FRANKLIN COUNTY
SCHOOL HEALTH SERVICES

POLICY AND PROCEDURE MANUAL

APPROVED BY THE
FRANKLIN COUNTY
SCHOOL BOARD
ON 06/26/2025

SCHOOL HEALTH SERVICES
POLICY AND PROCEDURE MANUAL

Florida Department of Health- Franklin County
Administrator

Sarah
Quaranta______________________________________Date_________________

Physician

Dr. Rust____Date________________

Local DOH Nursing Director

Lisa
Hogan____Date_________________

School Health Coordinator

Denise
Thomas_______________________________________Date_________________

Franklin County School Board

Stacy
Kirvin____Date July 1, 2025

Superintendent

Steven
Lanier____Date July , 2025

Director of Special Programs

Angela
Hendley______________________________________Date July 1, 2025

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

TABLE OF CONTENTS

	PAGE
Section 1: RESPONSIBILITIES FOR STUDENT HEALTH	**7-10**
A. Responsibilities for Student Health	7
B. School Health Nurse	8
C. Qualifications of a Health Support Tech	9
D. Responsibilities of Health Room Staff	10
Section 2: HEALTH RECORDS	**11-18**
A. Student Health Records	11
B. Health Services Referrals	12
C. Individual Health Care Plans	13
D. Charting principles	14
E. School Health Most Used General Abbreviation	15-18
Section 3: FIRST AID AND EMERGENCY PROTOCOL	**19-22**
A. First Aid – Introduction	19
B. First Aid Guidelines	20-21
C. Emergency Protocol	22
Section 4: INJURY, ILLNESS, AND FIRST AID	**23-55**
A. General Health Observations	23-24
B. Abdominal Pain/Problems	25
C. Anaphylaxis	25
D. Asthma	26
E. Bites: Animal/Human	26
F. Bleeding: External	27
G. Bleeding: Internal	27
H. Blunt Injury to the Chest or Abdomen	28
I. Breathing Problems	28
J. Bumps and Blows	29
L. Burns	30
M. Chemical Burns	31
N. Diabetes - Hypoglycemia/Insulin Shock	32
O. Ear Problems	33
P. Eye Problems/Injuries	34-35

TABLE OF CONTENTS CONTINUED

	PAGE
Section 4: INJURY, ILLNESS, AND FIRST AID	**23-55**
Q. Fainting	36
R. Fever	36
S. Fractures, Sprains, Strains, and Dislocations	37
T. Head, Neck, or Back Injuries	38
U. Headache	39
V. Heat Cramps and Heat Exhaustion	39
W. Heat Stroke (Sunstroke)	40
X. Hemophilia	40-41
Y. Hypoglycemia	41
Z. Hypothermia	42
AA. Insect Bites and Stings	42-43
BB. Menstrual Discomfort	43
CC. Nausea	44
DD. Nose Problems/Injuries	44
EE. Open Wounds	45
FF. Poison	45
GG. Poison Ivy, Oak, or Sumac	46
HH. Seizure Disorder/Epilepsy	47
II. Seizure/Convulsive	48
JJ. Seizure/Non-Convulsive	49
KK. Shock	50-51
LL. Shunt	51
MM. Sickle Cell Anemia	52
NN. Snake Bites	52
OO. Sores of Unknown Origin	53
PP. Sore Throat	53
QQ. Splinters	53
RR. Sunburn	54
SS. Toothache/Injuries	54
TT. Vomiting	55
Section 5: Communicable Diseases	**56-82**
A. Communicable Diseases	56
B. General Guidelines for Minimizing Transmissions	57
C. Universal Precautions	58
D. Acquired Immune Deficiency Syndrome (AIDS)	59
E. Acute Respiratory Infections	60
F. Chicken Pox	61

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

TABLE OF CONTENTS CONTINUED

G. Cold - Common 62
H. Cytomegalovirus (CMV) 63
I. Diarrhea 63
J. Fifth Disease - Erythema Infectiosum 64
K. Gastroenteritis - Intestinal Flu 65
L. Hand, Foot, and Mouth Disease (Coxsackie Virus) 65
M. Hepatitis - Infections (Hepatitis A) 66
N. Hepatitis - Infections (Hepatitis B) 67
O. Herpes Simplex 68
P. Human Immunodeficiency Virus (HIV) 69
Q. Impetigo - Florida Sand Sores 70
R. MRSA-Methicillin Resistant-Staphlyococcus Aureus 71
S. Measles - Rubella (German Measles, Three Day Measles) 72
T. Measles - Rubeola (Ten Day Measles, Hard Measles, Red Measles) 73
U. Meningitis - Bacterial 74
V. Meningitis - Viral or Aseptic 74
W. Mononucleosis - Infectious 75
X. Mumps 75
Y. Pink Eye - Acute Contagious Conjunctivitis 76
Z. Pinworms 76
AA. Rashes 77
BB. Ringworm 77
CC. Scabies 78
DD. Scarlet Fever (Streptococcal Disease) 78
EE. Shingles (Varicella-Zoster) 79
FF. Tuberculosis 80
GG. VRE- Vancomycin Resistant Enterococci 81-82

Section 6: Diabetes Management 83-89

A. Diabetes Management 83
B. Acanthosis Nigricans 84
C. Blood Glucose Monitoring 85
D. Carbohydrate Counting 85
E. Glucagon Injection 86
F. Insulin Pump 87
G. Ketone Check 88
H. Disabilities Acts 89

Section 7: Procedures 90-104

A. Clean Intermittent Catheterization 91-92
B. Diapering 93
C. Epinephrine Auto Injector 94
D. Gastrostomy Tube 95-96
E. Inhaler 97
F. Nebulizer 98
G. Peak Flow Meter 99-101
H. Pulse Oximeter 102-103
I. Temperature 104

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

TABLE OF CONTENTS CONTINUED

Section 8: DRUG AND ALCOHOL ABUSE **105-107**
- A. Abuse - Drugs and Alcohol 105
- B. Specific Drug Substances and Possible Effects 106-107

Section 9: ABUSE, ABANDONMENT, AND NEGLECT **108-111**
- A. Indicators of Abuse and/or Neglect 108-109
- B. Reporting Child Abuse, Neglect or Abandonment (F.S. 232.50) 110-111

Section 10: SCREENING PROGRAMS **112-114**
- A. Health Screening Schedule 112
- B. Growth and Development 113
- C. Hearing Screening 113
- D. Scoliosis Screening 114
- E. Vision Screening 114

Section 11: POLICIES AND GUIDELINES **115-145**
- A. Pediculosis Guidelines 116
- B. AED Protocol 117-123
- C. Administering Medications to Students 125-134
- D. Field Trip Medication Procedure 135
- E. Procedure for Medication Error 136
- F. Guidelines for Disposal of Medication 136
- G. Tylenol Standing Orders 137-141
- H. Epinephrine Standing order 142-145

Section 12: References **147-148**

Section 1

RESPONSIBILITIES FOR STUDENT HEALTH

The quality and character of the school's health services program is determined by the school principal, staff, students, and community.

THE SCHOOL PRINCIPAL

The principal of the individual school is ultimately responsible for all health services performed in that school. The principal or designee coordinates the school health program, enforces school health policies, and generally performs those functions which create a favorable environment for the program.

THE TEACHER

Like the parent, a teacher can become familiar with a student's characteristics, and has the added advantage of seeing each student in relationship to other students of approximately the same age. A teacher who is with a student for several hours a day can observe a student's health and to notice significant changes such as vision, hearing, or other medical problems.

It is the teacher's responsibility to refer any suspected ailment to the school health clinic. They should share and discuss observations with the parents/guardians and/or appropriate school health personnel.

SCHOOL HEALTH NURSE

The school health nurse is a professional registered nurse, licensed by the State of Florida. The nurse's goal is to enhance the educational process by maximizing the health and physical, intellectual, social, and emotional well-being of students enrolled in Gulf County Public Schools.

The school nurse will:

1. Coordinate the delivery of health care for all students referred which includes identification of students with chronic illnesses and/or disabilities and initiate the formulation of individual health care plans for these students.
2. Be responsible for determining whether delegating care is appropriate in the school setting.
3. Consult with and train clinic assistants and other school personnel regarding health-related issues to include invasive health procedures.
4. Participate as a member of multi-disciplinary committees.
5. Work with school social workers in the follow-up of students with interrelated problems.
6. Collaborate with community health agencies concerning health issues.
7. Promote optimal communication between the family, school, physician, and/or community agencies.
8. Receive and follow-up all health-related referrals and report results to the school personnel originating the referral.
9. Counsel with students and/or parents to provide guidance in the solution of health problems.
10. Aid students in obtaining medical and/or dental care if necessary.
11. Give first aid and emergency care, when present, in case of accident or illness.
12. Provide scoliosis screening, referral, and follow-up for sixth grade students.
13. Arrange in-service on protocol for administer medication for two faculty at each school.
14. Over-see school personnel administration of medication to ensure entries are consistent with pill counts.
15. Review and audit medication records in all schools.
16. Implement health education programs designed to promote health and well-being.
17. Act as consultant to the schools for STI, Abstinence, Hygiene, universal precautions and hand-washing instruction in the classrooms.
18. Be directly responsible to the principal in the school where duties are being performed.
19. Make recommendations and suggestions to help create a healthy school environment.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

QUALIFICATIONS OF: Health Support Tech

School clinic assistants, when properly trained and supervised, can provide a major contribution to the delivery of school health services. The functions and responsibilities of the clinic assistant are performed under the supervision of the principal with the school nurse acting as consultant. Therefore, clinic assistants should never identify themselves as “the school nurse”.

Qualifications for clinic assistants should include:

1. The capacity to work with any student regardless of socio-economic status, race, or religion.
2. Willingness and ability to learn new skills and to participate in in-service training necessary to perform the tasks required by the job.
3. **CPR AND FIRST AID CERTIFICATION ARE REQUIRED.**
4. Good communication skills.
5. The ability to maintain confidentiality.
6. Commitment to regular and punctual attendance.
7. Clerical and filing skills.
8. Computer skills to maintain excel data base and Frontline.
9. Student teaching when delegated by coordinator or school health nurse.

Training for clinic assistants should include:

1. Recognition of signs and symptoms of injury and illness.
2. Provision of comfort measures for injury and illness.
3. Recognition of trends of students with multiple clinic contacts which might indicate a need for further nursing assessment.
4. Instruction in practices using universal precautions.
5. Instruction in techniques for control of communicable disease.
6. Instruction on procedure for administration and recording of medication.
7. Instruction in obtaining and recording vital signs.
8. Instruction on how to document all student contacts relating to health problems, illness, or injury.
9. Instruction in maintaining clinic equipment and supplies.
10. Instruction related to clerical duties including collection of monthly statistical data.
11. Recognition of the importance of a pleasant, non-threatening, non-judgmental attitude toward all students, parents, and other clinic contacts.
12. **Recognition of the student’s right to privacy always by protecting information of a confidential nature.**

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

RESPONSIBILITIES OF Health Support Staff

The clinic personnel will:

1. Provide health care to students while being aware of school board policy and of their own limitations in providing care.
2. Administer first aid and hold current certificates in first aid and CPR.
3. Remain with an ill or injured student until released to parent/guardian, or until directed otherwise by school administration.
4. Obtain vital signs as needed and record.
5. Practice universal precautions.
6. Notify parent/guardian concerning health problems.
7. Notify parent/guardian, and school administrator immediately of any seriously ill or injured student.
8. Administer medication to students if designated to do so by the school principal, and then only after completion of the appropriate staff development program required by Florida law
9. Keep the clinic space neat and clean and passageways clear for emergency access always.
10. Keep an adequate supply of first aid materials on hand.
11. Keep accurate and complete daily records for those students seen in the clinic and provide monthly statistical data.
12. Report to the school nurse's attention any unusual cases, unresolved health problems, symptoms of possible communicable disease, frequent clinic visitors, or when parents indicate a need for medical assistance.
13. Keep health records up-to-date as directed by School Health Coordinator.
14. Attend in-service programs designed to develop skills and further knowledge related to school health services.
15. Assist in screening programs as required by state statutes.
16. Identify themselves as health support technician and conduct themselves in a professional manner.
17. Respect the confidentiality of medical information on all students.

The Franklin County Department of Health nurses and Health Support Technicians conduct screenings at school. These screenings include growth and development, hearing, vision, color vision, scoliosis, blood pressure with referral and follow up as needed.

When there is a confirmed case of tuberculosis in a school, the community health nurse from Department of Health, may perform TB skin testing with parental permission, reading and follow-up as needed on students and staff at that school.

Clinic services are available for immunizations, dental care, well-child physicals, family planning, prenatal care, and sexually transmitted diseases. To promote health, the WIC program provides food and nutritional counseling for eligible students.

To determine eligibility for services, a parent/guardian the clinic listed below.

Florida Department of Health - Franklin County
139 12th Street
Apalachicola, FL 32320
(850)653-2111

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Section 2

STUDENT HEALTH RECORDS

Health Services Emergency Information Card

Emergency information shall be updated annually on all students. Emergency Contact on FOCUS electronically. Current health information concerning the student, and emergency alerts will be maintained on Frontline or . School health staff should be knowledgeable of the medical needs of all students. This data is for confidential use only to be used to keep on-going surveillance of records needs for each clinic and for use in compiling the annual school health report.

Clinic Records

An individual cumulative health record should be maintained on all students who enter the Franklin County Schools. Clinic visits should be maintained in Frontline or FOCUS depending on the EMR chosen for Franklin County Schools. This should include name, date, time and reason for clinic visit, treatment, and disposition for each student. Screenings can be printed out upon request when leaving one school to the next. The name of the individual responsible for the clinic or event should be selected on Frontline/ FOCUS when event is stored. Personal or private occurrences will be kept in a confidential treatment record on students with special needs. A student injury/accident report should be completed as directed by school administration.

Student Health Records

A part of the permanent cumulative folder is the Student Health Record. This file may include medical/dental history and treatment, immunizations, screening results, nurse referrals, individual health care plans, school staff observations, and parent and student conferences pertaining to health issues. Some of these Student Health Records may be located in FOCUS. The necessary health records are to be transferred between schools and are to be included with the academic records when the pupil is no longer in school. As Florida law protects the confidentiality of student information, health records should be handled with the utmost care. These records are required by state law (F. S. 381.0056) to be part of school records.

HEALTH SERVICES REFERRALS

Referrals for health-related problems should be in writing on the referral tracking log and given to the school nurse assigned to that school. If the referral needs immediate attention each nurse can be reached by personal cell phone, or through the School Health Coordinator.

Nursing and health support staff should maintain a referral log- located in the EMR.

Examples of health problems to be referred are:

1. Any student with possible communicable disease not under the care of a physician, presenting symptoms such as skin rash, red and itching eyes, fever, or sores.
2. Any student with a health problem where contact with the parent has been impossible or unsatisfactory such as in cases of untreated injuries, chronic pediculosis, repeated earaches, toothaches, or sore throats.
3. New medication orders or medication changes,
4. Any student with excessive absences due to health reasons.
5. New student records
6. New students that need screening after the screening cycle
7. Any student that has unresolved health problems.

If the licensed practical nurse or health support tech is uncertain if the problem is urgent or ok for later referral, then he/she should call the Registered Nurse or School Health Coordinator.

INDIVIDUALIZED HEALTH CARE PLANS

An individualized health care plan (IHCP) will be written and signed by a Registered Nurse (RN), for any student with a medical condition that requires special consideration at school. The plan will include treatments or procedures which will afford the student optimum health during the school day. The school nurse (RN) will act as the liaison between the physician, the home, and the school when coordinating the writing of the IHCP. Each IHCP will be modified to meet the needs of the student, the wishes of the parent, as well as the orders of the physician.

The IHCP provides a format to record each step in the nursing process:

- The school nurse summarizes the assessment findings
- Synthesizes problem statement in the form of a nursing diagnosis
- Formulates goals and plans of action
- Documents interventions
- Evaluates outcomes

Components of the IHCP should include: 1) Student specific demographic and how to contact parent/ guardian as well as health care provider. 2) Known allergies. 3) Assessment of student's developmental level and compliance/ adherence history 4) Brief review of condition; Nursing assessment and diagnosis. 5) Desired goals and outcomes for health and education. 6) Specific nursing interventions. 7) Student specific signs and symptoms and protocol to follow. 8) Anticipated level of independent functioning as indicated by health care provider 9) Specific information regarding nursing interventions.10) Specific information regarding all medication as ordered by health care provider. 11) Specific information regarding the student's physical activities including any limitations. 12) Information on any special accommodations that must be made for field trips or extracurricular activities. 13) A schedule for review and updating the IHP. (High Risk student conditions may need to be reviewed more frequently based on nursing assessment).

Review of the IHCP will be done each school year. Modifications will be made as the needs of the student change. Health Support staff need to identify new students from new student records that need individual health care plans. The health support staff can print the standardized care plans and the forms needed for the Registered Nurse to use to modify the plan into a student specific plan. Copies of all current IHCP's should be kept in the Cumulative Health Record.

The Emergency Action Plan may be included as part of the IHCP, based on nursing evaluation/ assessment. An Emergency Action Plan is a well-defined step by step process that proceeds in logical order and provides specific directions about what to do in an emergency situation. It is not a substitute for an IHCP. The Emergency Action Plan or emergency alert must be shared with or given to all appropriate school staff members and usually involves specific training to ensure a prepared response by staff members. Documentation of staff who receive an emergency action plan will be maintained. Instruct staff members in confidentiality and need to keep action plan in a secure location. Refer to Florida School Health Administrative Guidelines 2021.

Charting Principles

- Make your data as brief and concise as possible.
- Do not chart your emotions or feelings concerning the event. Present the facts as accurately as possible.
- **NEVER!!** Falsify or fill in data that is not accurate. This can be grounds for immediate dismissal.

- Describe the location and degree of the injury or wound. Is the wound large, small or tiny? Is the wound ragged or a clean cut?

- Use appropriate medical terms to describe symptoms

- State in your records if the injury was done at home or if the student states that it was an old injury.

- When trying to describe conversation quote it verbatim.

- If you are charting an injury that will certainly need an incident report with the school office, provide the following information. Fill in the following facts: What, Where, When, How, What time, Who, stating the facts as clearly as possible without emotion. If given multiple stories quote all sources.

- **NEVER DIAGNOSE!!!!** Chart the symptoms never chart a diagnosis.

