☐ VNS ☐ RNS ☐ DBS Date Implanted \_\_\_\_\_

Diet Therapy: ☐ Ketogenic ☐ Low Glycemic ☐ Modified Atkins ☐ Other (describe) \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_

## Health care contacts

Epilepsy Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Phone: \_\_\_\_\_

My signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Acute-Seizure-Action Plan EF ASAP 2024

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

# Acute Seizure Action Plan (ASAP)

This ASAP can be used in conjunction with your longer Seizure Action Plan. Having this shortened version may be helpful in the event of a seizure.

|                                   |                               |                     |
|-----------------------------------|-------------------------------|---------------------|
| Name: _____                       | Birth date: _____             | Today's date: _____ |
| Care partner phone numbers: _____ | Provider name/facility: _____ |                     |
| _____                             | Provider phone numbers: _____ |                     |
| _____                             | Telemedicine: _____           |                     |



## Usual Seizure Pattern

Triggers: \_\_\_\_\_

Pattern of seizures: \_\_\_\_\_

What the seizures normally look like (Check all that apply)

|                                                            |                                                                                   |                                                                              |                                                                      |                                                                                         |                                        |                                                             |
|------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------------------------|
| <p>Head May Drop<br/>Slump or Fall Forward</p>             | <p>Loss of Muscle Control<br/>Occurs Through the Entire Brain<br/>Blank Stare</p> | <p>Blinking Rapidly Roll Their Eyes<br/>Can Be Confused With Daydreaming</p> | <p>Incontinence<br/>Stiff Body<br/>Epileptic Cry<br/>Back Arched</p> | <p>Jerky Movements</p>                                                                  | <p>Frothy Saliva<br/>Blinking Eyes</p> | <p>Occurs in Specific Lobe of the Brain<br/>Blank Stare</p> |
| <input type="checkbox"/> Atonic seizure (also called drop) | <input type="checkbox"/> Absence seizure (also called petit mal)                  | <input type="checkbox"/> Tonic seizure                                       | <input type="checkbox"/> Clonic seizure                              | <input type="checkbox"/> Focal impaired awareness seizure (also called complex partial) |                                        |                                                             |

Describe: \_\_\_\_\_

NOTES: \_\_\_\_\_

## Care

**Standard Care Needed**

If this happens, \_\_\_\_\_ provide standard care

|                                             |                                             |                                              |                                                            |                                          |
|---------------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------------------------|------------------------------------------|
| <p>Time the seizure</p> <p>NOTES: _____</p> | <p>STAY with person</p> <p>NOTES: _____</p> | <p>Keep person SAFE.</p> <p>NOTES: _____</p> | <p>Turn the person onto their SIDE</p> <p>NOTES: _____</p> | <p>Keep a record</p> <p>NOTES: _____</p> |
|---------------------------------------------|---------------------------------------------|----------------------------------------------|------------------------------------------------------------|------------------------------------------|

**Provide Rescue Treatment**

If this happens, \_\_\_\_\_ provide standard care (above) and rescue treatment

|                                        |                                      |                                       |                                                                                                |
|----------------------------------------|--------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------|
| <p><input type="checkbox"/> Rectum</p> | <p><input type="checkbox"/> Nose</p> | <p><input type="checkbox"/> Mouth</p> | <p><b>Specific instructions:</b></p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p> |
|----------------------------------------|--------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------|

**Call for Emergency Help**

If any of these happen,

|                                                                   |                                                 |                                                  |                                              |
|-------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <p><input type="checkbox"/> Seizure longer than _____ minutes</p> | <p><input type="checkbox"/> Unusual seizure</p> | <p><input type="checkbox"/> Injury/Blue lips</p> | <p><input type="checkbox"/> Other: _____</p> |
| <p>NOTES: _____</p>                                               |                                                 |                                                  |                                              |

**Get help now**

|                                                     |  |
|-----------------------------------------------------|--|
|                                                     |  |
| <p>Healthcare provider name/phone number: _____</p> |  |

**Healthcare Provider Authorization**

Signature: \_\_\_\_\_ Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ For use from: \_\_\_\_\_ to: \_\_\_\_\_

# Diabetes Medical Management Plan Supplement

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_

## Virginia Diabetes Medical Management Plan (DMMP) – Supplement

### ☐ Adjustable Bolus Insulin Therapy:

Apidra (glulisine), Novolog (aspart), Humalog (lispro), Fiasp (aspart), Admelog (lispro). Brands are interchangeable.

| When to give insulin: | INSULIN to CARBOHYDRATE<br>+ | INSULIN to<br>CARBOHYDRATE<br>Only | Correction only          |
|-----------------------|------------------------------|------------------------------------|--------------------------|
|                       | Correction                   |                                    |                          |
| <b>Breakfast</b>      | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Lunch</b>          | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Snack AM</b>       | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <b>Snack PM</b>       | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |

### ☐ INSULIN to CARBOHYDRATE Dose Calculation

Total Grams of Carbohydrate to Be Eaten  
"B" Insulin-to-Carbohydrate Ratio X "A" Units of Insulin = \_\_\_\_\_ Units of Insulin

|                                           | "A" Units of Insulin  | "B" Insulin-to-Carbohydrate Ratio |
|-------------------------------------------|-----------------------|-----------------------------------|
| <input type="checkbox"/> <b>Breakfast</b> | _____ unit of insulin | Per _____ gm of carbohydrate      |
| <input type="checkbox"/> <b>Lunch</b>     | _____ unit of insulin | Per _____ gm of carbohydrate      |
| <input type="checkbox"/> <b>Snack AM</b>  | _____ unit of insulin | Per _____ gm of carbohydrate      |
| <input type="checkbox"/> <b>Snack PM</b>  | _____ unit of insulin | Per _____ gm of carbohydrate      |

### ☐ CORRECTION Dose Calculation (For Elevated blood sugar and $\geq 3$ hours since last insulin dose)

Current Blood Glucose – "C" Target Blood Glucose  
"D" Correction Factor X "E" Units of insulin = \_\_\_\_\_ Units of Insulin

| "C" Target Blood Glucose | "D" Correction Factor | "E" Units of insulin              |
|--------------------------|-----------------------|-----------------------------------|
| _____                    | _____                 | <input type="checkbox"/> 0.5 unit |
|                          |                       | <input type="checkbox"/> 1.0 unit |

OR

### ☐ CORRECTION Dose Scale ((For Elevated blood sugar and $\geq 3$ hours since last insulin dose. Use instead of calculation above to determine insulin correction dose)

| Blood Glucose        | Insulin Dose     |
|----------------------|------------------|
| _____ to _____ mg/dL | give _____ units |
| _____ to _____ mg/dL | give _____ units |
| _____ to _____ mg/dL | give _____ units |
| _____ to _____ mg/dL | give _____ units |

☐ Fixed Insulin dose change:

☐ Long-Acting Insulin dose change:

☐ Other Changes:

**This Diabetes Medical Management Plan has been approved by:**

|                                                              |       |
|--------------------------------------------------------------|-------|
| Parent / Guardian Name / Signature:                          | Date: |
| School representative Name / Signature:                      | Date: |
| Student's Physician / Health Care Provider Name / Signature: | Date: |

# Diabetes Medical Management Plan

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## Virginia Diabetes Medical Management Plan (DMMP)

### Adapted from the National Diabetes Education Program DMMP

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

#### Student information

|                             |                                                                                                 |
|-----------------------------|-------------------------------------------------------------------------------------------------|
| Student's name:             | Date of birth:                                                                                  |
| Date of diabetes diagnosis: | <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other: |
| School name:                | School phone number:                                                                            |
| Grade:                      | Homeroom teacher:                                                                               |
| School nurse:               | Phone:                                                                                          |

#### Contact information

|                          |                         |
|--------------------------|-------------------------|
| <b>Parent/guardian 1</b> |                         |
| Address:                 |                         |
| Telephone: : Home: _____ | Work: _____ Cell: _____ |
| Email address:           |                         |

|                          |                         |
|--------------------------|-------------------------|
| <b>Parent/guardian 2</b> |                         |
| Address:                 |                         |
| Telephone: : Home: _____ | Work: _____ Cell: _____ |
| Email address:           |                         |

|                                                   |                   |
|---------------------------------------------------|-------------------|
| <b>Student's physician / health care provider</b> |                   |
| Address:                                          |                   |
| Telephone:                                        | Emergency Number: |
| Email address:                                    |                   |
|                                                   |                   |

|                                |                                 |
|--------------------------------|---------------------------------|
| <b>Other Emergency Contact</b> | <b>Relationship to Student:</b> |
| Telephone: : Home: _____       | Work: _____ Cell: _____         |
| Email address:                 |                                 |

#### Suggested Supplies to Bring to School

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Glucose meter, testing strips, lancets, and batteries for the meter</li> <li>Insulin(s), syringes, and/or insulin pen(s) and supplies</li> <li>Insulin pump and supplies in case of failure: Reservoirs, sets, prep wipes, pump batteries / charging</li> </ul> | <ul style="list-style-type: none"> <li>Treatment for low blood sugar (see page 4)</li> <li>Protein containing snacks: such as granola bars</li> <li>Emergency Medication Supplies</li> <li>Antiseptic wipes or wet wipes</li> <li>Water</li> <li>Urine and/or blood ketone test strips and meter</li> <li>Other medication</li> </ul> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## Student's Self-care Skills

### Blood Glucose:

- ☐ Independently checks own blood glucose
- ☐ May check blood glucose with supervision
- ☐ Requires school nurse or trained diabetes personnel to check blood glucose
- ☐ Uses a smartphone or other monitoring technology to track blood glucose values

### Insulin Administration:

- ☐ Independently calculates / gives own injections
- ☐ May calculate / give own injections with direct supervision to confirm glucose and insulin dose
- ☐ Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision
- ☐ Requires school nurse or trained diabetes personnel to calculate dose and give the injection

### Nutrition:

- ☐ Independently counts carbohydrates
- ☐ May count carbohydrates with supervision
- ☐ Requires school nurse/trained diabetes personnel to count carbohydrates
- ☐ Parents'/Guardians' discretion for **special event/party food**
- ☐ Student discretion for **special event/party food**

## Parents / Guardians Authorization to Adjust Insulin Dose

|                                                                                                                                                                                                         |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- _____ units of insulin.                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents/guardians are authorized to increase or decrease insulin-to carbohydrate ratio from: _____ unit(s) for every _____ grams of carbohydrate to _____ unit(s) for every _____ grams of carbohydrate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- _____ units of insulin.                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Checking Blood Glucose

Target Blood Glucose: ☐ Before Meal \_\_\_\_\_ - \_\_\_\_\_ mg / dL ☐ Other \_\_\_\_\_ - \_\_\_\_\_ mg/dL

|                                           |                                                                             |                                    |                                                                                 |
|-------------------------------------------|-----------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Before breakfast | <input type="checkbox"/> Before lunch                                       | <input type="checkbox"/> Before PE | <input type="checkbox"/> As needed for signs/symptoms of illness                |
| <input type="checkbox"/> Before Dismissal | <input type="checkbox"/> Other times requested by parent/guardian:<br>_____ | <input type="checkbox"/> After PE  | <input type="checkbox"/> As needed for signs/symptoms of high/low blood glucose |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

### Continuous Glucose Monitoring (CGM)

☐ Yes ☐ No Brand/model: \_\_\_\_\_

Alarms set for: ☐ Severe Low: \_\_\_\_\_ ☐ Low: \_\_\_\_\_ ☐ High: \_\_\_\_\_

Predictive alarm: ☐ Rapid Fall: \_\_\_\_\_ ☐ Rapid Rise: \_\_\_\_\_

Student/School Personnel may use CGM for insulin calculation

if glucose reading between \_\_\_\_\_ - \_\_\_\_\_ mg/dL ☐ Yes ☐ No

Student/School Personnel may use CGM for hypoglycemia and hyperglycemia management ☐ Yes ☐ No  
(Refer to Hypoglycemia and Hyperglycemia section of this document once confirmed)

### Additional information for student with CGM

- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with any medical adhesive or tape the parent / guardian has provided.
- If the CGM becomes dislodged, remove, and return everything to the parents/guardian. Do not throw anything away. Check glucose by finger stick until CGM is replaced / reinserted by parent/guardian or student.
- Refer to the manufacturer's instructions on how to use the student's device.
- Refer to VDC's CGM Position Statement (<https://virginiadiabetes.org/diabetes-in-schools/>)

| Student's Self-care CGM Skills                                                                                  | Independent?                  |                              |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|
| The student is able to troubleshoot alarms and alerts                                                           | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| The student is able to adjust alarms.                                                                           | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| The student is able to calibrate the CGM.                                                                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| The student is able to respond when the CGM indicates a rapid trending rise or fall in the blood glucose level. | <input type="checkbox"/> Yes  | <input type="checkbox"/> No  |
| School nurse or trained personnel notified if CGM alarms                                                        | <input type="checkbox"/> High | <input type="checkbox"/> Low |
| Other instructions for the school health team:                                                                  |                               |                              |

### Physical activity and sports

A quick-acting source of glucose must be available at the site of physical education activities and sports. Examples include glucose tabs, juice, glucose gel, gummies, skittles, starbursts, cake icing.

Student should eat:

| Carbohydrate Amount | Before                   | Every 30 minutes         | Every 60 minutes         | After activity           | Per Parent               |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 15 grams            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30 grams            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If most recent blood glucose is less than \_\_\_\_\_ mg/dL, student can participate in physical activity when blood glucose is corrected and above \_\_\_\_\_ mg/dL.

Avoid physical activity when blood glucose is greater than \_\_\_\_\_ mg/dL

AND / OR if urine ketones are moderate to large / blood ketones are > 1.0 mmol/L

For insulin pump users: see "Additional Information for Student with Insulin Pump", page 7".

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## Hypoglycemia (Low Blood Glucose)

**Hypoglycemia:** Any blood glucose below \_\_\_\_\_ mg / dL checked by blood glucose meter or CGM.

**Student's usual symptoms of hypoglycemia (circled):**

|           |                          |                          |                 |           |
|-----------|--------------------------|--------------------------|-----------------|-----------|
| Hunger    | Sweating                 | Shakiness                | Paleness        | Dizziness |
| Confusion | Loss of coordination     | Fatigue                  | Irritable/Anger | Crying    |
| Headache  | Inability to concentrate | Hypoglycemia Unawareness | Passing-out     | Seizure   |

### Mild to Moderate Hypoglycemia:

Student is exhibiting symptoms of hypoglycemia AND / OR blood glucose level is less than \_\_\_\_\_ mg/dL

1. Give a fast-acting glucose product equal to \_\_\_\_\_ **grams fast-acting carbohydrate** such as: glucose tablets, juice, glucose gel, gummies, skittles, starbursts, cake icing
2. Recheck blood glucose in 15 minutes
3. If blood glucose level is less than \_\_\_\_\_, repeat treatment with \_\_\_\_\_ grams of fast-acting carbohydrates.
4. Consider providing a carbohydrate/protein snack once glucose returns to normal range, as per parent/guardian.
5. **Additional Treatment:**

### Severe Hypoglycemia:

Student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement)

1. Position the student on his or her side to prevent choking

2. Administer emergency medication.

| Injectable Route (Glucagon, Glucagen, Gvoke)                                                                                                  | OR | Nasal route (Baqsimi)                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----|---------------------------------------------------------------|
| Dose: <input type="checkbox"/> 1 mg <input type="checkbox"/> 0.5 mg                                                                           |    | Dose: <input type="checkbox"/> 3 mg (Baqsimi brand)           |
| Route: <input type="checkbox"/> Subcutaneous (SC) <input type="checkbox"/> Intramuscular (IM)                                                 |    | Route: <input type="checkbox"/> Intranasal (IN Baqsimi brand) |
| Site: <input type="checkbox"/> Buttocks <input type="checkbox"/> Arm <input type="checkbox"/> Thigh<br><input type="checkbox"/> Lower Abdomen |    | Site: <input type="checkbox"/> Nose (Baqsimi brand only)      |

3. **Call 911** (Emergency Medical Services)

- AND the student's parents / guardians.
- AND the health care provider.

4. If on **INSULIN PUMP**, Stop insulin pump by any of the following methods:

- Place pump in "suspend" or "stop mode" (See manufacturer's instructions)
- Disconnect pump at site

**ALWAYS** send pump with EMS to hospital

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

## Hyperglycemia (High Blood Glucose)

**Hyperglycemia:** Any blood glucose above \_\_\_\_\_ mg/dL checked by blood glucose meter or CGM.

**Student's usual symptoms of hyperglycemia (circled):**

|                |                    |               |           |              |
|----------------|--------------------|---------------|-----------|--------------|
| Extreme thirst | Frequent urination | Blurry Vision | Hunger    | Headache     |
| Nausea         | Hyperactivity      | Irritable     | Dizziness | Stomach ache |

### Insulin Correction Dose

For blood glucose greater than \_\_\_\_\_ mg/dL AND at least \_\_\_\_\_ hours since last insulin dose, give correction dose of insulin (see correction dose orders, refer to page 6).

Recheck blood glucose in \_\_\_\_\_ hours

Notify parents/guardians if blood glucose is over \_\_\_\_\_ mg/dL.

For insulin pump users: see "Additional Information for Student with Insulin Pump", refer to page 7".