- Use only DOH approved abbreviations. All previous. All previous "school health" abbreviations like RTC, S/T are no longer acceptable

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

School Health Most Used General Abbreviation

Abbreviation	Meaning
ac	Before Meals
AMOX	Amoxicillin
amt	Amount
approx	Approximately
bid	Twice Daily
bilat	Bilateral
BP	Blood Pressure
BS	Blood Sugar
Cath	Catheter, Catheterize
c/o	Complaint Of
cont	Continue
CPR	Cardiopulmonary Resuscitation
↓	Decrease
Dept	Department
DM	Diabetes Mellitus
DOB	Date of Birth
DX	Diagnosis
E-MYCIN	Erythromycin
Exam	Examination
FBS	Fasting Blood Sugar
FP	Family Planning
FTT	Failure to Thrive
fx	Fracture
Glu	Glucose
gtt	Drop
GU	Genitourinary
GYN	Gynecology
HA	Headache
HCT	Hematocrit
Hgb	Hemoglobin, Hemoglobinopathies
H&H	Hematocrit and Hemoglobin
HPV	Human Papilloma Virus
hr	Hour
ht	Height
HTN	Hypertension
HV; hv	Home Visit
Hx	History
H2O	Water
info	Information

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

School Health Most Used General Abbreviation Continued

Abbreviation	Meaning
ing	Inguinal
IV	Intravenous
L	Left
LAT	Left Anterior Thigh
lb	Pound
LE	Lupus Erythematosus
lg	Large
LG	Left Gluteus
LLQ	Left Lower Quadrant
LLT	Left Lateral Thigh
LMP	Last Menstrual Period
LUQ	Left Upper Quadrant
meds	Medications
mg	Milligram
MMR	Measles, Mumps, Rubella Vaccine
mo	Month
MS	Multiple Sclerosis
multi	Multiple
- or O	Negative, Absent
O	No or None
NA	Not Applicable
NEG	Negative
NKA	No Known Allergies
#	Number
norm	Normal
NPO	Nothing by Mouth
N&V	Nausea and Vomiting
oint	Ointment
pc	After Meals
PCN	Penicillin
PERRLA	Pupils Equal, Round, Reactive to Light and Accommodation
PG	Pregnant
PMD	Private Medical Doctor
PMH	Past Medical History
PMS	Premenstrual Syndrome
po	By Mouth
POS	Positive
prn	As Needed

School Health Most Used General Abbreviation Continued

Abbreviation	Meaning
Pt	Patient
?	Questionable
q	Every
qh	Every Hour
qid	Four Times Daily
R	Right
RAT	Right Anterior Thigh
RDS	Respiratory Distress Syndrome
Reg	Regular
Resp	Respiration
Rm	Room
RUQ	Right Upper Quadrant
Rx	Prescription/Treatment
SOAP	Subjective, Objective, Assessment, Plan
SOB	Shortness of Breath
S&S	Signs and Symptoms
staph	Staphylococcus Aureus
STAT	At Once
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
subcut	Subcutaneous
Sx	Symptom
T&A	Tonsillectomy and Adenoidectomy
TB	Tuberculosis
tbsp	Tablespoon
TCN	Tetracycline
Td	Tetanus-diphtheria Toxoids
Temp	Temperature
top	Topical
Tx	Treatment
unk	Unknown
UTI	Urinary Tract Infection
VD	Venereal Disease
VS	Vital Signs
WC	Wheelchair
WD	Well Developed
WIC	Women, Infants and Children (Food Assistance Program)

School Health Most Used General Abbreviation Continued

Abbreviation	Meaning
WN	Well Nourished
WNL	Within Normal Limits
wt	Weight
x	Multiplied By
yo	Year-old
yr	Year

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SECTION 3

FIRST AID

Introduction

The health and well-being of the student should be of paramount concern in the school program. The school, acting in loco parentis, must assume certain responsibilities when accidents or sudden illness occur. Each situation will determine the action to be taken, based on the individual circumstances of each accident or illness. Since first aid is the immediate care given to an injured or ill person before the services of physician can be secured, caution needs to be exercised in all emergency care. First aid includes knowing what not to do as well as what to do. The school personnel must be able to respond quickly and provide first aid to minimize further injury to the student while present in the school environment.

The following are first aid guidelines for the care of sick or injured students:

1. Each school must have a minimum of two school staff members, excluding health room staff, certified in first aid and CPR, who are designated to assume responsibilities in first aid situations. Their names should be posted clearly and visibly to include expiration date of certification (F.A.C. 64F-6).
2. Parents should be notified in all cases of accidents or sudden illnesses. Notification should be done in such a manner as not to create undue panic.
3. A responsible person should remain with the student until the parent assumes responsibility. **NEVER LEAVE A STUDENT UNATTENDED IN THE CLINIC.**
4. **Never allow a student outside your visual range**
5. **Never leave health room unlocked when you leave.**
6. **If the student needs assistance to the bus or parent, this must be provided.**
7. If the parent/guardian or emergency contact persons cannot be reached, the school administrator should assume responsibility for the disposition of the case.
8. Appropriate documentation must be made on school clinic records.

After immediate care in the school clinic, the decision will be made whether the student should stay in school. Some guidelines to follow are:

- Will it interfere with learning (pain, eye injury, abdominal pain, malaise)?
- Will it be a hazard to the health of classmates (communicable disease)?
- Will it interfere with the student's mobility (sprained ankle)?

Medical care is the responsibility of the parent/guardian. Follow your school's policy for releasing a student to the parent/guardian.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FIRST AID GUIDELINES

A Serious Medical Emergency Includes:

1. Difficulty breathing or stopped breathing.
2. Bleeding which appears difficult to control.
3. State of shock due to:
    - Excessive bleeding.
    - Severe pain.
    - Insulin reaction or diabetic coma.
    - Physical or emotional trauma.
    - Allergic reaction.
4. Unconsciousness (beyond fainting).
5. Excessive burns.
6. Drug/alcohol overdoses.
7. Poisonings.
8. Fractures.
9. Complication of pregnancy/labor and delivery.
10. Animal bites.

Emergency Procedures to Remember are:

1. Someone should remain with an ill or injured student until the situation is corrected or the parent/guardian has come for the student.
2. All serious accidents and events must be reported to the school administrator.
3. If **911** is called, the school administrator, the parent (if possible), school nurse and school health coordinator must be notified. This can be done after the student has been given emergency care.

Action to be taken:

1. Call **911** and begin first aid/CPR as situation indicates.
2. Contact the parent/guardian or emergency contacts.
3. Do not move the student if there is suspected injury to the neck or spine unless necessary to prevent further injury.
4. Maintain open airway. If bleeding from mouth or jaw, or if vomiting, turn head to the side.
5. If possible, raise feet 8-12 inches. If this causes problems with breathing or additional pain, lower feet.
6. Place a blanket over student to prevent chilling. Do not allow student to overheat.
7. Do not give fluids or food.
8. If unconscious, do not place anything under the head.
9. Record extent and duration of unconsciousness.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FIRST AID GUIDELINES CONTINUED

Please refer to the Emergency Guidelines for Schools (2019 Florida Edition). This notebook is in each school clinic site for reference in helping an ill or injured student when the school nurse is not available.

Additional Instructions:

1. If parent/guardian cannot be contacted, call emergency contact person listed on emergency form or pulled up the emergency contacts on FOCUS.
2. If unable to contact either parent/guardian or their emergency designee, notify the school administrator and then the school nurse for assistance.
3. If student is to be transported via ambulance and the parent is unavailable, an appropriate school representative should accompany the student to the hospital. Be sure to take a copy of the emergency form giving permission to hospital personnel for treatment.
4. In case of an injury occurring at school, a Student Injury Report Form should be completed by the student's teacher or other district staff. School health staff treating the student should share the pertinent (what, when, where, how and time) information to assure accuracy in reporting.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

EMERGENCY PROTOCOL

Please adhere to the following procedures in an emergency.

Immediate treatment and mobilization of emergency medical services are required for the following:

1. Acute Airway Obstruction
2. Severe Chest Pain or Shortness of Breath
3. Unconsciousness
4. Near Drowning
5. Massive External and/or Internal Hemorrhage
6. External or Internal Poisoning
7. Server Allergic Reaction/Anaphylaxis
8. Suspected Neck, Back, or Head Injury
9. Severe Wounds of the Eye
10. Heat Stroke
11. Penetrating/Crushing Chest Wounds/Multiple Trauma
12. Chemical Burns, Second/Third Degree Burns

School Emergency Plan

1. Call **911** and begin first aid/CPR as situation indicates
2. Call Parent/Guardian
3. Call School Nurse
4. Notify School Administrator
5. Call School Health Coordinator after event unless needed for immediate assistance

Telephone Numbers

1. Local Fire/Rescue **911**
2. Poison Control 1-800-222-1222
3. Animal Control (850)670-4133

These emergency procedures may be reproduced and posted in the clinic for easy reference. **Post the names of staff members certified in first aid and CPR, in health room, school office, cafeteria, gymnasium, home economics classrooms, industrial arts classrooms, and other areas that pose an increased potential for injuries.**

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Section 4
INJURY, ILLNESS, AND FIRST AID

GENERAL HEALTH OBSERVATIONS

It is important to observe the **total** student. The following signs/symptoms may denote a condition requiring parental notification. If a parent/guardian has been notified, but no action has been taken, and the signs/symptoms persist, contact the school nurse.

Eyes
- Crossed eyes
- Repeated headaches
- Excessive blinking, blurred vision
- Rubbing of eyes
- Red, inflamed eyes
- Excessive tearing, crusting, discharge, or bleeding

Ears
- Earache
- Discharge or bleeding from ears
- Change in hearing ability

Nose and Throat
- Frequent nosebleeds
- Chronic nasal discharge
- Persistent mouth breathing
- Frequent sore throat

Skin and Scalp
- Unusual color of the skin, lips, or fingernails
- Eruptions, rashes, crusts, sores, or bleeding of the skin
- Bald or thinning areas of scalp
- Habitual scratching of the scalp or skin
- Lice and/or nits on the hair

Teeth and Mouth
- Poor state of cleanliness
- Chronic offensive breath
- Sores in and around mouth
- Inflamed or bleeding gums
- Toothache
- Discoloration of the tooth surface

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GENERAL HEALTH OBSERVATIONS CONTINUED

General Condition and Appearance

- Does not appear well
- Changes in activity level (tires easily or restlessness, etc.)
- Unusual gait
- Underweight or unexplained weight loss
- Overweight/obese or unexplained weight gain
- Nausea/vomiting
- Faintness or dizziness
- Changes in bowel or bladder habits
- Unusual cramping or bleeding
- Swollen or painful joints
- Shortness of breath

ABDOMINAL PAIN/PROBLEMS

First Aid

1. Determine if student has been injured.
2. Determine when student last ate.
3. For moderate symptoms or indigestion give small amount of ginger ale or water.
4. Check student for fever and record temperature.
5. Check for nausea, vomiting, diarrhea, or constipation.
6. Note location and duration of abdominal pain.
7. Observe student's general appearance (skin color, sweating, rashes, etc.).
8. Notify parent/guardian as needed.
9. Allow student to return to class if pain is minimal and afebrile.
10. Call **911** and follow Emergency Protocol if student appears to be in severe pain and/or distress.

ANAPHYLAXIS

Anaphylaxis is an acute **life-threatening** systemic allergic reaction most commonly caused by insect bites/stings and certain drugs. Immediate treatment is imperative.

Signs and Symptoms

- Hives
- Respiratory distress
- Circulatory collapse
- Occasional vomiting and abdominal cramps

First Aid

1. If the student has no known allergies and shows signs/symptoms of anaphylaxis, call **911** and follow Emergency Protocol.
2. If the student has symptoms consistent with anaphylaxis, call **911** and follow Emergency Protocol.
3. If the student has known allergies, check for individual health care plan (IHCP). If the student has Epinephrine ordered by his physician and it is available, administer the Epinephrine as ordered. Call **911** and follow Emergency Protocol.
4. If other medication has been authorized, it should be administered immediately. Call **911** and follow Emergency Protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

ASTHMA

Asthma is a chronic disease in which the air passages (bronchioles) overreact. During the asthma "attack" or episode, the air passages become temporarily narrowed or blocked.

An asthma episode can be triggered by a variety of causes, including colds and other viral infections, common irritants, (such as cigarettes, cigar, and pipe smoke, perfume, dust, chemicals including aerosols, strong odors, and smog), physical activity, and strong emotions.

Students with active asthma need to be referred to nurse for case management with possible peak flow monitoring.

Signs and Symptoms

- Coughing
- Shortness of breath
- Wheezing
- Difficulty in breathing
- Chest tightness
- A bluish color in lips/nail beds

First Aid

1. Teacher/designee should accompany student to the clinic.
2. Put student in position of comfort (lying with chest at 45 ° as tolerated).
3. Speak calmly and reassuringly, keeping student quiet.
4. Check pulse, respiration and 02 sat.
5. Call nurse.

6\. If a student is a known asthmatic and medication is ordered, follow instructions on medication authorization, and refer to individual health care plan (IHCP), if available.

6. Notify parent/guardian.
7. If student sufficiently recovers, he/she may return to normal school activity except strenuous activities, physical education, sports, etc.
8. Call **911 within 20 minutes of onset** and follow Emergency Protocol if:
    - Student has no known history of asthma.
    - Student does not respond to medication.
    - Student has increased breathing difficulties.
    - Student's lips or nail beds become blue.
    - Student becomes unresponsive or stops breathing.
    - Students with a O2 sat which is abnormal

BITES: ANIMAL/HUMAN

If skin is penetrated by animal or human bites, seek medical care. There is danger of local infection, and Tetanus in all wounds. Report all such animal bites to the Florida Department of Health- Franklin County (850-653-2111). If possible, have animal control contain the animal involved or secure a description. Attempt to obtain the name and address of the animal's owner to give to Animal Control.

First Aid

1. Use universal precautions.
2. Control bleeding by applying pressure and apply dressing.
3. Wash area with soap and water, apply dressing.
4. Notify parent/guardian and administrator immediately.
5. Advise parent/guardian to consult physician concerning tetanus immunization.
6. Advise parent/guardian to report bite to the Franklin County Department of Health-Environmental Services at 850-653-2111.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

BLEEDING: EXTERNAL

First Aid

1. Use universal precautions**.**
2. Apply direct pressure on the cut for approximately 10-15 minutes with a sterile pad,
3. If possible, or with gloved hand to control bleeding.
4. Elevate affected area.
5. If unable to control bleeding, use pressure points while continuing direct pressure and elevation. Call **911** and follow Emergency Protocol.
   a. **Using pressure points to control bleeding** - By pressing on these blood vessels, blood flow further away will be slowed, allowing direct pressure to stop bleeding. When using pressure points, make sure you are pressing on a point closer to the heart than the wound. Pressing on a blood vessel further from the heart than the wound will have no effect on the bleeding.
   b. Arm - inner side of arm between shoulder and elbow - brachial artery
   c. Groin area along bikini line - femoral artery
   d. Behind the knee - popliteal artery
   e. Remember to keep wound elevated above the heart and keep pressure directly on the wound.
6. Treat for potential shock by keeping flat and/or raising feet.
7. Keep warm, not hot.
8. Notify parent/guardian and administrator.

Death can occur in one (1) minute if a large blood vessel is cut.
Follow Emergency Protocol.

BLEEDING: INTERNAL

Internal bleeding can occur when there has been a broken bone or blow to the body (blunt trauma).

Signs and Symptoms

- Pain or swelling
- Bruises
- Weakness
- Confusion
- Blood in vomit, stool, urine
- Shock

First Aid for Suspected Internal Bleeding

1. Check student's airway, breathing, and circulation (ABC's).
2. Keep student quiet.
3. Treat for potential shock by keeping flat and/or raising feet.
4. Keep warm, not hot.
5. Notify parent/guardian and administrator.
6. Call **911** if indicated and follow Emergency Protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

BLUNT INJURY TO THE CHEST OR ABDOMEN

Signs and Symptoms

- Complaint of pain to injured area
- Obvious signs of injury (swelling, discoloration)
- Respiratory problems (difficulty breathing, rapid or shallow)
- Complaint of pounding or fluttering in the chest
- Nausea, vomiting
- Numbness or tingling

First Aid

1. Allow to rest for 30 minutes.
2. Notify parent /guardian.
3. If symptoms persist or worsen call **911** and follow Emergency Protocol.
4. If no symptoms, return to class after rest period.

BREATHING PROBLEMS

Students may have difficulty breathing due to injury (choking, drowning, inhaling toxic fumes, strangulation) or illness (anaphylaxis, asthma, croup, etc.). Even though there are many causes for breathing problems, you do not need to know the exact cause to care for it. You do need to be able to recognize when a student is having trouble breathing or not breathing at all.

Signs and Symptoms

- Unusually slow or rapid breathing
- Unusually shallow or deep breathing
- Gasping for air (shortness of breath, wheezing, gurgling, or making high pitched noises)
- Moist skin
- Skin color change (flushed, pale, bluish, or gray)
- Dizziness or lightheadedness
- Feeling of pain or heaviness in chest
- Coolness or tingling in hands and/or feet

First Aid

1. Place student in a position of comfort (sitting or lying).
2. Speak calmly and reassuringly.
3. Allow student to rest.
4. Give medication if authorized.
5. Notify parent/guardian.
6. If condition persists or worsens, call **911** and follow Emergency Protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

BUMPS AND BLOWS

Signs and Symptoms

- Complaint of pain at injured area
- Discoloration of the injured area
- Swelling

First Aid

1. Give student ice pack for minor bumps.
2. If bruise is large apply ice for 20 minutes and keep evaluating.
3. Notify parent/guardian.
4. If condition persists or worsens, call **911** and follow Emergency Protocol.

BURNS

Burns are injuries that result from heat, chemical agents, radiation, friction, or electricity.

Classification:

First degree burns are caused by overexposure to sun, light contact with hot objects, scalding water, or steam. Usual signs are:

- Redness or discoloration.
- Swelling and pain.

Second degree burns are caused by deep sunburn, hot liquids, or flash burns. Usual signs are:

- Greater depth.
- Red or mottled appearance.
- Blisters that may open and drain clear fluid making skin appear wet.
- Swelling and pain.

Third degree burns are caused by flames, ignited clothing, immersion in hot water, contact with hot objects, or electricity. Temperature and duration are important factors in the extent of tissue destruction. Usual signs are:

- Deep tissue destruction.
- White or charred appearance.
- Complete loss of layers of skin.
- Extremely painful to relatively painless.

First Aid

1. Use universal precautions.
2. First degree - apply cold water or submerge burned area in cold water. Do **not** use ice.
3. Second or third degree - call **911** and follow Emergency Protocol. Do **not** attempt to pull off clothing. A cold pack (not frozen) can be applied to the face, hands, or feet. Cool moist towels can be applied between ice bag and student.
4. Elevate burned hands, feet, legs.
5. Have students with face burns sit up. Observe for difficulty breathing.
6. If burn is due to contact with chemical agents, see “Chemical Burns”.
7. Notify parent/guardian.
8. If condition persists or worsens call **911** and follow Emergency Protocol.
9. Vaseline can be applied for comfort only on minor “sun burn”
10. Do **not** use ointments, grease, margarine, or other home remedies.
11. Do **not** use ice apply cool moist towels
12. Do **not** open blisters.

CHEMICAL BURNS

Chemical burns are burns that result from exposure to chemical agents.

Signs and Symptoms
- Rash
- Burns
- Blisters
- Irritation
- Localized pain with little evidence of damage.

First Aid
1. Flush area immediately and continuously for 20 minutes with cold running water being sure, to wash away from the affected area.
2. If flushing chemicals from the eye, be sure to wash away from the unaffected eye.
3. Try to identify the chemical or product involved. Call Poison Control 1-800-222-1222.
4. Notify parent/guardian.
5. Call **911** and follow Emergency Protocol.
6. Do **not** apply ointments, grease, margarine, or other home remedies.
7. Do **not** open blisters.
8. Do **not** remove shreds of tissue.
9. Do **not** put pressure on affected area.

DIABETES

Hypoglycemia/Insulin Shock

Diabetes can cause unconsciousness due to hypoglycemia which is too little sugar in the blood. Symptoms come on suddenly and may rapidly progress to insulin shock.

***All Diabetic students should be referred to nurse for case management.**

Signs and Symptoms

- Shaking
- Anxiety
- Paleness
- Double or blurred vision
- Sweating
- Impaired vision
- Numbness
- Weariness, fatigue
- Hunger
- Weariness, fatigue
- Irritable
- Inappropriate behavior
- Dizziness
- Rapid heartbeat
- Headache
- Poor coordination
- Partial to complete unconsciousness

First Aid

1. Follow instructions on student's individual health care plan (IHCP) if available.
   If IHCP is not available notify parent/guardian.
2. The student should be given glucose, such as raisins, regular soda, lifesavers, or fruit juice.
3. Observe the student until stable.
4. Do not recheck less than 15 minutes unless symptomatic
5. Notify parent/guardian.
6. If symptoms persist or worsen, call **911** and follow Emergency Protocol.

EAR PROBLEMS

Students may complain of earaches which may be caused by injury or illness.