### Ketones

Check ☐ Urine for ketones OR ☐ Blood for ketones:

If blood glucose is above \_\_\_\_\_ mg/ dL, two times in a row, at least one hour apart

AND / OR when student complains of nausea, vomiting or abdominal pain,

Give \_\_\_\_\_ ounces of water and allow unrestricted access to the bathroom

#### If urine ketones are negative to small OR blood ketones < 0.6 - 1.0 mmol/L:

1. If insulin has not been administered within \_\_\_\_\_ hours, provide correction insulin according to student's correction factor and target pre-meal blood glucose (refer to page 6)
2. Return student to his / her classroom
3. Recheck blood glucose and ketones in \_\_\_\_\_ hours after administering insulin

#### If urine ketones are moderate to large OR blood ketones > 1.0 mmol/L:

1. Do NOT allow student to participate in exercise
2. Call parent / guardian, If unable to reach parent / guardian, call health care provider
3. If insulin has not been administered within \_\_\_\_\_ hours, provide correction insulin according to student's correction factor and target blood glucose. (refer to page 6)
4. **IF ON INSULIN PUMP:** See "Additional Information for Student with Insulin Pump", refer to page 7

### HYPERGLYCEMIA EMERGENCY

**Presence of ketones associated with the following symptoms Call 911**

|                                        |                                   |                                  |
|----------------------------------------|-----------------------------------|----------------------------------|
| Chest pain                             | Nausea and vomiting               | Severe abdominal pain            |
| Heavy breathing or shortness of breath | Increasing sleepiness or lethargy | Depressed level of consciousness |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

**Insulin therapy**    ☐ Insulin pen or Syringe    ☐ Insulin pump (refer to page 7)

☐ Adjustable Bolus Insulin Therapy    ☐ Fixed Insulin Therapy    ☐ Long-Acting Insulin Therapy

☐ **Adjustable Bolus Insulin Therapy:**

Apidra (glulisine), Novolog (aspart), Humalog (lispro), Fiasp (aspart), Admelog (lispro). Brands are interchangeable.

| When to give insulin: | INSULIN to CARBOHYDRATE<br>+ | INSULIN to<br>CARBOHYDRATE<br>Only | Correction only          |
|-----------------------|------------------------------|------------------------------------|--------------------------|
|                       | Correction                   |                                    |                          |
| <i>Breakfast</i>      | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <i>Lunch</i>          | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <i>Snack AM</i>       | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |
| <i>Snack PM</i>       | <input type="checkbox"/>     | <input type="checkbox"/>           | <input type="checkbox"/> |

☐ **INSULIN to CARBOHYDRATE Dose Calculation**

Total Grams of Carbohydrate to Be Eaten  
"B" Insulin-to-Carbohydrate Ratio    X    "A" Units of Insulin    =           Units of Insulin

|                                           | "A" Units of Insulin          | "B" Insulin-to-Carbohydrate Ratio    |
|-------------------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> <i>Breakfast</i> | <u>      </u> unit of insulin | Per <u>      </u> gm of carbohydrate |
| <input type="checkbox"/> <i>Lunch</i>     | <u>      </u> unit of insulin | Per <u>      </u> gm of carbohydrate |
| <input type="checkbox"/> <i>Snack AM</i>  | <u>      </u> unit of insulin | Per <u>      </u> gm of carbohydrate |
| <input type="checkbox"/> <i>Snack PM</i>  | <u>      </u> unit of insulin | Per <u>      </u> gm of carbohydrate |

☐ **CORRECTION Dose Calculation (For Elevated blood sugar and  $\geq 3$  hours since last insulin dose)**

Current Blood Glucose – "C" Target Blood Glucose  
"D" Correction Factor    X    "E" Units of insulin    =           Units of Insulin

| "C" Target Blood Glucose | "D" Correction Factor | "E" Units of insulin                                                   |
|--------------------------|-----------------------|------------------------------------------------------------------------|
| <u>      </u>            | <u>      </u>         | <input type="checkbox"/> 0.5 unit<br><input type="checkbox"/> 1.0 unit |

OR

☐ **CORRECTION Dose Scale ((For Elevated blood sugar and  $\geq 3$  hours since last insulin dose. Use instead of calculation above to determine insulin correction dose)**

| Blood Glucose                        | Insulin Dose             |
|--------------------------------------|--------------------------|
| <u>      </u> to <u>      </u> mg/dL | give <u>      </u> units |
| <u>      </u> to <u>      </u> mg/dL | give <u>      </u> units |
| <u>      </u> to <u>      </u> mg/dL | give <u>      </u> units |
| <u>      </u> to <u>      </u> mg/dL | give <u>      </u> units |

☐ **Fixed Insulin Therapy**

Name of insulin: \_\_\_\_\_

☐        Units of insulin given pre-breakfast daily

☐        Units of insulin given pre-lunch daily

☐        Units of insulin given pre-snack daily

☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ School Year: \_\_\_\_\_ - \_\_\_\_\_

#### ☐ Long-Acting Insulin Therapy

Name of Insulin (Circle): Lantus Basaglar Levemir Tresiba (u100/u200) Toujeo (u300)

- ☐ To be given during school hours: ☐ Pre-breakfast dose: \_\_\_\_\_ units  
☐ Pre-lunch dose: \_\_\_\_\_ units  
☐ Pre-dinner dose: \_\_\_\_\_ units

#### ☐ Other Diabetes Medications:

- ☐ Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_  
☐ Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_  
☐ Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Times given: \_\_\_\_\_

#### Disaster Plan/Extended Day Field Trips - To prepare for an unplanned disaster or emergency (72 hours):

- ☐ Obtain emergency supply kit from parents/guardians.  
☐ Continue to follow orders contained in this DMMP.  
☐ Additional insulin orders as follows (e.g., dinner and nighttime doses): \_\_\_\_\_

#### Additional Information for Students with Insulin Pumps

Brand / model of pump: \_\_\_\_\_

- ☐ Refer to attached pump settings provided by parent/guardian or healthcare provider  
☐ Other pump instructions: *Medtronic 530G, 630G, 670G, or TSlim X2 with Basal IQ may be enabled with the hypoglycemia automatic insulin suspend (stopped for up to 2 hours)*  
☐ Medtronic 670G and TSlim X2 Control IQ pump utilizes advanced hybrid closed loop technology to adjust insulin delivery to help prevent highs and lows, while still allowing the user to manually bolus for meals.

#### Hyperglycemia Management:

- ☐ If Blood glucose greater than \_\_\_\_\_ mg/dL that has not decreased within \_\_\_\_\_ hours after correction and / or if student has moderate to large ketones. Notify parents/ guardians  
☐ For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen using insulin dosing prescribed on page 6  
☐ For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen using insulin dosing prescribed on page 6

#### Adjustments for Physical Activity Using Insulin Pump

|                                                                                                 |                             |
|-------------------------------------------------------------------------------------------------|-----------------------------|
| May disconnect from pump for sports activities: <input type="checkbox"/> Yes, for _____ hours   | <input type="checkbox"/> No |
| Set temporary basal rate: <input type="checkbox"/> Yes, _____ % temporary basal for _____ hours | <input type="checkbox"/> No |
| Suspend pump use: <input type="checkbox"/> Yes, for _____ hours                                 | <input type="checkbox"/> No |
| Temp Target (specific to Medtronic): 150 mg/dL <input type="checkbox"/> Yes, for _____ hours    | <input type="checkbox"/> No |
| Exercise Activity use (specific to TSlim X2 with Control IQ): <input type="checkbox"/> Yes      | <input type="checkbox"/> No |

| Student's Self-care Pump Skills                 | Independent?                 |                             |
|-------------------------------------------------|------------------------------|-----------------------------|
| Administers carbohydrate and correction bolus   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Calculates and sets temporary basal rate        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Changes batteries                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disconnects and reconnects pump to infusion set | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepares reservoir, pod, and/or tubing          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inserts infusion set                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Troubleshoots alarms and malfunctions           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Authorization to Treat and Administer Medication in the School Setting as Required by Virginia Law

This Diabetes Medical Management Plan has been approved by the undersigned Health Care Provider.

It further authorizes schools to treat and administer medication as indicated by this plan and required by Virginia Law.

### Providers:

My signature below provides authorization for the Virginia Diabetes Medical Management Plan contained herein. I understand that all treatments and procedures may be performed by the student, the school nurse, unlicensed trained designated school personnel, as allowed by school policy, state law or emergency services as outlined in this plan. I give permission to the school nurse and designated school personnel who have been trained to perform and carry out the diabetes care tasks for the student as outlined in the student's Diabetes Medical Management Plan as ordered by the prescribing health care provider (Code of Virginia § 22.1-274).

### Parents:

I also consent to the release of information contained in this Diabetes Medical Management Plan to all school staff members and other adults who have responsibility for my student and who may need to know this information to maintain my student's health and safety. I also give permission to the school nurse or another qualified health care professional to contact my student's diabetes health care providers.

I give permission to the student to carry with him/her and use supplies, including a reasonable and appropriate short-term supply of carbohydrates, an insulin pump, and equipment for immediate treatment of high and low blood glucose levels, and to self-check his/her own blood glucose levels on a school bus, on school property, and at a school-sponsored activity (Code of Virginia §22.1-274.01:1).