Signs and Symptoms

- Pain
- Swelling
- Redness
- Bruising
- Impaired hearing
- Dizziness
- Loss of balance
- Nausea/vomiting
- Bleeding or drainage from the visible part of the ear

First Aid

1. Check for drainage.
2. Check temperature and record. Do not use ear thermometer in affected ear.
3. Use a separate speculum cover for each ear.
4. Notify parent/guardian.
5. If foreign body is suspected, notify parent/guardian to pick student up immediately.
6. Do **not** try to remove object.
7. Keep head elevated.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

EYE PROBLEMS/INJURIES

Students may have problems with the eyes which are caused by injury or illness. The eye is delicate and extremely complicated. Since all eye problems are serious because they can lead to infection or loss of sight, your priority is to do no further harm and to do whatever possible to protect the student's sight. Therefore, it is important to get prompt medical attention for all eye problems. Students with suspected vision problems or with eyeglasses in need of repair or replacement should be referred to the student's eye provider for vision screening and follow-up.

Signs and Symptoms

- Visible signs of trauma (cuts, bleeding, bruises)
- Any unusual appearance of the eye
- Pain, stinging, burning
- Redness, bloodshot
- Dryness, itchiness
- Visible foreign body
- Sensation of having something in the eye
- Sensitivity to light
- Discharge, tearing, rapid blinking
- Headache
- Unequal pupil size
- Double, impaired, or loss of sight with or without pain or signs of injury

Inflammation or Discharge from the Eye

First Aid

1. Isolate student.
2. Notify parent/guardian to pick up student.
3. Exclude student from school until a medical diagnosis is made or student is symptom free.

Eye Wounds or Bruises

First Aid

1. Student should not rub eye.
2. Apply cold compress.
3. Cover both eyes with eye patch and secure.
4. Notify parent/guardian to pick up student and urge parent to contact physician.

EYE PROBLEMS/INJURIES CONTINUED

Foreign Body in Eye

First Aid
1. Student should not rub eye.
2. Flush the eye liberally with cool tap water or eye wash, being sure to wash away from the unaffected eye.
3. Cover both eyes with eye patch and secure.
4. Notify parent/guardian and urge parent to contact physician.

Penetrating wound with Embedded Foreign Object

First Aid
1. Keep student calm.
2. Stabilize object and both eyes.
3. Call **911** and follow Emergency Protocol.
4. Notify parent/guardian.

Chemical Burns to the Eye
1. Student should not rub the eye.
2. Flush the eye liberally with cool tap water continuously for 20 minutes, washing away from the unaffected eye.
3. Call **911** and follow Emergency Protocol.
4. Notify parent/guardian.

Stye
1. Student should not rub the eye.
2. If no drainage and student is not in pain, student may stay in school.
3. If the stye is draining, isolate student.
4. Notify parent/guardian and urge parent to contact physician.

EYE PROBLEMS/INJURIES CONTINUED

Contact Lens Problems

Signs and Symptoms
- Pain
- Discomfort
- Lost lens in eye

First Aid
1. You may instruct student, but do **not** touch the eye yourself.
2. Student may roll eye or use slight pressure on lid to maneuver lens to center by pulling lid down or to the center.
3. If student can move/dislodge lens, he should be permitted to do so.
4. Notify parent/guardian if student is unable to maneuver lens.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FAINTING

Fainting is a sudden, brief loss of consciousness.

Signs and Symptoms

- Dizziness
- Nausea
- Weakness
- Blurred vision

First Aid

1. Do not leave student alone.
2. Lay student on back, elevate feet/ legs, and turn head to side.
3. Loosen clothing around neck and waist.
4. Notify parent/guardian.
5. If immediate recovery of consciousness does not occur, call **911** and follow Emergency Protocol.

FEVER

Fever is an elevation of body temperature.

Signs and Symptoms

- Flushed appearance
- Complaint of feeling warm or chilled
- Check student's neck for tenderness or stiffness

First Aid

1. Take temperature.
2. Record temperature.
3. Notify parent/guardian.
4. Student **must** go home if the temperature is **100.5 degrees** or higher.
5. Student **must** have immediate referral if neck is tender or stiff
6. Do **not** take oral temperature immediately after ingestion of hot or cold fluids.
7. Temperature may be elevated immediately after coming in from PE.
8. Consider treatment with Tylenol per standing order.
9. Recheck as needed until student goes home.
10. Keep student isolated from other students as much as possible.
11. Wash hands after evaluating student.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FRACTURES, SPRAINS, STRAINS AND DISLOCATIONS

Fracture - break in the bone
Sprain - partial dislocation, bones fall back into alignment, ligaments are stretched or torn
Strain - pulled muscle, a stretch or tear in the muscle
Dislocation - bones displaced from one another at a joint

DO NOT DIAGNOSE!

Signs and Symptoms

- Pain
- Deformity (compare with opposite limb)
- Rapid swelling
- Student heard snap or crack with injury
- Discoloration
- Inability to use extremity
- Tenderness
- Numbness or tingling

First Aid

1. Do **not** move injured part and keep student as comfortable as possible.
2. Do not leave student unattended.
3. Apply cold pack to help reduce pain and swelling.
4. Splint and support the injured area as necessary.
5. Notify parent/guardian.
6. If condition persists or worsens, call **911** and follow Emergency Protocol.

If Bone is Protruding or Student Show Signs of Shock or Bleeding

First Aid

1. Call **911** immediately and follow Emergency Protocol.
2. Keep student in same position until EMS arrives
3. Do not manipulate or move if possible
4. Use universal precautions.
5. Cover with moist sterile gauze pack
6. Apply pressure dressing only if bleeding is persistent.
7. Lower head and shoulders.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HEAD, NECK, OR BACK INJURIES

Signs and Symptoms

- Pain
- Headache
- Nausea
- Impaired consciousness
- Unequal pupils
- Blurred vision
- Dizziness
- Weakness of extremities
- Vomiting
- Numbness or tingling in extremities
- Breathing difficulties
- Bleeding from ear, nose, or mouth
- Seizures

First Aid

1. Do **not** move student (even if on playground).
2. Immobilize head in position found, especially if neck injury is suspected.
3. Keep student quiet and lying down (without pillow) and maintain open airway.
4. Keep warm, but not hot (shield from extremes in weather, if outside).
5. Do not give fluids.
6. If vomiting, turn head and body to the side **(as a unit)**, keeping neck and spine in line.
7. Notify parent/guardian.
8. If condition persists or worsens, call **911** and follow Emergency Protocol.
9. If student does not appear injured, he/she should be accompanied to the clinic by a staff member. The student should be monitored closely and allowed to rest for 20-30 minutes.
10. Do **not** leave student unattended.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HEADACHE

Headache is a condition of diffuse pain in different portions of the head.

First Aid

1. Take temperature and neck stiffness
   If below 100.5 degrees:
   - Apply cool compress.
   - Try to determine cause and frequency.

2. Take temperature. If 100.5 degrees or higher:
   - Notify parent/guardian.
   - Send home.

3. If headache persists, or there is a history of frequent headaches:
   - Notify parent/guardian.
   - Consider use of Tylenol if permission is signed

4. If the student has a temp above 100.5 and neck stiffness or tenderness.
   - Call parent for urgent referral to physician.

HEAT CRAMPS AND HEAT EXHAUSTION

Heat cramps and heat exhaustion are conditions caused by over-exposure to heat.

Signs and Symptoms of Cramps

Painful muscle spasms, especially in leg and/or abdomen

Signs and Symptoms of Exhaustion

- Cool, moist, pale, or flushed skin
- Headache
- Nausea/vomiting
- Dizziness
- Weakness
- Possible irrational behavior

First Aid for Cramps and Exhaustion

1. Have student rest in a cool area.
2. Loosen any tight clothing.
3. Have student sip cool water.
4. Cool student's body with water or fan.
5. Notify parent/guardian.
6. If condition persists or worsens, call **911** and follow Emergency Protocol.
7. If condition improves student may return to class after resting 20-30 minutes.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HEAT STROKE (SUNSTROKE)

Heat stroke (sunstroke) is an acute and dangerous reaction to heat exposure. **This is a life-threatening emergency, 911 must be called.**

Signs and Symptoms

- Red, hot dry skin
- Rapid, shallow respiration
- Pulse may be rapid and strong, later becoming weak
- High body temperature (up to 106 degrees or higher)
- Spots before the eyes and/or ringing in the ears
- Twitching and/or seizures

First Aid

1. Move student to a cool area.
2. Check temperature and record.
3. Call **911** and follow Emergency Protocol.
4. Notify parent/guardian.
5. Loosen any tight clothing.
6. Sponge student with cool water or apply ice packs to wrists, ankles, groin area, in each armpit, and on the neck.
7. Take temperature frequently. Do **not** chill**.** Dry student off after temperature drops below 102 degrees.
8. Continue to take temperature frequently, if temperature starts to raise again, start cooling process again.

HEMOPHILIA

Hemophilia is a hereditary blood clotting disorder which has the potential to be life-threatening and can cause musculoskeletal problems.

Signs and Symptoms of Internal Bleeding

- Prickling or bubbling sensation in area
- Sensation of heat or warmth in area
- Tightness in area of bleed
- Swelling
- Limping
- Discomfort or pain
- Non-use of an extremity
- Any unusual complaints

Bleeds are not usually obvious - listen to the student

First Aid

1. Follow instructions on individual health care plan (IHCP).
2. Apply ice pack and elevate body part.
3. Notify parent/guardian immediately.
4. Administer medication per authorization form, if available.
5. Call **911** and follow Emergency Protocol if student does not have IHCP, parent/guardian cannot be reached, or condition worsens.

Signs and Symptoms of External Bleed

- Noticeable bleeding from a cut, scrape, laceration, or wound

First Aid

1. Use universal precautions.
2. Clean cut with soap and water.
3. Apply pressure with gauze.
4. Elevate, if appropriate.
5. Notify parent/guardian immediately.
6. Call **911** and follow Emergency Protocol if student does not have IHCP, parent/guardian cannot be reached, or condition worsens.

Serious bleeds which require immediate medical intervention:

1. Head trauma
2. Eye trauma
3. Throat trauma
4. Chest and/or abdominal trauma
5. Groin and/or testicular trauma

HYPOGLYCEMIA

Hypoglycemia is a condition of too little sugar in the blood. This may occur with or without the presence of diabetes. In a diabetic, hypoglycemia is the result of too much insulin and/or not enough food intake.

Signs and Symptoms

- Shaking
- Anxious
- Sweating
- Impaired vision
- Hunger
- Weakness, fatigue
- Dizziness
- Rapid heartbeat
- Paleness
- Irritable
- Numbness
- Headache
- Inappropriate behavior
- Poor coordination
- Partial or complete unconsciousness
- Double or blurred vision

First Aid

1. Follow instructions on student's individual health care plan (IHCP), if available.
2. If IHCP is not available, notify parent/guardian.
3. If a student is diagnosed with Diabetes or Hypoglycemia give a food high in fast-acting glucose, such as raisins, regular soda, lifesavers, or fruit juice.
4. Have student lie down and remain quiet.
5. If symptoms persist or worsen, call **911** and follow Emergency Protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HYPOTHERMIA

Hypothermia is a condition in which the entire body cools because its ability to keep warm fails. The air temperature does not have to be below freezing for the student to develop hypothermia.

Signs and Symptoms

- Shivering or complaints of being cold
- Numbness
- Bluish color of the lips, hands, and/or feet
- Glassy stare
- Apathy
- Loss of consciousness

First Aid

1. Remove any wet clothing and dry the student.
2. Warm body gradually by wrapping in blankets or putting on dry clothes.
3. Move student to a warm place, if possible.
4. If student is alert, give warm liquid to drink.
5. Notify parent/guardian.
6. If condition persists or worsens, call **911** and follow Emergency Protocol.

INSECT BITES AND STINGS

Students who are subject to severe allergic reactions to insect bites or stings should be "red-flagged" on their emergency cards. In 50% of severe allergic reactions, there will be no history of a problem.

Remove the stinger, if possible, by flicking it horizontally or by using a scraping motion rather than using tweezers. There are poison sacs attached to the stinger and squeezing may inject more venom. Keep student under close observation for 20-30 minutes. If prescribed by a physician, emergency medication may be kept at school. Refer to the student's medication authorization and individual health care plan (IHCP).

Sign and symptoms

- Large amount of swelling around the sting
- Vomiting
- Nausea
- Hives or blotchy rash on body
- Fainting
- Wheezing
- Labored breathing
- Pain
- Dizziness
- Swelling in the nose or throat

First Aid for Allergic Reaction

1. Check emergency card for possible allergies and IHCP.
2. If student has IHCP follow instructions.
3. If no IHCP, call **911** if indicated and follow emergency protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

4. Wash area with soap and water. Remove stinger, if present, by flicking it horizontally or by a scraping motion rather than using tweezers. There are poison sacs attached to the stinger and squeezing may inject more venom.
5. Notify parent/guardian.
6. Record full details of the reaction.

First Aid for No Allergic Reaction

1. Check emergency card for possible allergies.
2. Wash area with soap and water. Remove stinger, if present, by flicking it horizontally or by using a scraping motion rather than using tweezers. There are poison sacs attached to the stinger and squeezing these sacs may inject more venom.
3. Observe student for 20-30 minutes.
4. Notify parent/guardian.
5. If student develops signs and symptoms of anaphylaxis, administer Epinephrine per order or standing order.

Tick Removal

First Aid

Notify parent/guardian and encourage the parent/ guardian to:

1. Remove the tick as soon as soon as it is found, delay increases the chance of infection.
2. Grasp the tick firmly at its head or mouth with tweezers.
3. Pull firmly until the tick lets go of the skin
4. Wash area with soap and water.

MENSTRUAL DISCOMFORT

Some girls will experience discomfort during their periods called “menstrual cramps”. The most common complaint is cramping in the lower abdomen. Sometimes the pain feels like a constant dull ache, or like a feeling of heaviness. Sometimes aching in the lower back and inner thighs is experienced.

First Aid

1. In case of mild discomfort, the student should be encouraged to continue normal activities.
2. If the student continues to complain of pain, have her lie down with a warm compress for 20-30 minutes.
3. For chronic complaints of discomfort, notify parent/guardian and advise the parent/guardian to contact physician.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

NAUSEA

First Aid
1. Take temperature and record.
2. If temperature is 100.5 degrees or higher, notify parent/guardian to take student home.
3. If nausea persists, notify parent/guardian to take student home.
4. Remain with student.

NOSE PROBLEMS

Nasal Injuries

Signs and Symptoms
- Pain
- Bruising around the eye
- Swelling
- Nosebleed

First Aid
1. Use universal precautions.
2. Apply ice to the area.
3. Place student in sitting position.
4. Notify parent/guardian.
5. If condition persists or worsens follow Emergency Protocol.
6. Check blood pressure if nosebleed does not resolve quickly or reoccurs.

First Aid for Foreign Bodies in Nasal Passages
1. Do not attempt to remove.
2. Notify parent/guardian and advise parent/guardian to contact physician.

First Aid for Nosebleed
1. Use universal precautions.
2. Place student in sitting position. (do not tip head back)
3. If student must lie down, student should lay on his/her side with head elevated
4. Loosen tight clothing around neck.
5. Apply cold compress over the nose while firmly pinching nostrils for 5 to 15 minutes.
6. If bleeding heavily, ice may be applied to the bridge of the nose, under chin or back of neck.
7. Student should avoid blowing nose.
8. Notify parent/guardian for any significant nosebleed.
9. If condition persists or worsens, call **911** and follow Emergency Protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

OPEN WOUNDS

The danger of tetanus should be considered in all wounds, especially puncture wounds. Parent/guardian should be advised to consult physician regarding tetanus immunization. Note that pencils are now graphite, and not lead.

Abrasions and Lacerations

First Aid

1. Use universal precautions.
2. Clean wound with soap and water.
3. If laceration is minor, cleanse and apply bandage.
4. If laceration is severe, notify parent/guardian.
5. If bleeding is excessive, persists, or worsens, call **911** and follow Emergency Protocol.

Puncture Wounds

First Aid

1. Use universal precautions.
2. Clean wound with soap and water and/or wound cleanser and apply dressing.
3. If foreign body is embedded in wound, do **not** remove.
4. If wound shows, redness, swelling, pus, or drainage consider the referral “Urgent”
5. Wounds that appear infected or are draining need to be covered with an occlusive dressing.
6. Notify parent/guardian and advise parent/guardian to contact physician.

POISON

A poison is a substance that causes injury or illness if it gets into the body. Some poisons can cause death. There are four ways a person can be poisoned: by swallowing the poison, by breathing it, by absorbing it through the skin and by having it injected into the body.

First Aid

1. Call Poison Control and follow immediate instructions. **1-800-222-1222.**
2. Be prepared to give details about the poison to Poison Control.
3. Notify parent/guardian.
4. Call **911,** if indicated, and follow Emergency Protocol.
5. Give details, containers, etc. to parent/guardian or emergency personnel.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

POISON IVY, OAK, OR SUMAC

Poison ivy, oak and sumac are found as vines, bushy shrubs, or small trees. They produce a gummy sap that causes an allergic reaction in 50% of all children and adults. The gummy sap of the plant can remain active for up to one year. Reaction is triggered by contact with leaves, stems, and vines; or indirectly through contact with the smoke of burning leaves or contaminated objects such as clothing and garden tools. Petting a dog or cat that has rubbed against one of these plants is also a common example of contamination. Careful washing of these items, including pets, will prevent repeated exposure. Once the exposed area has been thoroughly washed, poison ivy is not spread by skin-to-skin contact. Oozing from blisters will not spread the rash; neither will bathing or showering.

Signs and Symptoms

- Red, itchy rash within 12 to 48 hours after exposure lasting ten days or longer.
- Swelling
- Blistering
- Oozing

First Aid

1. Use universal precautions.
2. Wash affected area with soap and water.
3. To minimize risk of infection, advise student not to scratch the blisters.
4. If needed cover draining wounds or to help student stop itching.
5. Student may remain in school.
6. If itching or rash persists or involves the eyes, face, or genitalia, notify parent/guardian and advise parent/guardian to notify physician.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SEIZURE DISORDER/EPILEPSY

Epilepsy is a neurological disorder which briefly interrupts the usual function of the brain. These disruptions produce seizures characterized by changes in consciousness, involuntary movements, muscle spasms, or convulsions. Such activity can last from a few seconds to a few minutes.

Although epilepsy can begin at any age, three-fourths of all seizure disorders begin before age 21. Everyone is at risk of developing epilepsy. In 50% of the diagnosed cases there is no known cause. This is called “idiopathic” epilepsy. In the remaining 50%, the cause is identifiable and possibly preventable.

Causes of Epilepsy

- Damage to the brain
- Head injuries
- Poisons
- Diseases
- Brain tumors
- Strokes
- Poor nutrition
- Chemical changes in the body

First Aid

- Call 911 or nurse (if previously diagnosed follow IHCP)
- Note time at beginning of seizure
- Clear area around student
- Protect students head and neck to prevent injury
- Clear room of unnecessary persons
- If prescription ordered, administer according to parents and physician’s instructions
- Follow parents and physician’s instructions on dispositions.
- If student has been medicated move to health room for observation until parent/ guardian can arrive.
- Do not use seizure stick or put anything in student’s mouth.

Educate: Educate parents & staff as needed

SEIZURES/CONVULSIVE

A convulsive seizure is sudden involuntary contractions usually due to uncontrolled electrical activity in the brain. The seizure usually lasts 1 to 3 minutes but can last longer.

Signs and Symptoms

- Stiffening
- Sudden fall; loss of consciousness
- Jerking
- Tongue biting
- Drooling
- Loss of control
- Irregular breathing
- Possible confusion or sleepiness when regaining consciousness

First Aid

1. Follow instructions on student's individual health care plan (IHCP) if available.
2. Note time of onset of seizure; administer medication if ordered at time ordered.
3. If the student is having a convulsive seizure, gently turn him on his side and cushion his head. Loosen tight clothing.
4. Clear area of hazards and reassure others present.
5. Do **not** put anything in the mouth or hold the tongue. The student cannot possibly swallow his/her tongue and putting things in the mouth can lead to an injury.
6. Do **not** restrain the student.
7. Do **not** give liquids during the seizure or immediately afterwards.
8. Speak calmly and reassuringly until the seizure passes and the student can say who he is, where he is, and what day it is; but don't expect the student to respond to instructions.
9. Stay with the student to offer reassurance when consciousness returns. Let the student rest if needed.
10. Call **911 unless otherwise indicated in (IHCP)**.
11. If student has no known history of seizures, call **911** and follow Emergency Protocol.
12. Call **911** if significant injury has been sustained during seizure.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SEIZURES/NON-CONVULSIVE

A non-convulsive seizure resembles a blank stare that looks like daydreaming, and/or a sudden loss of consciousness which usually lasts 1 to 10 seconds but can last longer.