SELF-CARRY

|                                                                           |                                                          |
|---------------------------------------------------------------------------|----------------------------------------------------------|
| <i>Parent authorization for student to self-administer insulin</i>        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Parent authorization for student to self-monitor blood glucose</i>     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Prescriber authorization for student to self-administer insulin</i>    | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <i>Prescriber authorization for student to self-monitor blood glucose</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**\*For self-carry: Provider and Parent must both agree to the statements above per** (Code of Virginia §22.1-274.01:1)

|                                                              |       |
|--------------------------------------------------------------|-------|
| Parent / Guardian Name / Signature:                          | Date: |
| School representative Name / Signature:                      | Date: |
| Student's Physician / Health Care Provider Name / Signature: | Date: |

### References:

- [https://www.virginiadiabetes.org/content.aspx?page\\_id=22&club\\_id=947464&module\\_id=327026](https://www.virginiadiabetes.org/content.aspx?page_id=22&club_id=947464&module_id=327026)
- <http://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/medforms/GuidanceDocumentMDiabetesMedicalManagePlanHCPOF.pdf>
- <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/state-laws-and-policies.html>
- <http://www.diabetes.org/dmmp>
- A 504 Plan is separate from a DMMP form. See <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/legal-protections/section-504.html> or <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/section-504-plan.html>
- VDC's CGM Position Statement (<https://virginiadiabetes.org/diabetes-in-schools/>)

# Albemarle County Public Schools

## Parents' Request for Giving Medicine at School

| <u>School</u>  | <u>Phone</u><br>(area code 434) | <u>Fax</u><br>(area code 434) | <u>School</u>                | <u>Phone</u><br>(area code 434) | <u>Fax</u><br>(area code 434) |
|----------------|---------------------------------|-------------------------------|------------------------------|---------------------------------|-------------------------------|
| Agnor          | 973-5211                        | 974-7046                      | Stony Point                  | 973-6405                        | 973-9751                      |
| Baker-Butler   | 974-7777                        | 964-4684                      | Woodbrook                    | 973-6600                        | 973-0317                      |
| Broadus Wood   | 973-3865                        | 973-3833                      | Burley                       | 295-5101                        | 984-4975                      |
| Brownsville    | 823-4658                        | 823-5120                      | Henley                       | 823-4393                        | 823-2711                      |
| Crozet         | 823-4800                        | 823-6470                      | Journey                      | 975-9320                        | 975-9325                      |
| Greer          | 973-8371                        | 973-0629                      | Lakeside                     | 975-0599                        | 975-0852                      |
| Hollymead      | 973-8301                        | 978-3687                      | Walton                       | 977-5615                        | 296-6648                      |
| Ivy            | 293-9304                        | 979-3850                      | Albemarle                    | 975-9300                        | 974-4335                      |
| Mountain View  | 293-7455                        | 293-2067                      | Monticello                   | 244-3100                        | 244-3104                      |
| Murray         | 977-4599                        | 979-5416                      | Western Albemarle            | 823-8700                        | 823-8711                      |
| Red Hill       | 293-5332                        | 293-7300                      | Community Lab School         | 296-3090                        | 979-6479                      |
| Scottsville    | 286-2441                        | 286-2442                      | Center for Learning & Growth | 974-8070                        | 979-6479                      |
| Stone-Robinson | 296-3754                        | 296-7645                      | Center I                     | 244-8900                        | 872-4570                      |

### Parent's Request for Giving Medicine at School

Please send this form to the school when needed. All areas on this form must be completed for school staff to administer the medication. **Please print.**

Please have the school nurse, or a member of school staff, administer to \_\_\_\_\_ (DOB: \_\_\_\_\_)  
the following medication: (check one) (name of child)

\_\_\_\_\_ Certain prescription medication specified below, or

\_\_\_\_\_ Non-prescription medication specified below.

I understand that the person at the school who will administer this medication or treatment may be inexperienced and untrained in this requested service and state, without reservation, that I shall not hold him/her or the Albemarle County School Board liable in any way for harm or injury that may be experienced by my child as a result of this service. **I understand I am to provide all medication administered to my child in its original container.** I realize medical information associated with the use of this medication may be disclosed to school employees with supervisory authority for my child. For prescription medication, my signature below shall be deemed consent for the school nurse to contact the physician named below for signature or to discuss the medication.

Date of Order: \_\_\_\_\_ Name of medication: \_\_\_\_\_

Exact dosage to be given: \_\_\_\_\_ Time of day to be administered: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Duration for medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician / Date  
(for prescription medication)

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Physician Telephone  
(for prescription medication)

\_\_\_\_\_  
Signature of Parent or Guardian / Date  
(for all medication)

\_\_\_\_\_  
Daytime Telephone

# Communicable Disease Reference Chart VDH 2024

For a printed version of this manual, continue to next page for form.

For the digital version of this manual, [click here for a PDF of the form](#).