Signs and Symptoms

- Does not respond when spoken to
- Rapid blinking
- Mouth movement (mumbling, chewing)
- Localized tingling or twitching of an extremity
- Repetitive automatic behavior (picking at clothes, wandering aimlessly)
- May or may not have loss of consciousness

First Aid

1. Follow instructions on student's individual health care plan (IHCP) if available.
2. Never assume that the student heard or understood the instructions you gave. There are times when the "receiving and sending mechanisms" are non-functional even through the student appears to be conscious. Repeat your instructions until you are certain they are being heard and understood.
3. Never speak harshly or try to get the student's attention by grabbing or holding him. There is an automatic startle-like reflex that responds to pressure which results in intensified physical activity.
4. Do not leave the student suspected of being in a state of confusion or unresponsiveness alone. If he suddenly walks away from the given setting, be sure someone accompanies him until he responds appropriately.
5. Never restrain activities unless there is a threat of physical harm such as walking into traffic, water, or fire. There is no ability to apply logic during these times of altered consciousness; sight, sound, and pain are not registered.
6. Keep in mind that there is no recall of events that occur during these episodes, therefore accurate documentation of the event should be made part of the student's case file.
7. Non-convulsive seizures may progress to convulsive seizures.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SHOCK

Shock is a condition in which the circulatory system fails to deliver blood to all parts of the body. When the body's organs do not receive blood, they fail to function properly. This triggers a series of responses that produce specific signs and symptoms. These responses are the body's attempt to maintain adequate blood flow.

Shock is often associated with burns, drug overdose, electrical injury, heart attack, heatstroke, low blood sugar, hypothermia, overwhelming infection (septic shock), poisoning, severe allergic reaction, severe bleeding, severe vomiting, and/or diarrhea, and spinal injury.

Signs and Symptoms

- Weakness, dizziness
- Chest pain
- Restlessness, anxiety, confusion
- Rapid, shallow breathing
- Decreasing alertness
- Numbness, paralysis
- Cold, clammy skin
- Nausea, vomiting
- Extreme paleness
- Intense thirst
- Bluish lips and fingernails
- Unconsciousness

First Aid When No Neck/Back Injury Suspected

1. Call **911** and follow Emergency Protocol.
2. Try to determine the cause of shock. Check for a medical alert ID, IHP, and/or Emergency Contact Card.
3. Do **not** give anything by mouth.
4. Check student's ABC's: airway, breathing, circulation. If necessary, begin rescue breathing, CPR, or bleeding control.
5. Place in shock position. Lay flat and elevate feet 8 to 12 inches using available support.
6. Do **not** use pillows or shock position if you suspect any head, neck, back, or leg injury; or if student is having breathing difficulties, or if position is uncomfortable.
7. In case of venomous bite, do **not** raise bite area above the level of the heart.
8. Give first aid for the underlying illness or injury, using universal precautions.
9. Keep student comfortable, loosen any tight clothing, and cover only to maintain normal body temperature.
10. Turn head to one side if vomiting or drooling.
11. Continue to monitor the student's ABC's until medical help arrives.
12. Do not leave student unattended.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SHOCK CONTINUED

First Aid When Neck/Back Injury Suspected

1. Do **not** move a student who you suspect has a neck or back injury unless in immediate danger. If you are not sure whether the student has a spinal injury, assume the student does.
2. Call **911**.
3. Try to determine the cause of shock. Check for a medical alert ID, IHP, and/or Emergency Contact Card.
4. Do **not** give anything by mouth.
5. Check student's ABC's; Airway, Breathing, and Circulation. If necessary, begin rescue breathing, CPR, or bleeding control.
6. Do **not** place student in shock position.
7. Give first aid for the underlying illness or injury, using universal precautions.
8. Keep student comfortable, loosen any tight clothing, and cover only to maintain normal body temperature.
9. Do **not** turn head.
10. Continue to monitor student's ABC's until medical help arrives.
11. Do **not** leave student unattended.

SHUNT

A shunt is the surgical placement of an artificial passage to drain fluid from the ventricles of the brain to the peritoneum of the abdomen. It is used as a treatment for the condition called hydrocephalus.

Malfunctioning Shunt

Signs and Symptoms

- Eyes looking downward all or most of the time, difficulty looking up
- Vomiting, especially constant and/or forceful
- Loss of appetite
- Extreme irritability, restlessness that cannot be comforted
- Sleeping more than usual with a sharp decrease in activity level
- Fatigue
- Fever lasting more than two days with no other signs of a cold, sore throat, earache, or diarrhea
- Redness or puffiness along the shunt line from the head down to the abdomen
- Discomfort near the shunt line
- Seizures or convulsions
- Complaints of headaches and/or dizziness
- Loss of coordination
- Decreased school performance

First Aid

1. Notify parent/guardian.
2. Follow instructions in individual health care plan (IHCP), if available.
3. Call **911** and follow Emergency Protocol if a condition persists or worsens.

SICKLE CELL ANEMIA

Sickle cell anemia is a hereditary chronic form of anemia in which abnormal sickle or crescent-shaped red blood cells are present.

Signs and Symptoms

- Poor appetite
- Chronic fatigue
- Complaints of pain in abdomen or joints
- Swelling of hands and joints
- Fever
- Jaundice or pallor
- Shortness of breath
- Severe headache

First Aid

1. **Do not use ice.**
2. Follow instructions on individual health care plan (IHCP), if available.
3. Notify parent/guardian immediately.
4. Call **911** and follow Emergency Protocol if symptoms persist or worsen.

SNAKE BITES

There are two groups of poisonous snakes in Florida. The first group consists of the crotaline, or pit vipers, which are snakes that strike. They can be identified by a depression or pit located between the eyes, have a wide head, and have an elliptical eye pupil. This type is represented in Florida by the diamondback rattlesnake, pigmy rattlesnake, cane back rattlesnake, cottonmouth or water moccasin, and copperhead. The second group or the elapid consists of snakes that bite and chew. This type is represented in Florida by the coral snake which has a black and yellow striped head and red, yellow, and black stripes on the body.

First Aid

1. Call **911** and follow Emergency Protocol
2. Do **not** move student unless in danger.
3. Keep student quiet and **keep affected area lower than heart**.
4. Notify Poison Control 1-800-222-1222.
5. Do **not** use ice or tourniquet.
6. Maintain good airway, breathing and circulation. Treatment is supportive.
7. Identify the snake if it can be done at no risk.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SORES OF UNKNOWN ORIGIN

First Aid

1. Use universal precautions.
2. Cleanse with soap and water and/or wound cleanser.
3. Cover with bandage.
4. Notify parent/guardian.
5. Refer inflamed or swollen wounds to nurse as soon as possible.
6. Check student's temperature
7. Skin wounds with pus or large areas of infection need to be referred to a physician as **"urgent."**
8. Open and draining wounds must be covered with an occlusive dressing to stay in school.
9. Recheck wound healing on serious wounds daily.

SORE THROAT

First Aid

1. Take temperature and record.
2. Notify parent/guardian if temperature is elevated. Student will need to be picked up from school if temperature is 100.5 or greater.
3. Examine throat with light. Refer to provider if white patches are seen or tonsillar edema is close to impairing airway.
4. Notify parent/guardian if student complains of severe pain.
5. Check student for neck tenderness or stiffness.
6. Isolate student until they can be picked up by parent.
7. Encourage hydration & ice chips.

SPLINTERS

First Aid

1. If splinter is large or deeply embedded, or involves the eye, do **not** remove**.**
2. Notify parent/guardian and advise parent/guardian to contact physician.
3. Use universal precautions.
4. Only remove a splinter that is clearly protruding from the skin.
5. Use tweezers that have been disinfected.
6. After removal, wash affected area with soap and water.
7. Pat dry and cover with a bandage.
8. Notify parent/guardian if splinter is removed at school.

SUNBURN

First Aid

1. Notify parent/guardian if student is complaining of pain.
2. Check temperature if elevated call parent, consider Tylenol.
3. Encourage hydration and ice chips
4. Notify parent/guardian if sunburn is blistered.
5. If wearing a tee shirt, the student may be more comfortable if the shirt is turned inside out exposing seamed edges.

TOOTHACHE /INJURIES

A toothache is usually caused by dental caries or periodontal disease. Injuries to the mouth can result in broken or knocked out teeth. These do not always represent an emergency; however, immediate care is indicated due to general discomfort and pain to the student.

Signs and Symptoms

- Bleeding
- Swelling
- Pain

First Aid for Toothache

1. Notify parent/guardian.
2. Advise parent/guardian to contact dentist.

First Aid for Broken or Knocked Out Tooth

1. Use universal precautions.
2. Control bleeding by having student bite on a clean, rolled gauze.
3. Place broken or knocked out tooth in wet paper towel or in small cup of water or milk.
4. Notify parent/guardian.
5. Advise parent/guardian to contact dentist.

First Aid for Foreign Object Wedged Between the Teeth

1. Do not attempt to remove.
2. Notify parent/guardian.
3. Advise parent/guardian to contact dentist.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

VOMITING

First Aid

1. Use universal precautions.
2. Do **not** give student anything to eat or drink.
3. Take temperature and record.
4. Encourage student to lie down on side or sit quietly.
5. Put student in isolation area as possible
6. If vomiting is witnessed or temperature is greater than 100.5, notify parent/ guardian to take student home.

SECTION 5

COMMUNICABLE DISEASES

A communicable disease is an illness caused by a specific infectious agent, or its toxic products, which can be transmitted from one individual host to another, either directly or indirectly. This may include man to man, animal to man, man to animal, or through the environment.

The control of communicable disease is the responsibility of school personnel, health department personnel, private physicians, parents, and students. School personnel do have the right to exclude students with suspected communicable diseases until a physician states, in writing, that the student is no longer contagious or until the signs and symptoms are no longer apparent.

Most common communicable diseases have a sudden onset and similar beginning signs and symptoms, such as headache, runny nose, watery eyes, sore throat, coughing, sneezing, fever, rash, vomiting, and diarrhea.

All students with suspected communicable diseases should be sent home until a medical diagnosis can be made or the student is symptom free.

Until the student can be sent home:

1. Take and record temperature.
2. Isolate student. Do **not** send the student back to class.
3. Notify parent/guardian to come for the student.

The conditions in this section are commonly diagnosed communicable diseases. The materials have been written so that the content is appropriate for sharing with school personnel, parents, and students.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GENERAL GUIDELINES FOR MINIMIZING THE TRANSMISSION OF COMMUNICABLE DISEASE IN THE SCHOOL

Certain basic hygiene measures are important to reduce the chance of transmission of any communicable disease in schools.

1. Hand washing with soap and running water for 15-30 seconds and drying with disposable paper towels is the single most important technique for preventing the spread of disease. Hand washing should be done frequently.

    - before eating and/or drinking
    - before handling clean utensils or equipment
    - before and after feeding students or handling student's food
    - before and after assisting or training the student in toileting
    - before and after using the bathroom
    - after contact with body fluids (even if gloves are worn)
    - after handling soiled diapers, menstrual pads, garments, or equipment
    - after caring for any student, especially those with nose, mouth, or ear discharges

2. All personnel should wear disposable gloves when handling body fluids, including blood, vomitus, urine, or feces.
3. The mouthing of toys, pencils, and other shared items by a student should be strongly discouraged.
4. All items mouthed by a student should be sanitized daily.
5. All surfaces involved in food handling or during diapering should be sanitized daily.
6. Cots, chairs, etc., should be disinfected between each use. If table paper is used, it must be changed and the cot and pillow must be disinfected between each use. Cots must be washed even when table paper is used. Disposable pillowcases are to be changed after use.
7. The use of blankets is not recommended. If blankets are used, they must be washed before used by another student. Paper disposable sheets may be used one time to cover student.
8. Any receptacle or other equipment used by a student who is ill should be disinfected before being stored or used by another student.
9. All students should be educated about appropriate hygiene measures to prevent the spread of communicable diseases, with age-appropriate instructions.
10. Disposable probe covers should be used on thermometers and units should be washed daily.
11. Work surfaces, exam beds, counters should be sprayed with Lysol or and equivalent at least once daily and after every sick student.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

UNIVERSAL PRECAUTIONS

Universal Precautions are the simple and effective measures taken to prevent the transmission of disease for all persons potentially exposed to the blood or body fluids of any individual. No distinction is made between body fluids of individuals with a known disease and body fluids of individuals without symptoms or with an undiagnosed disease.

The body fluids of all individuals should be considered to contain potentially infectious germs. In general, the risk is very low and dependent upon a variety of factors, including the type of fluid with which contact is made and the type of contact made with it. The term “body fluids” includes blood, semen, vaginal secretions, drainage from scrapes and cuts, feces, urine, vomitus, respiratory secretions, and saliva. Contact with these fluids presents a risk of infection.

Universal precautions which emphasize avoiding direct contact of skin and mucous membranes with body fluids of any student should be followed. The precautions include:

- Gloves should always be worn and discarded after one use.
- Immediately block off the area when a spill is discovered.
- Clean up fluids using a disinfectant.
- Discard all disposable articles soiled with body fluids in the plastic red-lined container.
- Double bag student’s soiled articles and send home with student.
- Sharps containers are required for disposal of needles and lancets.
- Hands should be washed thoroughly with soap and water after removing gloves or after bare hands accidentally came into contact with body fluids.

Sharps containers can be requested from Coordinator and disposed of at the FCHD. Red-lined biohazard bags are available in each clinic site or the Florida Department of Health - Franklin.

REMEMBER, THERE IS NO SUBSTITUTE FOR GOOD HANDWASHING!

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

ACQUIRED IMMUNE DEFICIENCY SYNDROME

AIDS

Acquired immune deficiency syndrome (AIDS) is a severe, life-threatening clinical condition, first recognized as a distinct syndrome in 1981. This syndrome represents the late clinical state of infection with the human immunodeficiency virus (HIV), which often results in progressive damage to the immune and other organ systems. The progression of the disease is from asymptomatic HIV infection to symptomatic HIV infection to AIDS.

Signs and Symptoms:

- Fatigue
- Fever
- Chills
- Night sweats
- Loss of appetite
- Chronic diarrhea
- Unexplained weight loss greater than 10 pounds
- Unexplained swollen glands lasting longer than two months
- Persistent, unexplained dry cough
- Thick, whitish coating, or white spots on the tongue or throat
- Discolored lesions/growths on skin or mucous membranes
- Failure to thrive

Cause

- Human immunodeficiency virus (HIV), a retrovirus

Incubation Period

- Less than one year, to ten years or longer

Transmission

- Intimate sexual contact
- Through infected blood or blood products
- Infected mother to her newborn before or shortly after birth

School Action

1. Encourage parent/guardian to have symptoms evaluated by a physician.
2. All information regarding this syndrome is confidential (F.S. 384.29).

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

ACUTE RESPIRATORY INFECTIONS

Signs and Symptoms:

- Headache
- Cough
- Sore throat
- Fatigue
- Fever
- Stuffy or runny nose
- Chills
- Earache
- “Doesn’t feel good”

Cause

- Various parainfluenza viruses, adenoviruses, rhinovirus, and others.

Incubation Period

- 1-10 days

Transmission

- Directly by oral contact or droplet; indirectly by hands, handkerchiefs, eating utensils, or other freshly soiled articles.

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Exclude from school until fever subsides and symptoms are improving.
3. If symptoms persist, such as cough, runny nose, earache, encourage parent/guardian to have symptoms evaluated by a physician.
4. Student may return to school when:
   a. Student is symptom free or
   b. The student presents a written note from a physician stating he/she may return to school.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

CHICKENPOX - VARICELLA

Signs and Symptoms

- Fever
- Headache
- Loss of appetite
- Fatigue
- Skin eruption
  a. Skin eruptions appear around the same time as other symptoms and change in appearance rapidly. The eruptions begin as flat red spots, progressing to elevated areas containing clear fluid which open and crust over. All stages of lesions may appear on any area of the body at one time. Lesions are most dense on trunk; less on arms, legs, face, scalp, and inside of nose, and mouth.

Cause

- Varicella-zoster virus, the same virus that causes shingles

Incubation Period

- Time from contact to the development of signs and symptoms is 12-21 days.

Transmission

- The student is infectious from appearance of first lesion.
- Transmission occurs directly from lesions or droplets, coughing, etc. The student should remain isolated from others until all lesions have dried and crusted over.

School Action

1. Encourage parent/guardian to have symptoms evaluated by a physician.
2. Encourage parent/guardian to report cases to school office.
3. Student may return to school when all lesions are crusted over or after the 6th day of the onset of the lesions.

Immunization:

- Available.
- Contact physician/health department.
- Immunization required for kindergarten entry starting 2001-2002

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

COLD - COMMON

Signs and Symptoms:

- Fatigue
- Sneezing
- Coughing
- Chills
- Runny nose
- Headache
- Sore throat
- Watery eyes

Cause

- Rhinovirus (many types)

Incubation Period

- 2-5 days

Transmission

- Airborne droplets or direct contact with infected person.
- Indirectly by hands and articles freshly soiled with secretions of the nose and throat of an infected person.

School Action

1. Emphasize good hygiene, particularly good hand washing.
2. Educate students to cover mouth when sneezing and coughing.
3. Educate students about the proper disposal of articles soiled with nasal and throat secretions.

CYTOMEGALOVIRUS
CMV

Signs and Symptoms

- Usually no symptoms
- Muscle aches
- Fever
- Sore throat
- Fatigue
- Swollen glands
- Headache

Cause

- Human herpesvirus 5

Incubation

- 3 - 12 weeks

Transmission

- Body secretions

School Action

1. Use universal precautions.
2. Student diagnosed as having cytomegalovirus may return to school upon recommendation of the physician.
3. Inform staff members, if pregnant or planning a pregnancy, to contact their physicians to discuss their exposure to CMV.

DIARRHEA

A condition of the gastrointestinal system characterized by frequent loose or watery bowel movements. There are many causes including viral or bacterial illnesses, emotional upset, poor digestion of food, or parasites. Many cases of diarrhea are contagious.

Signs and Symptoms

- Loose bowel movements
- Fever
- Nausea
- Vomiting
- Abdominal pain
- Cramping
- Loss of appetite

School Action:

1. Notify parent/guardian to take student home.
2. Take temperature; if prolonged delay before parent arrives allow ice chips if requested.
3. Instruct student to wash and change clothes, if possible.
4. Encourage parent/guardian to have symptoms evaluated by a physician if diarrhea persists or worsens.
5. Student should be excluded from school until symptom free for 24 hours.

FIFTH DISEASE - ERYTHEMA INFECTIOSUM

Signs and Symptoms

- First signs are a low-grade fever, fatigue, and a rash on the cheeks that gives a flushed or "slapped face" appearance. A lace-like rash will appear on the arms, legs, and trunk. The rash fades but may recur for 1-3 weeks when the student is exposed to sunlight, heat, exercises, or is emotionally stressed.
- Mild joint pain is seen in adults with the disease.

Cause

- Human parvovirus

Incubation Period

- Variable; 4-20 days to development of rash

Transmission

- Thought to be primarily through contact with infected respiratory secretions.