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                        | INCUBATION PERIOD                                                                                                                                                                                                                                          | TRANSMISSION                                                                                                                                                                                                                                                                                                                               | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Chickenpox</a> <sup>†</sup><br>(Varicella)                                         | 14–16 days<br>(Range 10–21 days)<br><br>Incubation period may be longer (28 days or more) in persons who receive immune globulin for postexposure prophylaxis (VarIZIG or IVIG). Incubation period may be shorter in persons with weakened immune systems. | Direct contact with vesicular fluid or by airborne spread from respiratory tract secretions.<br><br>Infectious from 1–2 days before rash onset until all lesions have dried/crusted over and no new lesions appear within a 24-hour period (average is 4–7 days). Communicability may be prolonged in people with weakened immune systems. | Sudden onset with slight fever, other systemic symptoms and itchy eruptions which become vesicular (small blisters) within a few hours. The rash first appears on the chest, back, and face, and then spreads over the entire body. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Typically, vesicular rash consisting of 250–500 lesions in varying stages of development (papules, vesicles) and resolution (crusting). | <b>PATIENT:</b> Exclude from school or child care until: <ul style="list-style-type: none"> <li>Uncomplicated varicella: the rash has crusted</li> <li>Immunized patients without crust: no new lesions appear within a 24-hour period</li> <li>Patients with weakened immune systems: at least 5 days after eruptions first appear or until vesicles become dry</li> </ul> Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine.<br><br><b>CONTACTS:</b> Check vaccination status of contacts in school and child care and recommend vaccination if needed within 3 days and up to 5 days after exposure. For exposed contacts without immunity: <ul style="list-style-type: none"> <li>School setting: exclusion not recommended unless an outbreak is reported; monitor for varicella symptoms for 8–21 days from exposure and until 28 days after for those who received VarIZIG or IVIG.</li> <li>Child care setting: exclusion recommended for 8–21 days from exposure (28 days if VarIZIG or IVIG given.) If symptoms occur, exclude from school and child care.</li> </ul> |
| <a href="#">Conjunctivitis</a><br>(Pink Eye)                                                   | 1–3 days<br>Variable depending on the cause.<br><br>Causes include bacteria, viruses, allergies, and chemicals/irritants.                                                                                                                                  | Contact with eye discharge or contaminated articles, if the cause is infectious (e.g., bacteria or virus.)<br><br>Allergic and chemical causes are not contagious.                                                                                                                                                                         | Pink or red eye with swelling of the eyelids, increased tears, and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.                                                                                                                                                                                                                                                                                                                           | <b>PATIENT:</b> Exclude from school or child care while symptomatic or until cleared to return by a healthcare provider. Important to wash hands thoroughly after contact with eye drainage. Do not share any articles that have come into contact with the eyes.<br><br><b>CONTACTS:</b> Exclusion not indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <a href="#">COVID-19</a> <sup>†</sup><br>(Coronavirus disease 2019 caused by SARS-CoV-2 virus) | 2–14 days<br><br>As virus variants continue to emerge, characteristics such as incubation period and ease of transmission may change.                                                                                                                      | Inhalation or contact with respiratory droplets; contact with contaminated surfaces.<br><br>People are infectious 2 days before symptom onset through 10 days after symptom onset, with viral loads higher earlier in the course of infection.                                                                                             | Patients may be asymptomatic or may have a wide variety of symptoms of variable severity: <ul style="list-style-type: none"> <li>Fever and/or chills</li> <li>Cough and/or runny nose</li> <li>Shortness of breath</li> <li>Headache</li> <li>Fatigue</li> <li>Sore throat</li> <li>Muscle or body aches</li> <li>New loss of taste or smell</li> <li>Nausea, vomiting, diarrhea</li> </ul>                                                                                       | <b>PATIENT:</b> Please refer to CDC's Preventing Spread of Infections in K-12 Schools " <a href="#">When Students or Staff are Sick</a> ." Depending on severity of illness, refer to a healthcare provider, urgent care center, or emergency department for further evaluation and treatment.<br><br><b>CONTACTS:</b> Quarantine is not recommended for contacts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                                                                      | INCUBATION PERIOD                                                                                                                                                                                                                                                                                                     | TRANSMISSION                                                                                                                                                                                                                                                                     | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diarrheal Diseases†<br>( <a href="#">Campylobacteriosis</a> ,<br><a href="#">E. coli O157:H7</a> ,<br><a href="#">Giardiasis</a> ,<br><a href="#">Salmonellosis</a> ,<br><a href="#">Shigellosis</a> , etc.) | Campylobacteriosis:<br>2–5 days<br>(Range: 1–10 days)<br><br><i>E. coli</i> O157:H7:<br>3–4 days<br>(Range: 1–10 days)<br><br>Giardiasis:<br>1–3 weeks<br><br>Salmonellosis:<br>12–36 hours<br>(Range: 6–72 hours;<br>though up to 16 days<br>has been reported)<br><br>Shigellosis:<br>1–3 days<br>(Range: 1–7 days) | Fecal-oral route through direct contact or by ingestion of contaminated, raw, or improperly cooked food or untreated water                                                                                                                                                       | The most common symptoms are diarrhea, abdominal pain or cramping, malaise, and fever. Stools can contain visible or occult blood. Severe dehydration may occur in young children.<br><br>Campylobacteriosis may mimic appendicitis or intussusception. <i>E. coli</i> O157:H7 may lead to hemolytic-uremic syndrome. In giardiasis, persons may be asymptomatic or have malabsorption with smelly, greasy stool and weight loss.<br><br>Patients with weakened immune systems can have prolonged, relapsing, or extraintestinal infections. | <b>PATIENT:</b> Exclude from school and child care until stools are contained in the diaper or when continent patients no longer have fecal accidents and when stool frequency becomes no more than 2 stools above normal frequency for the patient, even if the stools remain loose. Stress importance of proper handwashing. In an outbreak setting, consult local health department for clearance to return to school/childcare setting. Please note that other resources advise no return to school until diarrhea has ceased for at least 24 hours.<br><br><b>CONTACTS:</b> Exclusion and stool cultures not indicated in absence of symptoms. Contacts who are symptomatic should be excluded until stools are contained in the diaper or child is continent and stool frequency is no more than 2 stools above that child's normal frequency for the time the child is in the program. Stool cultures are recommended for symptomatic contacts, and these children should be excluded from school and child care while evaluation is pending.<br><br>Consult with your local health department for advice during suspected school outbreaks.<br><br>Thorough hand hygiene and environmental cleaning is very important. |
| <a href="#">Fifth Disease</a><br>(Parvovirus B19,<br>Erythema<br>Infectiosum)                                                                                                                                | 4–14 days<br>(Range: 4–21 days)                                                                                                                                                                                                                                                                                       | Contact with respiratory tract secretions and percutaneous exposure to blood or blood products. It can also be transmitted from mother to baby during pregnancy.<br><br>Once the characteristic rash appears, the child is not likely to be contagious and can return to school. | Distinctive rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped cheek appearance." The rash may have a lacey appearance on the trunk and extremities. It can fluctuate in intensity and recur with environmental changes, such as temperature and exposure to sunlight, for weeks to months. Mild symptoms of fever, joint pain, cough, sore throat, and headache may occur 7–10 days before rash.                                                     | <b>PATIENT:</b> Exclusion not indicated beyond facility-based policies about fever.<br><br><b>CONTACTS:</b> Exclusion not indicated. Pregnant women and persons with weakened immune systems should seek medical advice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable. <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                     | INCUBATION PERIOD                      | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                             | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                      | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><a href="#">Hepatitis A</a><sup>†</sup></p> <p>All suspected or confirmed cases of hepatitis A are rapidly reportable to the local health department</p> | <p>28 days<br/>(Range: 15–50 days)</p> | <p>Fecal-oral route through direct contact or ingestion of contaminated food or water.</p> <p>People with Hepatitis A virus (HAV) infection are most infectious during the 1–2 weeks before illness onset, when concentration of virus in the stool is highest. Risk diminishes significantly by 7–10 days after symptom onset and is minimal by the 3<sup>rd</sup> week of illness.</p> | <p>Initial symptoms begin abruptly and include fever, nausea, vomiting, diarrhea, fatigue, joint pain, anorexia, and abdominal pain or discomfort. Dark urine, pale stools, and jaundice (yellowing of the skin or eyes) might be present initially or might develop a few days to a week later. The likelihood of symptoms increases with age.</p> <p>Symptoms typically last less than 2 months but can extend up to 6 months.</p> | <p><b>PATIENT:</b> Patients with acute HAV infection who work as food handlers or attend or work in child care settings should be excluded for 14 days if symptomatic, or 7 days since jaundice. If the person is not a food handler or in a child care setting, exclude for 7 days after onset of symptoms. Serologic testing should be performed to confirm HAV infection in suspected cases.</p> <p><b>CONTACTS:</b> Determine if contact is immune to HAV through immunization records and/or serologic testing (a positive Hep A IgG). Serologic testing is not typically recommended if immunization records are unavailable. Contacts who are immune do not need additional follow-up. Determine if contact meets criteria for HAV postexposure prophylaxis (PEP) with Hepatitis A vaccine, immunoglobulin, or both.</p> <p>Childcare staff or attendees who might have been exposed to HAV in the past 2 weeks should be excluded for 7 weeks after last contact with the case during the infectious period, unless they receive PEP within 14 days of exposure or report immunity through vaccination or serology indicating previous disease.</p> <p>Contacts who are symptomatic and epidemiologically-linked to a laboratory-confirmed case meet the case definition and should be managed as a case, including appropriate investigation and exclusion.</p> <p>In a child care center, stress importance of proper handwashing. In facilities with diapered children, if one or more cases are confirmed in child or staff attendees or two or more cases in households of staff or attendees, hepatitis A PEP should be administered within 14 days of exposure to all unimmunized staff and attendees.</p> <p>In centers without diapered children, hepatitis A PEP should be administered only to unimmunized classroom contacts of index case. Asymptomatic contacts may return after receipt of hepatitis A PEP.</p> <p>If questions about management of cases and/or contacts, please contact local health department.</p> |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                               | INCUBATION PERIOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | RECOMMENDATIONS                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Hepatitis B</a> <sup>†</sup>                                                                              | 60–90 days<br>(Range: 45–160 days)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes. The risks of HBV acquisition when a susceptible child bites a child who has chronic HBV infection or when a susceptible child is bitten by a child with chronic HBV infection are unknown. A theoretical risk exists if HBsAg-positive blood enters the oral cavity of the biter, but transmission by this route has not been reported. | Developing symptoms of acute hepatitis are age-dependent and occur most commonly in adults. The spectrum of symptoms and signs is varied and includes subacute illness with nonspecific symptoms (e.g., anorexia, nausea, or malaise), clinical hepatitis with jaundice, or fulminant hepatitis.                                                                                                                                                                                                                                  | PATIENT: Follow advice of child's healthcare provider and/or your local health department.<br><br>CONTACTS: Exclusion not indicated. |
| <a href="#">HIV Infection</a> <sup>†</sup> and <a href="#">AIDS</a> <sup>†</sup> (Acquired Immunodeficiency Syndrome) | For untreated infants and children who acquire HIV infection through mother-to-child transmission, the usual age of onset of symptoms is 12–18 months of age. Some children become ill in the first few months of life, but others remain asymptomatic for more than 5 years and, rarely, until early adolescence.<br><br>Acute retroviral syndrome develops in 40–90% of adults and adolescents. It occurs 7–14 days following viral acquisition and lasts 5–7 days. Most patients are not ill enough to seek medical attention. | 1. Sexual transmission (vaginal, anal, orogenital)<br>2. Percutaneous blood exposure (e.g., contaminated needles)<br>3. Mother-to-child transmission<br>4. Mucous membrane exposure to contaminated blood or body fluids<br>5. Transfusion of contaminated blood or blood products, though this has been virtually eliminated in the U.S. since 1985<br>6. Cases of HIV transmission have been reported from contact of non-intact skin with blood-containing body fluids                          | Clinical manifestations of untreated pediatric HIV infection include unexplained fevers, generalized lymphadenopathy, hepatomegaly, splenomegaly, failure to thrive, persistent oral and diaper candidiasis, recurrent diarrhea, parotitis, hepatitis, central nervous system disease (e.g., encephalopathy, hyperreflexia, hypertonia, floppiness, developmental delay), lymphoid interstitial pneumonia, recurrent invasive bacterial infections, and opportunistic infections (e.g., viral, parasitic, and fungal infections). | PATIENT: Follow advice of child's healthcare provider and/or your local health department.<br><br>CONTACTS: Exclusion not indicated. |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                                                                          | INCUBATION PERIOD                                                                                                       | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><u>Influenza</u><br/>(Seasonal)</p> <p>Note: Suspected or confirmed novel influenza virus infections should be rapidly reported to the local health department and may have different exclusion criteria.</p> | <p>2 days<br/>(Range: 1–4 days)</p>                                                                                     | <p>Respiratory droplets (e.g., coughing or sneezing), contaminated hands or surfaces (where it can remain for up to 24 hours), or airborne transmission via small-particle aerosols in the vicinity of the infectious individual</p> <p>Patients may be infectious 24 hours before onset of symptoms. Viral shedding in nasal secretions usually peaks during the first 3 days of illness and ceases within 7 days but can be prolonged (10 days or longer) in young children and people with weakened immune systems.</p> | <p>Sudden onset of fever, often accompanied by nonproductive cough, chills or rigors, diffuse myalgia, headache, and malaise. Subsequently, respiratory tract symptoms, including sore throat, nasal congestion, rhinitis, and cough, become more prominent. Less commonly, abdominal pain, nausea, vomiting, and diarrhea are associated with influenza illness. In some children, influenza can appear as an upper respiratory tract illness or as a febrile illness with few respiratory tract symptoms. In infants, influenza can produce a nonspecific sepsis-like illness picture, and in infants and young children, influenza can cause otitis media, croup, pertussis like-illness, bronchiolitis, or pneumonia. Acute myositis secondary to influenza can present with calf tenderness and refusal to walk.</p> | <p><b>PATIENT:</b> Exclude from school and child care until at least 24 hours following resolution of fever without the use of fever-reducing medication(s).</p> <p><b>CONTACTS:</b> Exclusion not indicated.</p> <p>Annual seasonal influenza vaccination for staff and children ≥ 6 months of age is strongly encouraged to prevent cases of influenza or lessen severity of illness.</p>                                                                                                                                                                                                                                                                                                                                                                    |