School Action

1. Check for fever, isolate and exclude if temperature above 100.5.
2. Inform pregnant staff members to consult with their physician regarding possible exposure to the disease.
3. Encourage parent/guardian to have symptoms evaluated by a physician.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GASTROENTERITIS – “INTESTINAL FLU”

Signs and Symptoms
- Nausea
- Vomiting
- Abdominal cramping
- Fever
- Pallor
- Loss of appetite
- Diarrhea

Cause
- Viral and bacterial

Incubation Period
- Variable, usually 24-72 hours

Transmission
- Fecal-oral route (hand to mouth) or possible respiratory secretions

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Give small amounts of ice chips if requested.
4. Check temperature.
5. Exclude student from school until fever, nausea, vomiting, and diarrhea subside for 24 hours without medication.
6. Clean exam bed after student leaves

HAND, FOOT, AND MOUTH DISEASE (COXSACKIE VIRUS)

Signs and Symptoms
- Fever
- Sore throat
- Lesions or sores usually seen in the mouth, on the hands or feet

Cause
- Coxsackie virus

Incubation Period
- Usually 3 to 6 days

Transmission
- Airborne droplet or direct contact with nose and throat discharge and feces of infected persons.

School Action
1. Check temperature if above 100.5 isolate and exclude
2. Emphasize good hygiene, particularly good hand washing.
3. Student may return to school when:
   a. student is symptom free or
   b. student presents a written note from a physician stating he/she may return to school.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HEPATITIS - INFECTIOUS
HEPATITIS A

Signs and Symptoms
- Fever
- Loss of appetite
- Nausea
- Abdominal discomfort
- Fatigue
- Jaundice (yellow color to the skin and whites of the eyes)

Cause
- Hepatitis virus, Type A (HAV)

Incubation Period
- Usually, 15 to 50 days

Transmission
- Fecal-oral route (hand to mouth)
- From sewage to drinking water and food
- Failing to wash hands thoroughly after handling contaminated objects

School Action
1. Emphasize good personal hygiene, particularly good handwashing.
2. Encourage parent/guardian to get a diagnosis by a physician.
3. Any confirmed cases will be handled through the Health Department.

Immunization
- Available.
- Contact physician/health department.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HEPATITIS - INFECTIOUS
HEPATITIS B

Signs and Symptoms
- Fever
- Vomiting
- Rash
- Abdominal discomfort
- Loss of appetite
- Fatigue
- Nausea
- Jaundice (yellow color to the skin and whites of the eyes)
- May have no symptoms, especially young children

Cause
- Hepatitis virus, Type B (HBV)

Incubation Period
- Usually 45 to 180 days, average 60 to 80 or 90 days

Transmission
- The virus has been found in almost all body fluids; however, blood, saliva, semen, and vaginal fluids are known to be infectious.
- Transmission is by contaminated needle sticks, sexual exposure, and the exposure of mucous membranes to infected wounds or blood.

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Any confirmed cases will be handled through the Health Department.

Immunization
- Available and required for school entry.
- Contact physician/health department.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HERPES SIMPLEX

Signs and Symptoms
- Fever blisters
- Cold sores
  - Both usually on face and legs which crust and heal within a few days.
  - Lesions may occur on other parts of the body.

Cause
- Herpes simplex virus

Incubation Period
- 2 - 12 days

Transmission
- Direct or indirect contact with lesion and/or saliva of infected individuals

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Cover lesions, if possible.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

HUMAN IMMUNODEFICIENCY VIRUS
HIV

The human immunodeficiency virus is responsible for the development of AIDS. An individual may carry the virus for many years without showing any symptoms of illness or developing AIDS.

Sign and Symptoms
- No symptoms to mild symptoms
- Cough
- Swollen glands
- Sinusitis
- Earache
- Runny nose

Cause
- Human immunodeficiency virus, a retrovirus

Incubation
- 4 to 12 weeks

Transmission
- Intimate sexual contact
- Infected blood or blood products
- Infected mother to her newborn before or shortly after birth

School Action
1. Encourage parent/guardian to have symptoms evaluated by a physician.
2. All information regarding this condition is confidential.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

IMPETIGO - FLORIDA SAND SORES

Signs and Symptoms

- Individual lesions erupt usually on exposed surfaces of the body, such as face and extremities, and where scratches, bites, and minor cuts have occurred.
- The most common features are the honey-colored or red scabs that cover all or part of each sore.

Cause

- Staphylococcal and streptococcal organisms (bacteria)

Incubation Period

- Variable

Transmission

- Impetigo is extremely contagious and may be transferred to other areas of the person's body by his own contaminated hands, particularly where there are open scratches.
- It is easily transmitted by direct contact with infected persons, contaminated articles, or dirt containing animal wastes.

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Draining wounds must be covered with an occlusive dressing to stay in school
4. Observe for signs and symptoms of increased inflammation, swelling and pus
5. Increased inflammation needs to be "urgently" referred to the physician.

.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Methicillin-resistant *Staphylococcus Aureus* (MRSA)

Signs and Symptoms:

1. Severely infected skin infections, such as pimples and boils, and occur in otherwise healthy people.

2. Cause: Methicillin-resistant *Staphylococcus Aureus* (MRSA) is a type of bacteria that is resistant to certain antibiotics. These antibiotics include methicillin and other more common antibiotics such as, penicillin and amoxicillin.

Transmission: Contact with body fluids or contamination of wound. Disposable gloves should be worn if contact with body fluids is expected. (If excessive contact with body fluids is expected, gowns should also be worn.) It is also acceptable for infants and children to have casual contact with these patients.

School Action

6. Emphasize good hygiene, particularly good hand washing.
7. Encourage parent/guardian to have “urgent” evaluation by a physician.
8. The student with suspected MRSA should be excluded from school only if he/she has a fever over 100 or has a wound that cannot be covered with an occlusive dressing.

What precautions should family caregivers take for infected persons in their homes?

In the home, the following precautions should be followed:

- Caregivers should wash their hands with soap and water after physical contact with the infected or colonized person and before leaving the home.
- Towels used for drying hands after contact should be used only once.
- Disposable gloves should be worn if contact with body fluids is expected, and hands should be washed after removing the gloves.
- Linens should be changed and washed if they are soiled and on a routine basis.
- Reference: http://www.cdc.gov/mrsa/

MEASLES - RUBELLA
GERMAN MEASLES, THREE DAY MEASLES

Signs and Symptoms

- Young children may have no signs until rash appears, then low grade fever and fatigue.
- Older children and adults usually have symptoms one to four days before rash, along with joint pain and swollen lymph nodes.
- Rash is pink in color and begins on face and neck and progresses down to the trunk, arms, and legs.
- Lesions usually begin to fade within 48 hours.

Cause

- Rubella virus

Incubation Period

- 14 - 21 days

Transmission

- Airborne by droplet or direct contact with nasal or throat secretions such as sneezing or coughing

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Student should present a note from the physician stating he/she is no longer contagious and may return to school.
4. Any confirmed cases will be handled through the Florida Department of Health in Franklin County.

Immunization

- Required.
- Contact physician/ Florida Department of Health.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

MEASLES - RUBEOLA
TEN DAY MEASLES, HARD MEASLES, RED MEASLES

Signs and Symptoms

- Fever
- Discharge from and redness of eyes
- Runny nose
- Cough starts three to four days before rash appears and continues for approximately 10 days. Rash appears first on face and neck and progresses down to involve the trunk, arms, and legs.

Cause

- Rubeola virus

Incubation Period

- 8-14 days

Transmission

- Airborne by droplet or direct contact with nasal or throat secretions.
- Less commonly by articles soiled by these secretions.

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. The student should present a note from the physician stating he/she is no longer contagious and may return to school.
4. Any confirmed cases will be handled through the Florida Department of Health in Franklin County.

Immunization

- Required. Contact physician/Florida Department of Health.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

MENINGITIS - BACTERIAL

Signs and Symptoms
- **Sudden onset with fever**
- **Intense headache**
- **Nausea and often vomiting**
- **Stiff neck**
- **Frequently a rash.**

Cause
- A wide variety of infectious agents

Incubation
- 2 - 10 days

Transmission
- Through direct contact, including respiratory droplets from the nose and throat of infected person

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. **Any student with a sudden onset of the above symptoms must be referred to a physician as soon as possible.**
3. The student may return to school when he/she is symptom free.
4. **Follow up on any confirmed cases will be handled through the Florida Department of Health protocols.**

Immunization
- Available.
- Contact physician/ Florida Department of Health Franklin County.

MENINGITIS - VIRAL OR ASEPTIC

Signs and Symptoms
- Sudden onset of fever
- Headache
- Nausea
- Vomiting
- Stiff neck
- Rash may occur

Causes
- A wide variety of infectious agents

Incubation
- Varies with the specific infectious agent

Transmission
- Varies with the specific infectious agent

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. **Any student with a sudden onset of the above symptoms must be referred to a physician as soon as possible**.
3. The student may return to school when he/she is no longer symptomatic.

MONUCLEOSIS - INFECTIOUS

Signs and Symptoms

- Infectious mononucleosis is often characterized by sore throat, fatigue, and fever.
- These symptoms are frequently compounded by swollen tonsils, swollen lymph nodes in the neck area, and an enlarged liver and spleen.
- There may also be inflammation of the liver (hepatitis).
- Fatigue is less likely to be prolonged in the young child than in the adolescent or adult.
- All these symptoms tend to be mild or absent in younger children.

Cause

- Epstein-Barr virus

Incubation Period

- 4 - 6 weeks

Transmission

- Virus is found in and transmitted by respiratory secretions

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. The student may return to school when he/she is no longer symptomatic.

MUMPS

Signs and Symptoms

- Fever
- Swelling
- Tenderness of one or more of the salivary glands

Cause

- Mumps virus

Incubation Period

- About 12 - 25 days

Transmission

- By respiratory droplet and by direct contact with saliva of an infected person

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. The student may return to school when he/she is no longer symptomatic.
4. Any confirmed cases will be handled through the Florida Department of Health Franklin County.

Immunization

- Required.
- Contact physician/Department of Health.

PINK EYE - ACUTE CONTAGIOUS CONJUNCTIVITIS

Signs and Symptoms
- Tearing
- Irritation
- Crusting of the discharge of one or both eyes inflammation (redness) of the conjunctiva (lining of eyelids and covering of eyes)

Cause
- One of several bacteria (pneumococci, staphylococci, streptococci, and others)

Incubation Period
- Usually 24 - 72 hours (bacterial)

Transmission
- Contact with discharge from eyes and/or upper respiratory tract of infected persons through contaminated fingers, clothing, or other articles

School Action
1. Emphasize good hygiene, particularly good hand washing
2. Students with suspected pink eye should be excluded from school until they have been evaluated by a physician

PINWORMS

Signs and Symptoms
- Mild or nonspecific symptoms.
- There may be anal itching, disturbed sleep, and local irritation with secondary infection of scratched skin. Worms most likely come out of rectum at nighttime.
- Signs and symptoms may not be evident for months.

Cause
- Intestinal parasite (nematode)

Incubation Period
- Life cycle of parasite 2 - 6 weeks

Transmission
- Direct transfer of eggs by hands, from anus to mouth, or indirectly through clothing, bedding, food, or other articles contaminated with the eggs of the parasite

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

RASHES

School Action

1. Any student with an unidentified rash should be isolated.
2. Check temperature if above 100, student should be sent home
3. Parent/guardian should be encouraged to have symptom evaluated by a physician.

RINGWORM

Signs and Symptoms

Ringworm of the Scalp

- Small, raised area spreads, leaving patches of temporary baldness.
- Infected hairs become brittle and break off easily.

Ringworm of the Body

- Flat spreading, ring-shaped lesions.
- Outer edge is usually reddish and may contain clear fluid or pus.
- In later stages, outer edges will become scaly or crusted and central areas will appear like normal skin.

Ringworm of the Foot (Athlete's Foot)

- Scaling or cracking of skin, especially between toes, and blister containing watery fluid.

Cause

- Fungi

Incubation Period

- Scalp: 10 - 14 days
- Body: 4 - 10 days
- Foot: unknown

Transmission

- Direct or indirect contact with skin lesions of infected persons, contaminated articles and areas used by infected persons or with infected animals

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Parents should be notified with suspected ringworm of the scalp to request that student will receive satisfactory treatment from private physician.
3. If not resolved and treatment started by physician, home visit for case management may be needed.

SCABIES

Signs and Symptoms

- Small areas of tiny, raised burrows containing mites and eggs.
- Lesions are most common around finger webs, inside surface of wrists, elbows, and folds under arms, and around waist.
- Due to scratching, the rash may appear generalized and secondary infection may occur.
- Itching is intense, particularly at night, and may persist for 1 to 2 weeks after treatment.

Cause

- A mite (Sarcoptes scabei)

Incubation Period

- 2 - 6 weeks

Transmission

- Transfer of mite by direct skin-to-skin contact and to a limited extent by contaminated garments and bed linens.
- Communicable until mites and eggs have been destroyed.

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Student with suspected scabies should be excluded from school until student presents a written note from a physician stating he/she is not contagious or until 12 hours after initial treatment.

SCARLET FEVER
STREPTOCOCCAL DISEASE

Signs and Symptoms

- Fever, sore throat, vomiting, and rough red rash, which develops first on the neck, chest, bends of the elbows and knees, and groin.
- Typically, rash does not involve the face, but the cheeks may be flushed.
- Scaling and peeling of the hands and feet may occur.

Cause

- Group A beta hemolytic streptococci

Incubation Period

- 2 - 5 days

Transmission

- Usually by direct or intimate contact with nasal or throat secretions.
- Occasionally by contaminated food.

School Action

- Emphasize good hygiene, particularly good handwashing.
- Encourage parent/guardian to have symptoms evaluated by a physician.
- Student may return to school:
    a. until 24 hours after initial treatment
    b. Has a normal temperature x 24 hours without fever- reducing medication

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SHINGLES
VARICELLA-ZOSTER

Signs and Symptoms
- Chills, fever, fatigue, and gastrointestinal disturbances may be present.
- There may be pain along the site of the future eruption.
- Rash changes in appearance rapidly; beginning as flat red spots, progressing to elevated areas containing clear fluid, and finally crusting over.
- The lesions are closer together than in chickenpox.

Cause
- Varicella-zoster virus, the same virus that causes chickenpox

Incubation Period
- 2 - 3 weeks

Transmission
- Shingles is not transmitted from person to person.
- It results from the reactivation of the dormant varicella virus (chicken pox) already in the body.
- Although shingles itself is not transmitted from person to person, it is possible to contract chicken pox from a person who has active shingles.

School Action
1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Students whose lesions can be covered may remain in school.
4. If lesions cannot be covered, the student should be excluded from school until lesions have crusted.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

TUBERCULOSIS

Signs and Symptoms

Early signs

- Fatigue, fever, weight loss, persistent cough, night sweats, and chills

Later signs

- Chest pain when coughing or breathing, coughing up blood, loss of appetite with weight loss

Cause

- Mycobacterium tuberculosis and Mycobacterium Africanum

Incubation Period

- 2 - 12 weeks

Transmission

- Exposure to bacilli in airborne droplets produced by infected humans during coughing, sneezing, or singing

School Action

1. Emphasize good hygiene, particularly good handwashing.
2. Encourage parent/guardian to have symptoms evaluated by a physician.
3. Student with confirmed tuberculosis may return to school with written notice from physician that states student is no longer contagious.
4. Any confirmed cases will be handled through the Florida Department of Health treatment protocol.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

VRE (Vancomycin-Resistant Enterococci)

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE). Most VRE infections occur in hospitals.

1. Signs and Symptoms:

VRE can live in the human intestines and female genital tract without causing disease. However, sometimes, it can be the cause of:

a. Urinary tract infections

b. Blood stream infections (fever, general malaise, muscle weakness, lack of appetite)

c. Wound infections.

The following persons are at an increased risk becoming infected with VRE:

- Persons who have been previously treated with vancomycin and combinations of other antibiotics such as penicillin and gentamicin
- Persons who are hospitalized, particularly when they receive antibiotic treatment for long periods of time
- Persons with weakened immune systems such as patients in Intensive Care Units, or in cancer or transplant wards
- Persons who have undergone surgical procedures such as abdominal or chest surgery
- Persons with medical devices that stay in for some time such as urinary catheters or central intravenous catheters.

2. Cause: Enterococci bacteria that have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE).

Transmission: usually passed to others by direct contact with stool, urine or blood containing VRE. It can also be spread indirectly via the hands of healthcare providers or on contaminated environmental surfaces. VRE usually is not spread through casual contact such as touching or hugging. VRE is not spread through the air by coughing or sneezing.

Contact with body fluids or contamination of wound. Casual contact - such as kissing, hugging, and touching - is acceptable. Also, disposable gloves should be worn if contact with body fluids is expected. (If excessive contact with body fluids is expected, gowns should also be worn.) It is also acceptable for infants and children to have casual contact with these patients.

3. School Action
   a). Emphasize good hygiene, particularly good hand washing.
   b). Encourage parent/guardian to have symptoms evaluated by a physician.
   c). The student with documented VRE should be excluded from school until student's parent reports student is under treatment and is asymptomatic.

What precautions should family caregivers take for infected persons in their homes?

Outside of healthcare settings, there is little risk of transmitting organisms to persons at risk of disease from VRE; therefore, healthy people are at low risk of getting infected. In the home, the following precautions should be followed:

- Caregivers should wash their hands with soap and water after physical contact with the infected or colonized person and before leaving the home.
- Towels used for drying hands after contact should be used only once.
- Disposable gloves should be worn if contact with body fluids is expected, and hands should be washed after removing the gloves.
- Linens should be changed and washed if they are soiled and on a routine basis.
- The patient's environment should be cleaned routinely and when soiled with body fluids.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Section 6

Diabetes Management

Sliding Scale

- Usually accompanied with doses of longer acting insulin in A.M. and P.M.
- Specified fast-acting insulin amounts based solely on finger stick blood sugar results.
- Strict dietary guidelines.
- Frequently results in poor and /or unstable control

Carbohydrate Counting/Dose Determination

- Insulin dose determined by:
    - Finger stick blood sugars
    - Target blood sugar as determined by PCP or Diabetic Care Educator
    - Amount of carbohydrates eaten
    - Learning to eat a stable but flexible meal plan
    - A smorgasbord of choices

Insulin Pumps

- Continuous infusion
    - Limited extra injections
    - Basal rates
    - Target blood sugar range
    - Finger stick blood sugar checks
    - Extra boluses based on amount of carbohydrates eaten and correction of blood sugars outside of targeted range

Teamwork is the Key

- Always notify the nurse…
    - Helps protect you
    - Team decision making which helps protect the student
    - Keeps the nurse informed of case management effectiveness vs. ineffectiveness and need for further evaluation… nothing being reported means everything is going great!

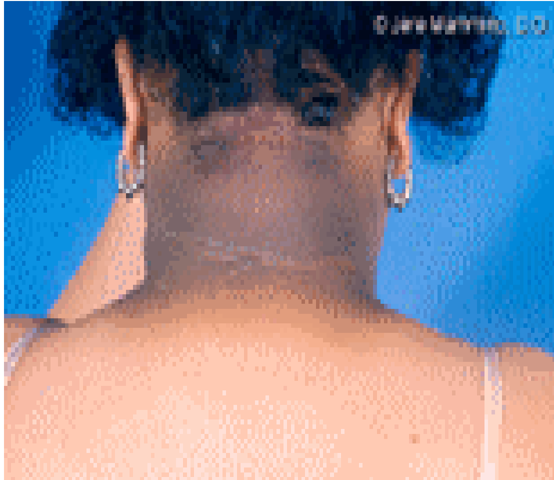
With newly diagnosed student's carbohydrate counting, Insulin Administration needs to be monitored by the Nurse and Technician (two persons) for the minimum of two weeks.

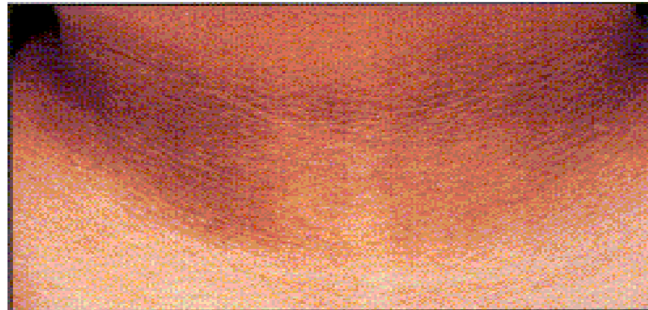
APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Acanthosis Nigricans

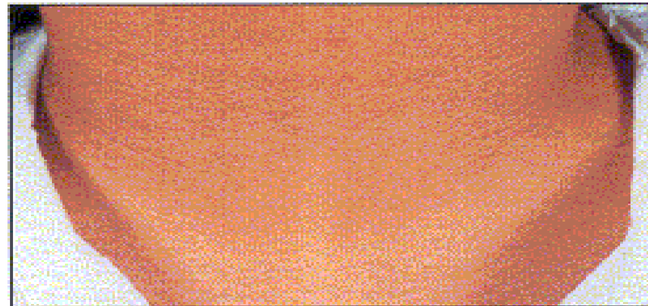
Acanthosis Nigricans or “dirty neck syndrome” is usually a glandular disorder due to elevated insulin level or other hormonal imbalances.

If Acanthosis is noted in students during the school year, the student should be referred to the school nurse for possible referral to primary physician for evaluation. This is often reversible and considered a possible “pre- diabetic” condition.





This picture shows the front neck of a 15 year-old girl before she began eating more fruits and vegetables and walking.



This is the same girl six weeks **after** making her changes and **losing 12 pounds.**

BLOOD GLUCOSE MONITORING

Blood glucose monitoring (BGM) allows the student to check and record glucose levels several times a day. The machine used to check blood glucose levels is a glucometer.

If a student is required to use the glucometer at school, an individual health care plan (IHCP) will be written with the cooperation of the school health nurse, parent, physician, and student. The IHCP will address symptoms, treatment, and emergency care for hypoglycemia and hyperglycemia specific to each student.

Basic instructions for using a glucometer

1. Use universal precautions.
2. Have student wash hands with soap and water.
3. Follow directions for student's specific glucometer for set up, finger sticking, blood application onto test strip, and reading blood glucose level.
4. Record blood glucose level on procedure sheet.
5. Properly dispose of contaminated articles.
6. Follow instructions on student's individual health care plan for the management of high or low glucose levels.

CARBOHYDRATE COUNTING

Carbohydrate counting allows the student to check and record glucose levels intake during the day to be able to adjust Insulin dosages according to the physician's order.
If a student is required to count carbohydrates at school, an individual health care plan (IHCP) will be written with the cooperation of the school health nurse, parent, physician, and student. The IHCP will address the student's specific insulin management program for each student.

The school Health nurse and clinic staff should help the student calculate the carbohydrates and keep a daily log that has the student's carbohydrate ratio as reflected in the individualized health care plan (IHCP)

When assisting students with lunch time insulin management/ carbohydrate counting and or insulin dosage there should be two adults available for support if possible. Both adults should sign or initial the Insulin flow sheet daily.

When students need lunch time assistance with insulin management, staff needs to arrange lunch periods to if possible have two adults present during that period. This is not necessary for students that are competent in self-management.

Staff lunches need to be before or after the student lunch period.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GLUCAGON INJECTION

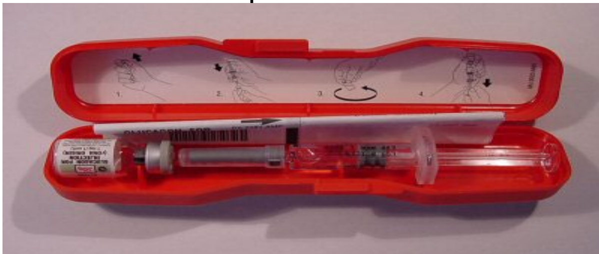
Glucagon is an injectable treatment for severe hypoglycemia due to low blood glucose usually in Insulin Dependent Diabetics. Glucagon is injected if the blood sugar drops low enough to cause loss of consciousness.

IMMEDIATE TREATMENT IS IMPERATIVE!

If a student is required to have a Glucagon Kit at school, an individual health care will be written with the cooperation of the school nurse, parent/guardian, physician, and student. The care plan will address symptoms, treatment, and emergency care for use specific to each student.

Basic Instructions for using a Glucagon kit:

1. Call **911** immediately.
2. Notify parent/guardian, administrator, and school nurse.
3. Remove the syringe from box and plastic container. Be sure to check the name and expiration date on the prescription label and instructions on the medication authorization form.
4. Inject the liquid into the bottle of dry glucose. Shake and roll the bottle until the dry glucose is dissolved. Aspirate all of the contents back into the syringe.



5. Inject the Glucagon in the student's upper mid-thigh or any location acceptable for intramuscular injection. The Glucagon may be given through clothing, including jeans, taking care to avoid the seam. Hold the syringe in place for several seconds.
6. Remain calm and reassure student.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

INSULIN PUMP

The Insulin Pump is a small, computerized device that delivers Insulin to the body through and implanted port. The student may need assistance with carbohydrate counting, glucose monitoring and any problems related to the pump management.

If a student has an Insulin Pump, an individual health care plan (IHCP) will be written with the cooperation of the school health nurse, parent, physician, and student. The IHCP will address any support needed for management of the insulin pump, glucose monitoring, carbohydrate counting and or symptoms, treatment, and emergency care for hypoglycemia and hyperglycemia specific to each student.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

KETONE CHECK

Some Physicians may order urine ketones to be checked on students with complicated Diabetes management to further evaluate the students' risk during hyperglycemic episodes.

Urine Ketone Dipstick

If a student has an order for ketone checks for diabetes management, an individual health care plan (IHCP) will be written with the cooperation of the school health nurse, parent, physician, and student. The IHCP will address any support needed for management of the insulin pump, glucose monitoring, carbohydrate counting and or symptoms, treatment, and emergency care for hypoglycemia and hyperglycemia specific to each student.

Basic instructions for using the Ketone dip stick

1. Use universal precautions.
2. Have student wash hands with soap and water.
3. Have student obtain clean catch urine in a paper cup or urine specimen cup.
4. Dip the Ketone dip stick in the urine and read according to manufactures instructions.
5. Record Ketone level on procedure sheet.
6. Properly dispose of contaminated articles.
7. Follow instructions on student's individual health care plan for the management of elevated Ketone levels.

Disabilities Acts

Section 504 of rehabilitation act 1973
www.ed.gov/orc/disability.html
Title II of American Disabilities Act 1990
www.ed.gov/orc/disability.html
Individuals with Disabilities Education Act
www.ideapratices.org/law/index.php
34 C.F.R..Part 300 7 Child with disability
www.ideapratices.org/law/regulations/searchregs/300subparta/asec300.7.php

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SECTION 7

PROCEDURES

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

CLEAN INTERMITTENT CATHETERIZATION (CIC)

Students with some chronic health conditions or physical disabilities may find it difficult or physically impossible to empty their bladders. These students may need to be catheterized during the school day.

An individual health care plan (IHCP) will be developed with the cooperation of the school board nurse, parent, physician, and the student. This plan will include whether the student is to self-catheterize, needs some assistance, or needs to be catheterized by another individual. It will also include the preferred position for catheterization. This may include sitting and straddling the toilet or lying down for the female; or sitting, standing, or lying down for the male. The training of school personnel will be done on an individual basis by the school nurse and will be student specific.

All equipment needed for the catheterization will be provided by the parent/guardian. It may be preferable to use vinyl gloves, rather than latex, as a number of these students have latex allergies. Stress good handwashing before and after the procedure.

POSSIBLE CLEAN INTERMITTENT CATHETERIZATION PROBLEMS

OBSERVATIONS

Bleeding from urethra

REASON

- This may be due to trauma of the urethra or urinary tract infection.

ACTION

1. Discontinue catheterization.
2. Notify parent/guardian and school nurse.

OBSERVATIONS

Inability to pass catheter

REASON

- This may be due to increased sphincter tone caused by anxiety or spasm.

ACTION

In girls

1. Check catheter placement.
2. The catheter may be in the vagina.
3. If catheter is in the vagina, remove catheter and attempt again with a clean catheter.
4. If catheter appears to be in urethra and will not advance, reposition student and/or catheter.
5. If unsuccessful, notify parent/guardian and school nurse and document.

In boys

1. Reposition penis and use gentle but firm pressure until the sphincter relaxes.
2. If unsuccessful, notify parent/guardian and school board nurse and document.

OBSERVATIONS

No urine on catheterization

REASON

- This may be due to improper placement of catheter.

ACTION

1. Reposition student and/or catheter.

OBSERVATIONS

Cloudy urine, mucous, blood, foul odor, color changes, or unusual wetting between the catheterizations

REASON

- This may be due to a urinary tract infection.

ACTION

- Always report to parent/guardian any changes in child's usual pattern and document.

DIAPERING

It may be necessary to diaper students of any age due to physical or mental disabilities. Parents will provide diapers, wipes, and/or wash cloths.

DO NOT USE LATEX GLOVES ON ANY STUDENT KNOWN TO HAVE A LATEX ALLERGY.

INSTRUCTIONS

1. Stress good handwashing before and after procedure.
2. Put gloves on, place child on table or pad in private area of room.
3. Remove soiled diaper.
4. Wash genital area with wipes or washcloth.
5. Dispose of diaper, wipes, soiled pad, and gloves in plastic bag and tie up.
6. Put on clean diaper.
7. Remove child from table and clean table with disinfectant.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Epinephrine Auto injector (EPIPEN)

An EpiPen is an automatic injection device containing epinephrine used for allergic emergencies. The auto-injector is a disposable pre-filled unit which is designed to automatically deliver a single dose of epinephrine when pressed against the body. It is available in both junior and adult strengths. An EpiPen is a prescription medication.

Students are allowed to carry EpiPens or other Auto-injectors for severe allergies on their person at school. They are required to have a signed medication order in the health room and are advised to keep a backup injector in the health room**.**

Allergic reactions to insect bites, foods, drugs, or other allergens can result in anaphylactic shock. Anaphylaxis is an acute life-threatening, systemic allergic reaction. Symptoms may include hives, respiratory distress, circulatory collapse, occasional vomiting, and abdominal cramping.

IMMEDIATE TREATMENT IS IMPERATIVE!

If a student is required to have an EpiPen at school, an individual health care will be written with the cooperation of the school nurse, parent/guardian, physician, and student. The care plan will address symptoms, treatment, and emergency care for allergic reactions specific to each student.

Basic Instructions for using an EpiPen are:

7. Call **911** immediately.
8. Notify parent/guardian, administrator, and school nurse.
9. Remove EpiPen from box and plastic container. Be sure to check the name and expiration date on the prescription label and instructions on the medication authorization form.
10. Remove safety cap from end of EpiPen.
11. Firmly grip EpiPen in your hand and place black tip on the student's upper thigh at a right angle to the leg. The EpiPen may be given through clothing, including jeans, taking care to avoid the seam.
12. Press the EpiPen firmly into the thigh until the auto-injector mechanism functions. Hold in place for several seconds. Massage injection site for ten seconds.
13. Remain calm and reassure student.
14. Place the used EpiPen in a safe location, being cautious of the needle, and give it to emergency personnel when they arrive.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GASTROSTOMY TUBE (G-TUBE)

Students with some chronic health conditions or disabilities may use alternative methods of eating. One of these methods involves a surgical procedure known as a gastrostomy.

With the gastrostomy, a small opening is made in the wall of the abdomen. Into this opening, called a stoma, a small tube is inserted. One end of the gastrostomy tube opens into the stomach; the other end can be attached to a feeding device. Another gastrostomy device that is becoming more popular is the feeding button.

There are various methods of gastrostomy tube feeding. These include bolus, continuous, or slow-drip methods. An individual health care plan (IHCP) will be written with cooperation of the school nurse, parent/guardian, physician, and student, outlining which method the student will be using.

Stress good handwashing before and after the feeding. Feed slowly to avoid regurgitation and possible aspiration.

POSSIBLE G-TUBE PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION

POSSIBLE PROBLEMS THAT REQUIRE IMMEDIATE ATTENTION

Observations

- Color changes/ breathing difficulty

Reason

- This may be due to aspiration of feeding into lungs.

Action

1. Stop feeding immediately.
2. If problem continues, institute emergency protocol and notify parent/guardian and school nurse.

POSSIBLE G-TUBE PROBLEMS THAT ARE NOT EMERGENCIES

Observations

Nausea and/or vomiting

Reason/Action

1. Check rate of feeding; may need to decrease rate.
2. Check temperature; may be too cold; stop feeding.
3. Let feeding get to room temperature, then administer.
4. If problem continues, notify parent/guardian and school nurse.

Observations

Vomiting

Reason/Action

1. If you have checked all the above, stop feeding.
2. Notify parent/guardian and school nurse.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Observations
Blocked G-tube

Reason
- May be due to inadequate flushing or very thick fluid.

Action
1. Squeeze or roll gastrostomy tubing with fingers moving slowly down toward student's stomach. Try filling a syringe with warm water and hold it high enough to facilitate movement of fluid.
2. If this does not work, insert plunger into syringe and gently draw back on plunger.
3. If blockage remains, notify parent/guardian and school nurse.

Observations
Bleeding/discharge

Action
1. Make sure tubing is not being pulled on.
2. Check gastrostomy tube site for leakage.
3. Notify parent/guardian and school nurse.

Observations
G-tube falls out

Action
1. In some children whose tract may close quickly, the G-tube may need to be reinserted within 1-2 hours.
2. Cover the site with dry dressing or large bandage.
3. Notify parent/guardian and school nurse.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

INHALER

When treating asthma, it is often best to deliver the medication directly into the lungs via an inhaler. Therefore, it is very important that the student's technique using the inhaler is correct.

Basis instructions for using an inhaler are:

1. Shake the inhaler well.
2. Hold the inhaler in the upright position in one hand. Hold the tube attached to the inhaler in the other hand.
3. Breathe out to the end of normal breath.
4. Place the tube in your mouth.
5. Tilt your head slightly and start to breathe in slowly.
6. Spray the inhaler at the start of a normal breath.
7. Breathe as deeply as possible over a period of 2 to 3 seconds.
8. Take the inhaler out of your mouth and hold your breath for the count of 10.
9. If another puff is needed, wait for one - three minutes and repeat.
10. Encourage student to rinse mouth with water.

Students are allowed by Florida Statute to carry an Inhaler on their person. If the student has been identified as needing to carry an inhaler for Asthma, a physician's order should be obtained and a parent's signature stating that the student can maintain his/her inhaler on her own.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

NEBULIZER

The nebulizer is a method of administering medication directly into the lungs. Liquid medication is changed into a fine mist for aerosol delivery by the nebulizer. The nebulizer will be provided by the parent/guardian.

If a student is required to use the nebulizer at school, an individual health care plan will be written with the cooperation of the school nurse, parent/guardian, physician, and the student. It will address the symptoms, treatment, and emergency management of an asthmatic episode specific to the student

Basic instructions for using a nebulizer are:

1. Wash hands.
2. Attach one end of the tubing to the machine and the other end to the bottom (or side) of the nebulizer medication cup.
3. If a mask is used, attach it to the top of the nebulizer cup. If a mouthpiece is used, attach it to the T-tube and attach the T-tube to the top of the nebulizer.
4. Carefully measure the correct dosage of medication and place inside the medication cup. Replace top of medication cup.
5. If a mask is used, gently place mask over nose/mouth and secure to head with elastic band. If mouthpiece is used, place it in mouth and instruct student to seal lips around it.
6. Turn on machine. A fine mist should be coming out of the mouthpiece/mask.
7. Have student breathe slowly and deeply until all the medication is gone. This will take approximately 10 minutes.
8. Follow parent/guardian's recommendations for cleaning medication cup and mouthpiece/mask.

PEAK FLOW METER IN SCHOOL HEALTH

Description:

- A Peak Flow Meter is a small hand-held device that can detect/monitor breathing and early changes in the bronchioles before wheezing or tightness in the chest occurs. These can be used at home or school.
- Some people use Peak Flow Meters every day and keep a record in their asthma diary.
- Airway changes show up on a Peak Flow Meter before symptoms are even felt.
- If a student is required to use the peak flow meter at school, an individual health care plan will be written with the cooperation of the school nurse, parent/guardian, physician, and student. It will address the symptoms, treatment, and emergency management of an asthmatic episode specific to the student.

Who needs the Peak Flow Measurement?

- Asthmatic children who have an order for Peak Flow during the school day or as needed
- “Problematic or unstable” Asthmatic
- Child that has frequent Asthma attacks
- Child with symptomatic Asthma event
- 5–10-minute post treatment reassessment

Basic instructions for student using a peak flow meter

- Use a disposable non-rebreathing mouthpiece.
- Stand up.
- Make sure the pointer is at zero.
- Hold the meter with the vent free.
- Take in all the air you can to fill the lungs fully.
- Put the mouthpiece on your tongue and your lips around the mouthpiece.
- Blow out forcefully, quickly, and silently.
- Do this three times but wait 15 seconds between measurements.
- Record the best of three attempts.
- Record your measurement and follow the guidelines in the student’s care plan regarding baseline readings.
- The results compared to their “personal best” or if unavailable to the predicted values on the charts.

PEAK FLOW METER IN SCHOOL HEALTH CONTINUED

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Adult Peak Flow Chart

Normal Adult Predicted Average Peak Expiratory Flow (LPM)

Age (yrs)	Men Height					Women Height				
	60"	65"	70"	75"	80"	55"	60"	65"	70"	75"
20	554	602	649	693	740	390	423	460	496	529
25	543	590	636	679	725	385	418	454	490	523
30	532	577	622	664	710	380	413	448	483	516
35	521	565	609	651	695	375	408	442	476	509
40	509	552	596	636	680	370	402	436	470	502
45	498	540	583	622	665	365	397	430	464	495
50	486	527	569	607	649	360	391	424	457	488
55	475	515	556	593	634	355	386	418	451	482
60	463	502	542	578	618	350	380	412	445	475
65	452	490	529	564	603	345	375	406	439	468
70	440	477	515	550	587	340	369	400	432	461

Data From: Leiner GC, et al.: Expiratory peak flow rate. Standard values for normal subjects. Use as a clinical test of ventilatory function. **Am. Rev. Resp. Dis.** 88: 644, 1963.

Pediatric Peak Flow Chart

Normal Child & Adolescent Predicted Average Peak Expiratory Flow (LPM)

Height (inches)	LPM	Height (inches)	LPM
43	147	56	320
44	160	57	334
45	173	58	347
46	187	59	360
47	200	60	373
48	214	61	387
49	227	62	400
50	240	63	413
51	254	64	427
52	267	65	440
53	280	66	454
54	293	67	467
55	307		

Data From: Polger, G, Promedhat V: Pulmonary function testing in children: Techniques and standards. Philadelphia, W.B. Saunders, 1971

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

PEAK FLOW METER IN SCHOOL HEALTH CONTINUED

Why is this important?

- Airway changes show up on a peak flow meter before symptoms are even felt. Following the treatment plan at this time will often prevent an asthma attack from getting any worse or even happening.

Who is responsible?

- All staff would participate in the monitoring.
- The nurse would start “Case Management” and add the Peak Flow monitoring to the student care plan with the physician and parent.
- This could be short term or long term

Pulse Oximeter in School Health

Description:

- PULSE OXIMETER finger clip sensor.

Definition:

- Pulse Oximetry is a way to measure the level of oxygen in the blood of the arteries. The measurement is expressed as a ratio of oxygenated hemoglobin to the total amount of hemoglobin. This is a noninvasive test, which means that the skin does not have to be broken to perform the test
-

Pulse Oximeter is Use in School Health:

- Asthma
- Respiratory Distress
- Evaluation Chest Pain
- Irregular Pulse
- Symptomatic Congenital Heart Defects

How is test preformed?

- A small clip with a sensor is attached to the person's finger.