| <p><u>Measles</u><sup>†</sup><br/>(Rubeola, Red Measles)</p> <p><b>All suspected or confirmed measles cases are rapidly reportable to the local health department</b></p>                                        | <p>From exposure to prodrome:<br/>11–12 days</p> <p>From exposure to rash onset:<br/>14 days<br/>(Range: 7–21 days)</p> | <p>Direct contact with infectious droplets or by airborne spread through inhalation of infectious droplets when a person with measles coughs, sneezes, etc. The attack rate in a susceptible individual exposed to measles is 90% in close-contact settings.</p> <p>Patients infected with wild-type measles virus are contagious from 4 days before rash onset through 4 days after appearance of the rash.</p>                                                                                                           | <p>Fever, cough, coryza, and conjunctivitis, followed by a maculopapular rash starting on the face and spreading downwards and outwards. During the initial period, Koplik spots may be present. The characteristic rash may not develop in patients with weakened immune systems.</p> <p>Koplik spots are typically 1-3mm whitish, grayish, or bluish elevations with an erythematous base typically seen on the buccal mucosa. Koplik spots are not seen in all measles cases.</p>                                                                                                                                                                                                                                                                                                                                      | <p><b>PATIENT:</b> Exclude from school and child care until at least 4 days after appearance of the rash and when the child is able to participate.</p> <p><b>CONTACTS:</b> Check immunization records of all contacts. Additional measures are not needed for children and/or staff who are fully vaccinated or have evidence of immunity to measles. People who have not been immunized, including those exempted from measles immunization for medical reasons, should be excluded from school, child care, and health care settings until at least 21 days after the onset of rash in the last case of measles. Discuss with your local health department. Every suspected measles case should be reported immediately to the local health department.</p> |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the 2021-2024 *Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                                                                                                                                           | INCUBATION PERIOD                                                                                                                                                   | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Meningitis, Bacterial</b><br><b>(<i>H. influenzae</i>†, <i>Meningococcal</i>†, <i>Pneumococcal</i>)</b><br><br><b>All suspected or confirmed cases of invasive <i>H. influenzae</i> disease or meningococcal disease are rapidly reportable to the local health department</b> | <i>H. influenzae</i> :<br>2–7 days<br><br><i>Meningococcal</i> :<br>< 4 days<br>(Range: 1–10 days)<br><br><i>Pneumococcal</i> :<br>1–7 days                         | Respiratory (e.g., coughing or sneezing) or throat secretions (e.g., kissing) through close or lengthy contact.<br><br>Transmission can also occur by sharing beverages, utensils, and personal care products. Patients should be considered capable of transmitting the organism for up to 24 hours after initiation of effective antimicrobial treatment.                                                                                                                                      | Acute onset of fever, neck stiffness, neck pain, headache, light sensitivity and other neurologic symptoms or signs.<br><br>In meningococcal disease, rash initially can be macular or maculopapular but typically becomes petechial or purpuric within hours. Signs and symptoms of meningococcal meningitis may be indistinguishable from those associated with pneumococcal meningitis.                                                                                                                                                                                | <b>PATIENT:</b> Exclude from school and child care during acute illness. Non-communicable after 24–48 hours of appropriate drug therapy.<br><br><b>CONTACTS:</b> Exclusion not indicated. Discuss with your local health department to determine if close contacts need <b>prompt prophylactic treatment</b> for <i>H. influenzae</i> or meningococcal meningitis, especially contacts in a child care setting. Students and staff should be advised not to share beverages, eating utensils, or personal care products.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Mpox†</b><br>(Previously known as monkeypox)                                                                                                                                                                                                                                   | 3–17 days<br><br>Symptoms usually start within 21 days of exposure to the virus. If someone has flu-like symptoms, they will usually develop a rash 1–4 days later. | Through close contact (including intimate, sexual, or household/caregiving contact) with a person with mpox (e.g., skin-to-skin, body fluids, prolonged talking or breathing, from mother to baby), and through contact with contaminated materials (e.g., clothing, bedding), or direct contact with infected wild animals.<br><br>Mpox can be spread from the time symptoms start until the rash has fully healed and a fresh layer of skin has formed. The illness typically lasts 2–4 weeks. | People with mpox get a rash that may be located on the hands, feet, chest, face, in or around the mouth, or on or around the genitals or anus.<br><br>The rash will go through several stages, including scabs, before healing. The rash can initially look like pimples or blisters and may be painful or itchy.<br><br>Other symptoms of mpox can include fever, chills, swollen lymph nodes, exhaustion, muscle aches and backache, headache, respiratory symptoms (e.g., sore throat, nasal congestion, or cough).<br><br>People may have all or only a few symptoms. | <b>PATIENT:</b> Exclude from school and child care until the rash has healed, all scabs have fallen off, and a fresh layer of skin has formed. This may take as long as 4 weeks after symptoms began. Caregivers should work with a healthcare provider and the health department to decide when the child or adolescent can return to the educational setting.<br><br><b>CONTACTS:</b> Exclusion not indicated in most cases. In some cases, if contact tracing may not be possible and there was a high or intermediate degree of exposure, the local health department may consider limiting an individual's participation in activities. The health department will consider the age of the individual and their ability to recognize or communicate symptoms, the types of interactions in the environment, and the risk of more severe disease to others in the setting. If a contact had high- or intermediate-risk exposure, the health department may recommend postexposure prophylaxis with JYNNEOS vaccine, ideally administered within 4 days of exposure.<br><br>Settings with children or adolescents in residence, (e.g., boarding schools, overnight camps, and other residential environments) follow considerations for congregate settings. |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21st Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32nd Edition (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                            | INCUBATION PERIOD                | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                  | COMMON SYMPTOMS                                                                                                                                                                                                                                                                           | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Mumps</a> <sup>†</sup> | 16–18 days<br>(Range 12–25 days) | Contact with infectious respiratory tract secretions and saliva. Highly contagious.<br><br>The period of maximum communicability begins 2 days before parotitis onset. The recommended isolation period is 5 days after onset of parotid swelling. However, virus has been detected in patients' saliva as early as 7 days before and until 9 days after onset of swelling.                   | Swelling and tenderness of one or both parotid glands as well as nonspecific symptoms such as fever, muscle aches, loss of appetite, malaise, and headache. Asymptomatic infection occurs in about 15-20% of cases, usually in adults more than children.                                 | <b>PATIENT:</b> In addition to standard precautions, exclude from school and child care for 5 days after the onset of parotid gland swelling.<br><br><b>CONTACTS:</b> Determination of vaccination status should be obtained for all contacts. In an outbreak setting, consult local health department regarding outbreak management and whether contacts need to be excluded from school or child care.<br><br>If health department agrees, unimmunized contacts should be excluded until at least 26 days after onset of parotitis in the last person with mumps. Excluded students can be readmitted after receipt of a dose of MMR vaccine at the discretion of the health department. Moreover, if the school or child care is considered to be at high risk for mumps, a recommendation may be made for students and staff who have had two doses of a mumps-containing vaccine to receive a third dose of MMR vaccine.                                                                                                                                          |
| <a href="#">Norovirus</a>          | 12–48 hours                      | Fecal-oral or vomitus-oral route through direct contact, ingestion of contaminated food or water, touching contaminated surfaces, and aerosolized vomitus.<br><br>Viral shedding may start before onset of symptoms, peaks several days after exposure, and in some cases, may persist for ≥4 weeks. Prolonged shedding (>6 months) has been reported in people with weakened immune systems. | Sudden onset vomiting and/or watery diarrhea, abdominal cramps, and nausea. Symptoms typically last from 24–72 hours, but prolonged illness can occur. Systemic manifestations, including fever, myalgia, malaise, anorexia, and headache, may accompany gastrointestinal tract symptoms. | <b>PATIENT:</b> In addition to standard precautions, exclude from school and child care until 48 hours after symptoms resolve. This includes resolution of vomiting and diarrhea. Infants and children should be excluded from child care centers until stools are contained in the diaper or when toilet-trained children no longer have accidents using the toilet and when stool frequency becomes no more than 2 stools above that child's normal frequency for the time the child is in the program, even if the stools remain loose. Stress importance of thorough handwashing with soap and water, especially when caring for diapered children, as virus may be shed in stool for weeks after symptoms resolve.<br><br><b>CONTACTS:</b> Exclusion not indicated.<br><br>Environmental cleaning is a very important component of the response to a norovirus outbreak. A high-concentration bleach solution can be used—this solution must remain on the surface for enough time to kill norovirus. Surface must be rinsed with water to remove bleach residue. |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                                      | INCUBATION PERIOD                                                                                                | TRANSMISSION                                                                                                                                                                                                                                                                                                                       | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Pediculosis</a><br>(Head Lice)                                                                                                                                   | 8–9 days for eggs to hatch after being laid (Range 7–12 days)<br><br>Lice mature into adults about 7 days later. | Direct head-to-head contact with hair of an infected person.<br>Transmission by contact with personal belongings (e.g., combs, brushes, sporting gear, hats) is uncommon.<br><br>Head lice infestation occurs most commonly in children attending child care, preschool, and elementary school, and is not a sign of poor hygiene. | Severe itching and scratching. Adults, eggs, and nits (empty egg casings) are found on the hair, often seen behind ears and at the nape of the neck.<br><br>Excoriations and crusting caused by secondary bacterial infection may occur.<br><br>Many children are asymptomatic.                                                                                                                                                                                                            | <b>PATIENT:</b> Notify parents; inform that child has lice and should be treated. Children should not be excluded or sent home early from school or child care because of head lice, because head lice have a low contagion within classrooms. “No-nit” policies should be discouraged.<br><br><b>CONTACTS:</b> Household and close contacts should be examined and treated if infested. No exclusion necessary. Routine classroom or school-wide screening for lice is discouraged. Parents who are educated on the diagnosis of lice infestation may screen their own children’s heads for lice regularly and if the child is symptomatic. Refer for treatment if infested.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <a href="#">Pertussis</a> <sup>†</sup><br>(Whooping Cough)<br><br><b>All suspected or confirmed cases of pertussis are rapidly reportable to the local health department</b> | 7–10 days<br>(Range 5–21 days)                                                                                   | Close contact through large respiratory droplets generated by coughing or sneezing.                                                                                                                                                                                                                                                | Catarrhal stage: mild upper respiratory tract symptoms (e.g., common cold). Lasts 1–2 weeks.<br><br>Paroxysmal stage: cough, usually coughing fits, characterized by inspiratory whoop (gasping) after repeated cough on the same breath, which commonly is followed by post-tussive emesis. Fever is absent or minimal. Older children may not have the whoop. Lasts 1–6 weeks, up to 10 weeks.<br><br>Convalescent stage: symptoms wane gradually over weeks to months. Lasts 2–3 weeks. | <b>PATIENT:</b> Exclude from school and child care until 5 days after initiation of appropriate antibiotic therapy. A 5-day course of azithromycin is usually treatment of choice and is also used for postexposure prophylaxis. Untreated individuals should be excluded until 21 days have elapsed from cough onset. If questions about pertussis treatment or postexposure prophylaxis, discuss with your local health department.<br><br><b>CONTACTS:</b> PEP is recommended for all household and close contacts (including children in child care), people at high risk of severe pertussis (infants <12 months of age, people with certain pre-existing conditions), and those who will have contact with people who are high risk (including all people in child care settings) regardless of immunization status.<br><br>All close contacts should be monitored closely for respiratory tract symptoms for 21 days after last contact with the infected person. Close contacts with cough should have medical evaluation. Exclude on first indication of symptoms pending evaluation by healthcare provider. |
| <a href="#">Ringworm</a><br>(Body: Tinea<br>Corporis, Scalp:<br>Tinea Capitis, Groin:<br>Tinea Cruris, Feet:<br>Tinea Pedis)                                                 | 1–3 weeks<br><br>Can be shorter, as reported cases have occurred at 3 days of age.                               | Skin-to-skin contact with lesions of infected persons or animals, shared objects (e.g., brushes, combs, hats, towels), shared surfaces (e.g., locker room floors), soil or fomites                                                                                                                                                 | Circular, red to brown, well-demarcated skin lesion(s). May have a scaly, vesicular, or pustular border with central clearing. Small confluent plaques or papules can occur. Itching is common.                                                                                                                                                                                                                                                                                            | <b>PATIENT:</b> Exclusion not indicated if child is receiving treatment. Child does not need to be sent home early from school but should begin treatment before returning. Cover lesions if able. (Scalp lesions do not need head coverings.)<br><br><b>CONTACTS:</b> Exclusion is not indicated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# Communicable Disease Reference Chart for School and Child Care Facility Personnel\*

| DISEASE                                                                                                                                                                  | INCUBATION PERIOD                                                                                | TRANSMISSION                                                                                                                                                                                                                                                                                                                                                                                                                    | COMMON SYMPTOMS                                                                                                                                                                                                                                                                                                                                                                                                                             | RECOMMENDATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="#">Rubella</a> <sup>†</sup><br>(German Measles)<br><br><b>All suspected or confirmed cases of rubella are rapidly reportable to the local health department</b> | 17 days<br>(Range: 12–23 days)                                                                   | Direct or droplet contact from nasopharyngeal secretions.<br><br>Most contagious when the rash is erupting, but communicable for 7 days before onset of rash and at least 7 days after onset of rash.                                                                                                                                                                                                                           | Mild, maculopapular rash with swollen lymph nodes (often behind ear or at base of skull) and slight fever. Rash usually starts on face and spreads to the rest of the body within 24 hours. Rash typically lasts 3 days. Joint pain may occur, especially in older children and adults.                                                                                                                                                     | <b>PATIENT:</b> Exclude from school and child care for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department.<br><br><b>CONTACTS:</b> In outbreak setting, children without evidence of immunity should be immunized or excluded for 23 days after onset of rash of the last case in the outbreak. Pregnant contacts should be evaluated.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <a href="#">Scabies</a>                                                                                                                                                  | Persons without previous exposure: 4–6 weeks<br><br>Previously infested and sensitized: 1–4 days | Prolonged close, personal contact. Infection from dogs/animals is uncommon. Casual skin contact unlikely to result in transmission. Fomites are not likely to lead to classic scabies but can transmit crusted scabies because the parasite burden is much higher. (Crusted scabies is a severe, very contagious form that can occur in those with chronic conditions, developmental disabilities, or weakened immune systems.) | Intensely itchy, red pimple-like rash around finger webs, wrists, elbows, knees, armpits, shoulder blades, waist, thighs, buttocks and/or genitalia. In children <2 years of age areas such as the scalp, face, neck, palms, and soles may be involved. Burrows are thin, gray or white, thread-like lines. Extensive scratching can result in secondary infection.                                                                         | <b>PATIENT:</b> Exclude from school and child care until after the first course of appropriate treatment has been completed. Children identified during the school day should not be sent home early from school or child care because scabies has a low contagion within classrooms.<br><br><b>CONTACTS:</b> Close contacts with prolonged skin-to-skin contact should receive treatment at the same time the infected person does. Bedding and clothing in contact with the skin of infected people should be laundered.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <a href="#">Group A Streptococcal (GAS) Diseases</a><br>(Including Impetigo, Streptococcal pharyngitis “Strep throat”, and Scarlet Fever)                                | Impetigo:<br>7–10 days<br><br>Strep throat/<br>Scarlet Fever:<br>2–5 days                        | Impetigo:<br>Direct contact with skin lesions or their discharge.<br><br>Strep throat/Scarlet fever:<br>Respiratory droplets or contact with respiratory secretions.<br>Fomite transmission and foodborne outbreaks are uncommon but can occur.                                                                                                                                                                                 | Impetigo: Red, itchy sores that break open and leak clear fluid or pus, then develop a honey-colored crust. Commonly found on the arms, legs, mouth and nose.<br><br>Strep throat: Sudden onset of fever, sore throat, tonsil inflammation, palatal petechiae, strawberry tongue, and enlarged anterior cervical lymph nodes.<br><br>Scarlet Fever: A sandpaper-like rash that occurs with strep throat (or rarely with an infected wound). | <b>PATIENT:</b> Impetigo: Exclude from school and child care until at least 12 hours after antibiotic treatment has started and all sores on exposed skin are covered. Close contact with other children should be avoided during this time.<br><br>Strep throat: Exclude from school and child care until 12 hours after appropriate antibiotic therapy has been started AND afebrile without the use of fever-reducing medications (e.g. acetaminophen or ibuprofen).<br><br><b>CONTACTS:</b> Impetigo: Exclusion not indicated.<br><br>Strep throat: Symptomatic contacts should be medically evaluated and treated if positive. Routine lab testing or school/child care exclusion of asymptomatic household contacts is not indicated except during outbreaks or if the contact is at high risk of developing sequelae of infection. In general, chemoprophylaxis against Group A Strep is not recommended in school/child care settings. |