Things that can affect the result

- A reduction in peripheral pulse blood flow
- Bright overhead lights
- Shivering or excessive movement.
- Nail polish
- Tobacco use

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Pulse Oximetry Values- Call School Nurse ASAP

- Healthy students should be 95% or above
- A reading of 94% or below should be kept and observed and the nurse called. (Sent home with a parent if not improved.)
- *A reading below 91% indicates possible severe hypoxia. If this does not improve rapidly (5-10 minutes) you need to call 911
- Always error on the side of caution. Never allow an event to continue longer than 20 minutes.
- *May not pertain to specific Cyanotic Congenital Heart Disease

Do not rely on Pulse Oximetry only; check the Blood Pressure, color, head to toe evaluation to determine the need for EMS.

It is always better to error with caution and call EMS if there is any question.

TEMPERATURE

Different people have slightly different normal temperatures. Everyone's temperature changes during the day because of exercise, rest, weather, and eating or drinking. Body temperature may be taken in the mouth, ear, and under the arm. Any student with a temperature of **100.5 degrees or higher must go home.**

Different Types of Thermometers

Oral temperature - Digital

1. Wash hands.
2. Cover digital probe with protective sheath.
3. Place the thermometer under the tongue making sure student doesn't bite it.
4. Keep the thermometer in place until it beeps.
5. Remove the thermometer from the mouth and remove protective sheath.
6. Read the thermometer and record temperature, including the site used.

Axillary temperature - Digital

1. Wash hands.
2. Cover digital probe with protective sheath.
3. Place thermometer in the armpit, making sure armpit is dry.
4. Have student grasp the opposite shoulder or assist in doing so. This holds the arm firmly against the side and keeps the thermometer from slipping.
5. Keep the thermometer in place until it beeps.
6. Remove the thermometer from the armpit and remove protective sheath.
7. Read the thermometer and record temperature, including the site used.

Temporal Artery Thermometer

1. Press and hold button scanner
2. Lightly scan across forehead
3. Release button, read temperature

For all other thermometers, follow the instructions on package.

Section 8

ABUSE - DRUGS AND ALCOHOL

When a student has ingested a foreign substance and exhibits a behavioral change which does not require emergency treatment, suspect possible drug abuse. The initial symptoms vary according to the substance. Immediately notify school administration for consultation with the parent/guardian, counselor, and legal authorities.

Overdose: Drugs and Alcohol Intoxication

- An overdose should be suspected when a student has ingested a substance which not only affects his/her behavior, but also the body functioning, such as coordination, respiration, consciousness, etc.
- This is a medical emergency, possibly life-threatening, which needs immediate attention.

First Aid

1. Call **911** if indicated.
2. Contact parent/guardian and follow emergency protocol.
3. Have an adult stay with the student until paramedics arrive.
4. Obtain the name and amount of drug taken, if possible.
5. Watch breathing closely.
6. If vomiting, protect from aspiration and/or choking by turning on side.
7. If a depressant has been taken, keep student awake.
8. Call Poison Control 1-800-222-1222.
9. Be supportive, gentle, and tolerant.

Unauthorized medications:

1. Any unauthorized medication needs to be confiscated until proper medication orders are obtained or parent/ guardian picks up medication.
2. Any medication that does not have a reasonable explanation needs to be reported to the parent and the school administration.
3. Medications may not be picked up by a student unless that student has signed permission by his/ her provider to self-administer/ self- carry medication.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SPECIFIC DRUG SUBSTANCES AND POSSIBLE EFFECTS

Substances
Alcohol

Signs and Symptoms
- Drowsiness, slurred speech, dizziness, relaxes central nausea, and vomiting, lack of coordination, nervous system aggressiveness, drunken behavior, loss of consciousness, smell of alcohol

Substances
Inhalants

Signs and Symptoms
- Slurred speech, poor coordination, causes mental confusion impaired judgment examples: glue, gas, "white-out"

Substances
Depressants

Signs and Symptoms
- Sleepiness, slurred speech, lack of relaxes central nervous system coordination, confused thinking.
- **Example:**
  "downers" drunken behavior with no smell of alcohol, coma; if taken with alcohol, may be fatal

Substances
Hallucinogens

Signs and Symptoms
- Dilated pupils, rambling speech; vary changes perception according to the individual, the dose.
- **Example:**
  LSD the potency and circumstances; experiences may be pleasurable or frightening

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SPECIFIC DRUG SUBSTANCES AND POSSIBLE EFFECTS CONTINUED

Substances
Marijuana

Signs and Symptoms
- Reddened eyes, odor of hemp, changes perception talkativeness, intensification of mood, feelings, and senses, distortion of time and space
-

Substances
Narcotics

Signs and Symptoms
- Tranquil, disassociation, pinpoint pupils, relaxes central nervous system drowsiness, slow pulse and respiration, example: codeine lowered body temperature, sweating, nausea

Substances
Stimulants

Signs and Symptoms
- Elation, increased energy, trembling, speed action of central muscle spasms, hallucinations, nervous system convulsions, coma
- **Examples:**
  cocaine, crack, methamphetamine

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Section 9

ABUSE, ABANDONMENT, NEGLECT

INDICATORS OF ABUSE AND/OR NEGLECT

There may be times when students who are abused and/or neglected are seen for the first time through the school clinic. All individuals who are involved in delivering school health services should be sensitive to and familiar with the following signs and symptoms of abuse and/or neglect.

Physical Abuse

Physical Indicators

- Unexplained bruises
- Hand marks
- Black eyes
- Patterned bruises
- Welts
- Burns:
    - Cigarette, immersion, rope burns
- Unexplained fractures:
    - Skull, Spinal, Repeated fractures
- Abdominal injuries:
    - Vomiting, Distention, Tenderness

Behavioral Indicators

- Apprehensive of adults
- Behavioral extremes
- Withdrawn
- Frightened of parents
- Non-spontaneous
- Overly eager to please

The individual school employee who observes or suspects any of the signs/symptoms of child abuse and/or neglect is required by law to report to the Department of Children and Families by calling 1-800-96ABUSE (1-800-962-2873). THIS IS FLORIDA LAW.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

INDICATORS OF ABUSE AND/OR NEGLECT CONTINUED

Sexual Abuse
Physical Indicators

- Difficulty walking or sitting
- Bloody underclothes
- Pain or itching in genital or anal area
- Bruises in genital or anal area
- Venereal disease
- Poor sphincter tone
- Pregnancy

Behavioral Indicators

- Withdrawal
- Fantasy
- Bizarre or unusual sexual behavior
- Overprotective father
- Inappropriate sexual knowledge
- Runaway
- Poor peer relationships

Neglect

Physical Indicators

- Hunger
- Poor hygiene
- Inappropriate dress
- Lack of supervision
- Unattended medical needs
- Overall poor care

Behavioral Indicators

- Signs of malnutrition
- Begging/stealing
- Comes early/leaves late
- Constant fatigue
- Poor attendance in school
- Delinquent

232.50 Child abuse and neglect policy. - Every school shall by March 1, 1985:

"Post in a prominent place in each school a notice that, pursuant to chapter 415, all employees or agents of the district school board have an affirmative duty to report all actual or suspected cases of child abuse or neglect, have immunity from liability if they report such cases in good faith, and have a duty to comply with child protective investigations and all other provisions of law relating to child abuse and neglect. The notice shall also include the statewide toll-free telephone number of the state abuse registry."

REPORTING CHILD ABUSE, ABANDONMENT AND NEGLECT

As described in Chapter 415, Florida Statutes, (F.S.), the Florida Department of Children and Families is charged with providing comprehensive protective services for abused or neglected children found in the state by requiring that reports of each abused or neglected child be made to the Florida Abuse Hotline. This document is meant to assist all school personnel in the understanding of their role in the reporting of and involvement in child abuse and neglect.

Who Reports What?

Report of child abuse or neglect is required by any person, including, but not limited to, any:

a. Physician, osteopathic physician, medical examiner, chiropractic physician, nurse or hospital personnel engaged in the admission, examination, care, or treatment of persons.
b. Health or mental health professional other than one listed in paragraph (a).
c. School health staff, teachers, or other school personnel.
d. Social worker, day care center worker or other professional childcare, foster care, residential, or institutional worker; or
e. Law enforcement officer,
f. Anyone who knows or has reasonable cause to suspect, that a child is an abused, abandoned, or neglected child shall report such knowledge or suspicion to the department in the manner prescribed in subsection (2).

It should be noted that it states "knows or has reasonable cause to suspect" child abuse or neglect. This is interpreted to mean that if you suspect, after a short talk with the child, that they are being neglected or abused in the home, you are to report it the Florida Abuse Hotline immediately and an investigation will ensue. This can also be performed electronically by filling out the form online.

Definitions

"Child" means any person under the age of 18 years.

"Child abuse and neglect" means harm or threatened harm to a child's physical or mental health and welfare by the acts or omissions of the parent or other person responsible for the child's welfare.

"Abused or neglected child" means a child whose physical or mental health or welfare is harmed, or threatened with harm, by the acts or omissions of the parent or other person responsible for the child's welfare.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

REPORTING CHILD ABUSE, ABANDONMENT AND NEGLECT CONTINUED

"Abandoned" means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver responsible for the child's welfare, while being able, makes no provision for the child's support and makes no effort to communicate with the child, which situation is sufficient to evince a willful rejection of parental obligations.

"Physical abuse of a child", is liberally defined as any inflicted mark lasting more than (1) hour.

"Harm" to a child's health or welfare can occur when the parent or other person responsible for the child's welfare:

1. Inflicts, or allows to be inflicted, upon the child physical, mental injury, or emotional injury.

"Neglects the child." Within the context of the definition of "harm", the term "neglects the child" means that the parent or other person responsible for the child's welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so.

Referral Procedure

Each referral of suspected abuse and/or neglect should be immediately called into the Florida Abuse Hotline. Information necessary:

1. Name of child (date of birth, if available)
2. Address or other information as to where the child may be seen
3. Details leading you to suspect abuse or neglect

Your identity will be protected as provided by law. However, it may be necessary to use you as a witness should court action be taken.

The Florida Abuse Hotline is available for receiving and investigating reports on a 24 hour/day basis. An investigation must begin within 24 hours of receipt of the report. Thus, reporting suspected abuse is a simple matter and a highly confidential one. Call and report day, night, or weekends, providing as much information as possible.

Health Screening Schedule

TYPE	GRADE	INSTRUMENT	PERSON RESPONSIBLE
Vision	**K, 1,3,6** And any student on referral	SPOT Screening Tool, Snellen & LEA symbol charts	Health Support Staff and School Health Nurse
Color Discrimination	**Grade 1** And any student on referral	Ishihara Color Book	Health Support Staff and School Health Nurse
Hearing	**K, 1,3,6** And any student on referral	Audiometer Or OAE with prior written parental permission	Health Support Staff and School Health Nurse
Height and Weight	**1, 3, 6** And any student on referral	Electronic scale	Health Support Staff and School Health Nurse
Dental	**Any student with dental pain**	Visual observation PRN in health clinics	Health Support Staff and School Health Nurse
Scoliosis	**6th grade**	Visual observation and/ or scoliometer	School Health Nurse

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GROWTH AND DEVELOPMENT

The Franklin County Health Department nurses and health support staff conduct BMI evaluations on 1st, 3rd and 6th grade students.

Students with growth and development screening will have BMI evaluations to determine students at risk. Any student with a BMI percentage <5% or >95% will have parent or guardian notified and recommendations for diet/ exercise. Encouragement for follow up with student's provider to discuss this further will also be given.

HEARING SCREENING

Hearing loss is one of the most serious and least recognized disabilities.

Hearing screenings are scheduled annually at various grade levels (see Health Screening Schedule). Students will be screened using the WA OAE with signed parent or guardian permission specific to the use of the WA OAE prior to screening. If student fails this screening, a rescreening will be performed using an audiometer. If the student fails this rescreen, student will then be referred to private physician for evaluation.

Referrals

Referrals for hearing screening are received from the school guidance counselors for evaluation for placement in an Exceptional Student Education program may also be tested, as requested by the student study team. Students needing further evaluation will then be referred to their primary physician for further evaluation.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SCOLIOSIS SCREENING

Scoliosis can be defined as a lateral curvature of the spine which develops during growth. Early detection and treatment minimizes the severity of this condition.

Scoliosis screening at school is mandated by the School Health Services Act, F.S. 381.0056. Franklin County School Health Nurses perform a yearly scoliosis screening for 6th grade students. The nurses conduct the screenings and notify the parent/guardian in writing and/or by telephone if a student appears to need further medical evaluation.

VISION SCREENING

DOH-Franklin has a SPOT vision screening tool to use for student screenings. The Snellen and Lea symbol 10 ft chart is also used for the vision screenings. Screenings are scheduled annually at various grade levels. See Health Screening Overview chart.

Criteria for Passing Vision Screening:

- **Grades K**
  - 20/40 both eyes
- **Grade 1,3,6**
  - 20/30 both eyes

Failed Screening:

- **Grades K, 1, 6**
  - Letter and/or telephone call to parent and follow up 3 times

Referrals

- Students with suspected vision problems, or those with eyeglasses in need of repair or replacement, should be referred to an eye doctor for follow-up.
- Vision screening is done for three- year re-evaluations of ESE students.

Financial Assistance

- In some cases, financial assistance is needed by the parent/guardian to obtain an eye exam and/or eyeglasses for the student.

The Ishihara's Color Book is a book used to determine color deficiency in the 1st grade students.

Major Initiatives

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SECTION 11

POLICIES

GUIDELINES

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

PEDICULOSIS (HEAD LICE) GUIDELINES

1. Any student determined to have head lice shall be excluded from attendance at school or any school function, including the school bus, until such time that it has been determined that the student is free of head lice. If there is no other possible transportation the child may ride home on the school bus as determined by school administration. Returning students need to be examined by the school health staff to ensure they are lice- free. If the parent or guardian questions the examination the parent shall be advised to obtain a note from a doctor or the Franklin County Health Department to render medical opinions that the student is free of head lice or nits.

2. Upon discovery of head lice and/or nits, the parent/legal guardian or emergency designee will be notified to pick up the student and will be provided with written information regarding treatment and readmission.

Florida Department of Health

Franklin County
School Health Program
AED Protocol

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FRANKLIN COUNTY SCHOOL HEALTH PROGRAM

AED PROTOCOL

Florida Department of Health- Franklin County
Administrator

Sarah
Quaranta____Date__________________

Physician

Dr. Rust____Date_________________

Local DOH Nursing Director

Lisa
Hogan____Date__________________

School Health Coordinator

Denise
Thomas____Date__________________

Franklin County School Board

Stacy
Kirvin____Date July 1, 2025

Superintendent

Steven
Lanier____Date July 1, 2025

Director of Special Services

Angela
Hendley ____Date July 1, 2025

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Book
Policy Manual

Section
8000 Operations

Title
AUTOMATED EXTERNAL DEFIBRILLATORS (AED)

Code
po8452

Status
Active

Adopted
June 20, 2016

8452 - **AUTOMATED EXTERNAL DEFIBRILLATORS (AED)**

The School Board has determined that Florida law authorizes the placement of an automated external defibrillator (AED) in school buildings owned or leased by the District for the purpose of saving the life of a person in cardiac arrest. The location of each AED shall be registered with a local emergency medical services medical director.

Each public school in the District that is a member of the Florida High School Athletic Association (FHSAA) must have an operational AED on school grounds.

An AED is a medical device designed to analyze the heart rhythm and deliver an electric shock to victims of ventricular fibrillation to restore the heart rhythm to normal. Ventricular fibrillation is the uncoordinated heart rhythm most often responsible for sudden cardiac arrest. Sudden cardiac arrest occurs when ventricular fibrillation takes place or when the heart stops beating altogether. Without medical attention, the victim collapses, loses consciousness, becomes unresponsive, and dies. Many victims have no prior history of heart disease and are stricken without warning.

All employees or volunteers who are reasonably expected to use an AED will be required to complete appropriate training, including completion of a course in cardiopulmonary resuscitation (CPR) or a basic first aid course that includes CPR and demonstrated proficiency in the use of an AED. In accordance with State law, any person, including District employees or volunteers who uses or attempts to use an AED on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency, is immune from civil liability for any harm resulting from the use or attempted use of such AED, subject to certain exceptions set forth in Florida law.

If an AED device is placed in a building, the Board directs the Superintendent to develop procedures that govern AEDs, including, but not limited to, the use of the AED, placement of the AED, training, and maintenance and testing of the devices. In promulgating these procedures, the Superintendent shall follow the procedures and recommendations developed pursuant to State law by the Secretary of the Department of Health.

© Neola 2015

Legal
21 C.F.R. 801.109
F.S. 401.2915, 768.13, 768.1325, 1006.165

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

School Health AED Protocol

Definition

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

What are the Chances the School will need a Defibrillator?

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

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

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

Why a Policy and Procedure for the Use of the AEDs in Schools?

A heart attack is a life-threatening event that can result in cardiac arrest and death. This Procedure manual will attempt to describe what should be done at the onset of a heart attack that leads to cardiac arrest. The manual also describes how to use an AED housed at the schools or other facility site in the event of a cardiac arrest.

Many people suffer permanent damage to their hearts or die because they do not get medical attention upon experiencing the onset of heart attack symptoms. Each year, more than a million people in the United States have a heart attack and about half (515,000) of them die. About one-half of those who die do so with one (1) hours of the start of symptoms and before they reach the hospital. Emergency personnel (cardiopulmonary resuscitation), defibrillation (electrical shock), and prompt advanced cardiac life support procedures. If care and treatment is sought as soon as the symptoms of a heart attack start, blood flow in the blocked artery may be restored in time to prevent permanent damage to the heart. Everyone should know the warning signs of a heart attack and how to get emergency help.

The warning signs and symptoms of a heart attack can include:

A. Central chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts for more than a few minutes or goes away and comes back. The discomfort can feel like an uncomfortable pressure, squeezing, fullness, or pain. Heart attack pain can sometimes feel like indigestion or heartburn.

B. Discomfort in other areas of the upper body. Can include pain, discomfort, or numbness in one (1) or both arms, the back, neck, jaw, or stomach.

C. Shortness of breath. Often coincide with chest discomfort, but it also can occur before chest discomfort.

D. Other symptoms may include breaking out in a cold sweat, nausea, and vomiting, or feeling light-headed or dizzy.

Signs and symptoms vary from person to person. In fact, if an individual has had a second heart attack, the symptoms may not be the same as for the first heart attack. Some people have no symptoms at all.

In all cases, a heart attack is an emergency. Call 9-1-1 if you think you (or someone else) may be having a heart attack or experiencing the symptoms of a heart attack. Prompt medical treatment of a heart attack at a hospital can help prevent or limit lasting damage to the heart and can prevent sudden death. As soon as 9-1-1 has been alerted, immediately notify the schools' first responder the first responder should immediately report, with the AED, to where the potential heart attack victim is located. The first responder is to remain with the potential victim, prepared to use CPR and the AED should the victim suffer cardiac arrest. The first responder should remain with the potential victim until paramedics arrive.

Although there is a wealth of information available to describe the symptoms of a heart attack, most people do not seek medical care for two (2) hours or more after symptoms begin. Many people wait twelve (12) hours or longer. When an

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

individual avoids the symptoms of a heart attack, they run the risk of suffering cardiac arrest. On occasion an individual may also suffer an immediate onset of cardiac arrest.
Signs of cardiac arrest include:

A. Sudden loss of responsiveness (no response to gentle shaking).
B. No normal breathing. The victim has not taken a normal breath after you've checked for several seconds.
C. No signs of blood circulation (pulse). No movement or coughing.

During cardiac arrest the heart most often goes into uncoordinated electric activity called ventricular fibrillation. The heart twitches ineffectively and can't pump blood. If CPR cannot get the heart to pump normally, an AED may help. The AED delivers electric current to the heart muscle, momentarily stunning the heart and stopping all activity. This momentary stopping of heart function gives the heart an opportunity to resume beating effectively. An AED only treats a fibrillating heart. In cardiac arrest without ventricular fibrillation, the heart doesn't respond to electric currents, but needs medications and breathing to bring it back to normal function. Also, AEDs are less successful when the victim has been in cardiac arrest for longer than a few minutes, especially if no CPR was provided.