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21<sup>st</sup> Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32<sup>nd</sup> Edition (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

## Summary of Major Changes in the August 21, 2024 Update:

- Reviewed and updated content for all diseases using the Control of Communicable Diseases Manual, 21st Edition (2022) published by the American Public Health Association, the 2021-2024 Report of the Committee on Infectious Diseases, 32nd Edition (The Red Book) published by the American Academy of Pediatrics, and the relevant CDC website.
- Added link to Virginia Reportable Disease List in footer: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>
- Updated information in the footer about consultation with the LHD, especially for outbreaks and reportable conditions, and added information on school-specific policies.
- Added link to CDC website for each illness, if available.
- Updated language from “immunocompromised” to “people with weakened immune systems”
- Chickenpox – updated to indicate that incubation period may be shorter in those with weakened immune systems, added more details about the rash, updated language regarding vaccination and exclusion of contacts
- COVID-19 – added language about variants, updated isolation and quarantine guidance
- Fifth Disease – added additional information about the onset of rash and infectious period
- Hepatitis A – updated exclusion criteria
- Hepatitis B – updated incubation period
- Influenza – clarified that recommendations only apply to seasonal influenza; added a note about novel influenza virus infections.
- Measles – updated incubation period with information about prodrome and rash onset
- Mpox – updated transmission information, exclusion criteria, and information on postexposure prophylaxis
- Mumps – updated contact exclusion criteria to indicate that students can be readmitted after receipt of a dose of MMR vaccine at the discretion of the health department.
- Pertussis – updated clinical description to include stages of illness; updated PEP recommendations to align with CDC
- Ringworm – Expanded from ringworm of the body to ringworm in general, which may include the scalp, groin, or feet. Updated exclusion guidance.
- Salmonellosis – updated incubation period
- Streptococcal Diseases – standardized language across the row to “strep throat” for “strep pharyngitis”

## Summary of Major Changes in the February 21, 2023 Update:

- Conjunctivitis (Pink eye) – Expanded from “acute bacterial” conjunctivitis to “all causes,” removed the requirement to be on antibiotics to return to school/child care, and added clearance by a healthcare provider to return while symptomatic.
- COVID-19 – Aligned transmission information with the Centers for Disease Control and Prevention (CDC). Removed information on close contacts.
- Fifth Disease (Parvovirus B19) – Added information about the characteristic rash.
- Hepatitis A – Clarified length of exclusion for patients who are food handlers and those who work in or attend child care.
- Mpox – Updated disease name from “monkeypox” to “mpox.”
- Pertussis – Aligned PEP recommendations for contacts with CDC recommendations.
- Rubella – Updated exclusion of unimmunized contacts from 21 days to 23 days.
- Streptococcal Diseases – Changed exclusion criteria from 24 hours of antibiotics to 12 hours of antibiotics for impetigo, and to 12 hours of antibiotics AND afebrile for strep pharyngitis.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO CHILDREN IN K-12 SCHOOLS OR CHILD CARE - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual, 21st Edition* (2022) published by the American Public Health Association and the *2021-2024 Report of the Committee on Infectious Diseases, 32nd Edition* (The Red Book) published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department, especially for outbreaks and reportable conditions. School divisions may develop local policies for condition-specific recommendations.

\*Please see last page for a summary of major changes.

†Officially reportable in Virginia to the local health department. All disease outbreaks and unusual occurrences of disease are also reportable: <https://www.vdh.virginia.gov/content/uploads/sites/134/2023/03/VIRGINIA-REPORTABLE-DISEASE-LIST.pdf>

# School Exclusion for Illness Symptoms

| <b>Illness Symptom</b>                    | <b>Stay/Send Home</b>                              | <b>Stay/Send to/at School</b>              |
|-------------------------------------------|----------------------------------------------------|--------------------------------------------|
| <a href="#">Fever</a>                     | ✓                                                  |                                            |
| <a href="#">Vomit</a>                     | ✓                                                  |                                            |
| <a href="#">Diarrhea</a>                  | ✓                                                  |                                            |
| Strep or Impetigo                         | ✓ until at least 12 hours after antibiotic started |                                            |
| <a href="#">Eye is red</a>                |                                                    | ✓ most cases                               |
| Other contagious illness                  | ✓ Per doctor or nurse                              | ✓ Per doctor or school nurse               |
| <a href="#">Cough</a>                     |                                                    | ✓ Most cases                               |
| <a href="#">Nasal drainage/runny nose</a> |                                                    | ✓ Most cases                               |
| Headache                                  |                                                    | ✓ Most cases                               |
| <a href="#">Stomachache</a>               |                                                    | ✓ Most cases                               |
| Rashes                                    |                                                    | ✓ most cases                               |
| <a href="#">Other</a> (See below)         |                                                    | ✓ most cases                               |
| Family member ill                         |                                                    | ✓ Unless directed otherwise by HCP or BRHD |

## Fever

| <b>Symptoms / School Exclusion Criteria</b> | <b>When Student Can Return to School</b>                                                                                                         |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Temperature 100.4 ° F or higher             | Remain home until fever-free for 24 continuous hours without the use of fever-reducing medication                                                |
| Temperature of 100.0 to 100.3 F             | Keep home that day if temp in the morning is $\geq 100.0$ ; student may return the next day if temp does not rise to $\geq 100.4$ during the day |
| Temperature $\leq 99.9$ F                   | May go to school                                                                                                                                 |

## Vomiting

| <b>School Exclusion Criteria for Vomiting</b>                                                                            | <b>When Student Can Return to School</b>                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Student vomits from a non-infectious cause such as motion sickness or gagging and vomiting due to an unpleasant stimulus | Does not need to go or stay home from school                                                                             |
| Student vomits 2 or more times in the previous 24 hours                                                                  | 24 hours after the last bout of vomiting, student can tolerate food and drink without vomiting, and student feels better |
| Student vomits during the night or morning before school                                                                 | Student stays home that day and can return the next day if vomiting ceases, feeling better and able to drink & eat       |
| Student has fever and vomiting                                                                                           | 24 hours after the resolution of both, student can eat & drink and feels better                                          |
| Student has dehydration related to vomiting                                                                              | When above criteria are met, student is able to eat & drink and feels better                                             |

**Diarrhea** defined as having more frequent and loose stool -- more than 2 stools above a student's normal per 24-hours not related to a change in diet or medication.

| School Exclusion Criteria                                                                  | When Student Can Return to School                                                           |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| More than 2 loose stools beyond normal for the student                                     | 24 hours after last loose stool and student feels better                                    |
| Loose stool is not contained by diaper or is causing accidents in a toilet trained student | 24 hours after the last loose stool and student feels better                                |
| Loose stool contains more than a drop of blood or mucous                                   | 24 hours after the last loose stool or when doctor approves return and student feels better |
| Loose stool from a known infectious source                                                 | Per doctor's determination and student feels better                                         |
| Loose stool with fever                                                                     | 24 hours after both loose stool and fever resolve and student feels better                  |
| Loose stool has caused dehydration                                                         | Once able to tolerate liquids & food and dehydration has resolved                           |

### Other Illness Symptoms

| Symptoms / School Exclusion Criteria | When Student Can Return to School                                                                                    |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Pink eye / conjunctivitis            | Most students with reddened eyes can attend school since most cases are viral                                        |
| Cough                                | Keep child home for constant cough; may return when fever-free and cough is reduced                                  |
| Runny nose, nasal drainage           | Work with school nurse to determine if nasal drainage can be contained and student does not feel very ill            |
| Stomach pain and/or cramping         | Student may attend school if not experiencing vomiting or diarrhea and student can comfortably participate in school |
| Menstrual cramps                     | Student may attend school, may need medication or other interventions to participate in school comfortably           |
| Student falling asleep in class      | May stay in school if no illness symptoms                                                                            |

# CDC Respiratory Guidance

For the digital version of this manual, [click here for a PDF of the form](#).

## Respiratory Virus Guidance Snapshot



### Core Prevention Strategies

Immunizations

Hygiene

Steps for Cleaner Air

Treatment

Stay Home and Prevent Spread\*



### Additional Prevention Strategies

Masks

Distancing

Tests

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

**\*Stay home and away from others until,**

**and**

**Your symptoms are getting better**

**You are fever-free (without meds)**

**for 24 hrs**



**Then take added precaution for the next 5 days**



340306-C