Legal Support for the Program
There are three levels of support for the use of AEDs in Gulf County District Schools.
These are the Federal Cardiac Arrest Survival Act, the state of Florida Good Samaritan Laws and Florida State Statute 1006.165**.**

Federal Cardiac Arrest Survival Act
Federal Statute No. 768.1325 states, "… any person who uses or attempts to use an automated external defibrillator device on a victim of a perceived medical emergency, without objection of the victim of the perceived medical emergency is immune from civil liability for any harm resulting from the use or attempted use of such device…"
In addition, any person who acquired the device is immune from such liability, if the harm was not due to failure of such acquired of the device to:

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

Florida Good Samaritan Laws
401.2915 Federal Statute and 768.13 Florida Statutes protect:

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

Florida State Statute 1006.165 Automated external defibrillator; user training.
(1) Each public school that is a member of the Florida High School Athletic Association must have an operational automated external defibrillator on the school grounds. Public and private partnerships are encouraged to cover the cost associated with the purchase and placement of the defibrillator and training in the use of the defibrillator.
(2) Each school must ensure that all employees or volunteers who are reasonably expected to use the device obtain appropriate training, including completion of a course in cardiopulmonary resuscitation or a basic first aid course that includes cardiopulmonary resuscitation training, and demonstrated proficiency in the use of an automated external defibrillator.
(3) The location of each automated external defibrillator must be registered with a local emergency medical services medical director.
(4) The use of automated external defibrillators by employees and volunteers is covered under ss. 768.13 and 768.1325.History.—s. 8, ch. 2006-301.

Protocol for Use

The remaining portion of this procedure manual addresses what should be done in the event of a cardiac arrest and how to use both CPR and an AED as life saving techniques immediately after a cardiac arrest.

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

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

Steps for AED use:

1. Assess for unresponsiveness. Ask loudly "Are you okay?"
2. Look quickly at face and chest for normal breathing. Occasional gasps are NOT considered normal breathing. If normal breathing absent:
   a. Have someone alert EMS and retrieve an AED.
   b. Check for an obvious carotid pulse in the neck. If no pulse or unable to palpate pulse,
3. Perform CPR- provide continuous cycles of 30 compressions and 2 rescue breaths until AED arrives.
4. When available attach AED.
   a. Position AED close to head. Turn on power to start voice instructions. Bare chest. If wet or sweaty, wipe dry.
   b. Remove pads from packaging. Look at pictures on pads to ensure proper placement.
   c. Peel first pad from backing and place below right collar bone.
   d. Place second pad on left side, over ribs, and a few inches below armpit.
5. If indicated, Deliver Shock.
   a. Allow AED to analyze heart. Stop all movement including CPR.
   b. If shock is advised, CLEAR everyone from patient and press shock button to deliver shock.
   c. If a shock is NOT advised, immediately resume CPR, starting with chest compressions.
6. Resume CPR.
   a. Immediately after delivering shock(s), resume CPR, starting with chest compressions. Follow any additional voice instructions from AED.
   b. Continue until another provider or the next level care takes over.
   c. If patient responds, stop CPR and place in recover position. Leave AED on and attached.

7. NOTE: When removing the AED from a wall- mounted case, the alarm will sound when the AED is removed. Someone other than the responder should turn the alarm off.

Special Situations in AED use:

- AED adult electrode pads are used for victims 8 years old or older weighing more than 25 Kg (approximately 55 pounds and/ or onset of puberty).
- AED pediatric electrode pads may be used on children or infants up to 8 years old or up to 55 pounds (25 kg). If the child appears older or larger, or **no pediatric electrode pads available,** use the adult electrode pads for defibrillation. (If adult pads are used on an infant/child under 8 years old, and under 55 pounds, place adult pads on the front and back of the child's or infant's chest.)

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

- If the victim is in water or covered in water, they must be moved from the source of water or the water dried from the bare chest before the AED pads are placed.
- If the victim has an implanted Pacemaker (noted by a raised lump about half the size of a deck of cards usually on the left side of the upper chest or abdomen), place the AED pad at least 1 inch to the side of the implanted device.
- AED pads should not be placed over transdermal medication patches. Remove the medication patch before placing the AED pad to the victim's chest, or position pads away from patch.
- If a patient has excessive chest hair, quickly shave area of pad placement before attaching AED pads.
- Do not touch the patient while the AED is assessing, charging, or shocking the patient (the voice prompts on the machine repeat this warning.)
- Never defibrillate while moving patient.

Operation of Power Heart Cardiac Science AED

a. Open the AED lid and wait until the LEDs are lit. The AED will prompt "Stay Calm. Follow these voice instructions. Make sure 911 is called now."
b. The AED will help guide you through the entire process – from placing each pad on the patient to delivering a defibrillation shock and performing CPR.

Equipment Care:

1. Once the pads are used, they must be replaced by a new set.
   a. If additional pads are needed, notify the School District Safety Coordinator to request additional pads.
2. The AED should not leave the Gulf County District Schools' locations where it has been assigned. The units that are placed in the Gyms may be checked out for use on away games if necessary.
3. If the AED unit is removed, immediately notify the School District Safety Coordinator and the School Health Coordinator. The location of each unit is shared with the Emergency Operations 911 Center.

Maintenance of AEDS

a. Warranty and Battery: Battery and Pads will be replaced by the school district as needed.
b. Audible alarm: An audible alarm sounds when the unit is removed from the case. Closing the case door will silence alarm. The AED may make a chirping noise if maintenance is needed.
c. School Health staff will visually inspect AEDs monthly and document inspection. Notification will be made to the School District regarding any maintenance concerns, including expiration of battery and pads.

MAINTENANCE OF POWER HEART CARDIAC SCIENCE AED

- The AED has a comprehensive self-test system that automatically tests the electronics, battery, pads, and high voltage circuitry. Self-tests are also activated every time you open and close the AED lid.
- When performing the self-tests, the AED completes the following steps automatically:
  1 Turns itself ON, and the Status Indicator changes to RED.
  2 Performs the self-test.
  3 If successful, the Status Indicator reverts to GREEN.
  4 Turns itself OFF if the lid is closed.

There are three types of automatic self-tests:

- The Daily Self-test checks the battery, pads, and the electronic components.
- The Weekly Self-test completes a partial charge of the high voltage electronics current in addition to the items tested in the Daily Self-test.
- During the Monthly Self-test, the high voltage electronics are charged to full energy.

Self-tests will be initiated upon opening the lid and again upon closing the lid. If the self-test detects an error, the Status Indicator will remain RED. Upon closing the lid, an audible alert will be issued. The Diagnostic Panel under the lid will indicate the source of the problem according to the Troubleshooting Guide.

*Refer to Power Heart Cardiac Science Owner's Manual for detailed product information.

Awareness

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

- Announcing the availability of the unit before large meetings/gatherings.
- Providing a list of CPR/AED certified personnel in the clinic and front offices of each of the facilities housing AEDs.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FRANKLIN COUNTY SCHOOL HEALTH PROGRAM MEDICATION MANUAL

Florida Department of Health- Franklin County
Administrator

Sarah
Quaranta______________________________________Date_________________

Physician

Dr. Rust____Date________________

Local DOH Nursing Director

Lisa
Hogan____Date_________________

School Health Coordinator

Denise
Thomas_______________________________________Date_________________

Franklin County School Board

Stacy
Kirvin____Date July 1, 2025

Superintendent

Steven
Lanier____Date July 1, 2025

Director of Special Services

Angela
Hendley ______________________________________Date July 1, 2025

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

SCHOOL BOARD POLICY

Book Policy Manual

Section Policies to be adopted 7/29/19

Title USE OF MEDICATIONS **JG

Code po5330

Status Draft

Adopted June 20, 2016

Last Reviewed June 17, 2019

5330 - USE OF MEDICATIONS

The School Board shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program.

For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician and any nonprescribed (over-the-counter) drugs, preparations, and/or remedies. "Treatment" refers both to the manner in which a medication is administered and to health-care procedures which require special training, such as catheterization.

Before any medication or treatment may be administered to any student during school hours, the Board shall require the written prescription from the child's physician accompanied by the written

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

authorization of the parent. This document shall be kept on file in the office of the health clinic, and made available to the persons designated by this policy as authorized to administer medication or treatment. No student is allowed to provide or sell any type of over-the-counter medication to another student.

Violations of this rule will be considered violations of Policy 5530 - Drug Prevention and of the Student Code of Conduct/Discipline Code.

Only medication in its original container; labeled with the date if a prescription; the student's name; and exact dosage will be administered. The Superintendent shall determine a location in each building where the medications to be administered under this policy shall be stored, which shall be a locked storage place, unless the medications require refrigeration in which case, they shall be stored in a refrigerator not commonly used by students. Parents or students authorized in writing by physician and parents may administer medication or treatment.

However, students shall be permitted to carry and use, as necessary, an asthma inhaler, provided the student has prior written permission from his/her parent and physician and has submitted Form 5330 F3, Authorization for the Possession and Use of Asthma Inhalers, to the principal and any school nurse assigned to the building.

Non-prescription (Over-the-Counter) Medication

The Board requires the prior written consent of the parent before any nonprescribed medication or treatment may be administered (see Form 5330 F1a and Form 5330 F1b). These documents shall be kept in the nurse's office. Except in the case of authorized self-medication, all forms of medication shall be administered by the School District in accordance with the Superintendent's guidelines.

A student may possess and use a topical, non-aerosol sunscreen product while on District property or at a District sponsored event or activity without being required to:

1. have a physician's note or prescription; or

2. store the topical, non-aerosol sunscreen product in a specific location if the product is regulated by the U.S. Food and Drug Administration for over-the-counter use for the purpose of limiting ultraviolet light-induced skin damage.

District personnel may but are not required to assist a student in applying a topical, non-aerosol sunscreen product if the school has written permission from the student's parent or guardian.

The following staff are designated as being authorized to administer medication and treatment to students:

A. school nurse

B. specifically trained staff

Additionally, the Board shall permit the administration by a licensed nurse or other authorized staff member of any medication requiring intravenous or intramuscular injection or the insertion of a device into the body when both the medication and the procedure are prescribed by a physician and the nurse/staff member has completed any and all necessary training.

The Superintendent shall prepare administrative procedures to require the proper implementation of this policy.

© Neola 2002

Legal F.S. 1006.062

ADMINISTRATION OF MEDICATION PROCEDURE

PROCEDURE

I. Delivery and Acceptance of Medication

A. Determine that the person delivering the medication is authorized to do so.

B. Check for a current and completed Medication Authorization Form.

C. Compare the label on the medication container with the Medication Authorization form. The information on the medicine container and the medication authorization form should match.

D. Check over-the-counter medication to be sure it has been labeled properly and paper contains parent signature. A provider's order is required for School Health to administer all over-the-counter medications.

E. **Count and record the number of pills in the bottle, using a pill counter or suitable substitute. Hands should not come in contact with the medication.** When a medication is delivered to us by a parent/guardian, it should be counted in their presence.

1. Count Prescription pills
2. Count liquid vials for nebulizer
3. Over the counter medications do not need to be counted as they are in an unopened bottle.

F. Complete a separate Student Medication Record/ Log for each medication.

G. Have persons receiving and delivering medication sign the Student Medication Record/ log.

H. Place the medication in the designated locked location.

I. Complete the top portion of the Medication Record/ Log.

J. Input information into Frontline/ FOCUS or current EMR. Nurse and Health Techs to sign medication administration form.

K. Attach the Medication Authorization Form and Medication Record/ Log.

L. Place in a Medication Notebook secured in Health Room

M. Add new medication to list of scheduled and/ or as needed medications located on the inside door of the medication storage cabinet.

N. Initiate a new Medication Record/Log when there is a change in medication, dosage, or directions that necessitates a new authorization form.

1. Remove outdated Medication Authorization Form, Medication Record/Logs.
2. Place in the student's health folder.

O. Notify the school nurse if the administration of medication involves injections, or invasive procedures, or if questions or problems arise.

II. Administration of Medication

A. Determine which students are to receive medications today. A current list of all medications that are to be administered on a daily/ routine basis will be posted inside the door of the medication cabinet. This will allow for easy reference for Florida Department of Health Staff, and staff delegated by the school principal.

B. Identify the student.
   1. Ask the student to state his full name. Do not prompt. Children will often answer to other names.
   2. Ask student to state his/ her DOB. Younger children may need prompts or unable to state.
   3. Check the name on the bottle of medicine when it is removed from the medicine cabinet, again before the student takes the medication, and when it is returned to medicine cabinet. **Always** check three times.

C. Administration techniques
   1. Always wash hands well before and after giving medications.
   2. Follow the Medication Authorization directions carefully including any precaution stickers.
   3. Follow the five "R's"
      a. Right student S
      b. Right medication M
      c. Right amount A
      d. Right route R
      e. Right time T

   (Including Right expiration date and Right Documentation)
   4. Medication must be administered within one hour before or after the scheduled time. Every effort should be made to administer medication as close to scheduled time as possible.
   5. **Oral medication Administration**
      a. Pour the correct number of pills into the bottle cap, and then pour the pills into the student's hand or into a medicine cup.
      b. Measure the liquid medication carefully using a calibrated cup or spoon provided by the parent.
      c. Observe the student to be sure the medication has been swallowed.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

ADMINISTRATION OF MEDICATION PROCEDURE CONTINUED

II. Administration of Medication Continued

6. **Inhalers**
   a. Shake the inhaler well.
   b. Have the student hold the inhaler in an upright position in one hand. If a tube or aero chamber is attached, have student hold it with the other hand.
   c. Have student place the mouthpiece in his/her mouth.
   d. Have the student tilt head back slightly and start to breathe in slowly.
   e. Depress the canister spraying the medication into the back of the mouth and have student continue inhaling for 2-3 seconds.
   f. Have the student remove the inhaler from the mouth and hold his/her breathe for a count of 10.
   g. If another puff is needed, wait 2 minutes and repeat.
   h. Have the student rinse mouth with water.
   i. If more than one inhaler is prescribed for the same student, it is important to have written directions concerning the sequence of use and the time interval between them.
7. **Ear drops**
   a. Double check to make sure the medication is being put into the correct ear.
   b. Lay student on opposite side.
   c. Put in drops - pull up and back on ear.
   d. Leave student on side for a few minutes.
   e. Wipe off any medicine that runs out.

II Administration of Medication Continued

8. **Eye drops/eye ointments**
    - a. Installation of eye drops is a sterile technique necessary to prevent the introduction of bacteria into the eye.
    - b. Make sure you are putting the medicine in the correct eye.
    - c. Have the student close his eyes.
    - d. Do not put the medicine in if the student is crying.
    - e. Have the student lie down and tilt head back.
    - f. Rest your hand on the student's forehead. Gently pull the lid down.
    - g. Apply ointment along the inside of the lower lid without touching container tip to eye or skin.
    - h. Apply correct number of drops to inner corner of eye holding container close to, but not touching eye or skin.
    - i. Keep student in position for one minute.
    - j. If you contaminate the end of the tube by touching it to the eye or skin, squeeze out a small amount of medication onto a sterile gauze and start over.
    - k. Wash hands.
9. **Nose drops**
    - a. Position the student lying down and tilt head back.
    - b. Apply drops in nostrils without touching the container to the skin.
    - c. Have student remain in position for several minutes.
    - d. Observe closely for choking or vomiting.
    - e. Wash hands.
10. **Nose spray**
    - a. Place student in an upright position.
    - b. Insert tip of spray bottle into nostril and administer medication as directed.
    - c. Wash hands.
11. **Topical medications**
    - a. Apply to clean skin surface.
    - b. Always use cotton tipped applicators, tongue depressors, or cotton balls to apply salves and ointments. Never use fingers.
    - c. Once the applicator has come into contact with the student it must not touch the medication container again. If additional applications are necessary, use a new applicator each time.
    - d. Wash hands.

ADMINISTRATION OF MEDICATION PROCEDURE CONTINUED

II. Administration of Medication Continued

12. **Injectable medication**
    a. Notify school nurse who will initiate an individual health care plan and train designated staff.

D. Return medication to locked location immediately following administration. Medicine cabinet should never be left unlocked.

E. Documentation

1. Record medication on Medication Record/ Log and in Frontline as soon as it is given.
2. Sign full name, followed by initials, at the bottom of the Medication Record/ Log.
3. Record the time the medication was given and your initials in the appropriate box.
4. A Medication count will be done weekly by nurse and one staff and documented on Medication Record/ Log.
5. Document any additional information, including contacts with parents, administration, school nurse, etc., in Health Master. Date and sign each entry in the Medication Record/ Log.

F. Contact parents regarding:

1. Any questions regarding the medication instructions.
2. Failure of the student to receive medication for any reason.
    a. Vomited
    b. refused
    c. forgot
    d. spilled dose
    e. missed dose
3. Any error in the administration of medication:
    a. Notify School Health Nurse and School Health Coordinator immediately
    b. Contact parent and administrator immediately.
    c. Poison Control and Physician may need to be notified.
    d. Complete incident report.
4. Any change in behavior or physical status which might be attributed to the medication.
5. Changes in appearance of medication or expiration of the medication or authorization.
    a. All prescriptions expire 1 year after they are written. The label on a medication such as inhalers and EPI pens must be current. The actual prescription is only good for 1 year. For example, if a EPI pen was filled on September 10, 2015, it is only good through September 10, 2016. Even if the actual pen doesn't expire until a later date, it must be replaced. The reasoning is that the person using the EPI pen/inhaler, etc. needs to follow up with an MD every year.
6. When student's medication is getting low.
7. When student is out of medication.

ADMINISTRATION OF MEDICATION PROCEDURE CONTINUED

II. Administration of Medication Continued

G. Inform parent and school nurse of possible medication reactions such as:

1. Rash
2. Itching
3. Hives
4. Breathing difficulty
5. Rapid pulse
6. Vomiting
7. Abdominal cramps
8. Diarrhea
9. Swelling, especially of lips, eyes, or face

H. Medication related emergencies

1. Call parent and/or **911** immediately.
2. Send medication container and emergency card with person accompanying student to hospital emergency room.
3. **Never leave a student suspected of having an allergic reaction alone.**

I. Missed Dose/ Student not absent

1. Identify student who refused medication or failed to come to the health room and determine reason.
2. Notify Florida Department of Health (FDOH) RN of the circumstances.
3. Contact parent/ guardian and explain the circumstances.
4. Carefully record all action taken on Medication Log and in Frontline. "Unable to locate" is not acceptable documentation.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FIELD TRIP MEDICATION PROCEDURE

Students must receive prescribed medication on field trips unless otherwise instructed by the parent/guardian.

I. **Prior to the Field Trip:**

A. Teacher notifies Health support staff as soon as a field trip has been scheduled.

B. Health support staff copies Medication Authorization Form and Medication Form/ Log (or Computer-Generated Medication Record) for each student scheduled to go on a field trip who will be bringing a medication on the trip. The original container must be transferred to the trained person who will be administering the medication and the administration must be appropriately documented on the approved form. It is not permissible to transfer medication to an envelope or other container for later administration. However, parents may request that the pharmacy provide them with a properly labeled duplicate prescription container for field trips.

C. Trained staff member who will be administrating medication on field trip, will schedule a time to meet with the Health Support Staff or nurse to prepare medication either the day before or the morning of the field trip.

D. Health support staff and/ or **nurse counts medications before trip**. The trained Staff member designated to administer medication during field trip prepares medication together with Health Support Staff or nurse.

1. Wash hands.
2. Remove medication container from locked location.
3. Compare information on prescription bottle to medication authorization.
4. Count medication with trained staff member that is assigned to administer medication.
5. Sign out medication.
6. Hands should **not** come in contact with medication.
7. Medication should **never** be left unattended.
8. Secure medication in locking bag or box, if available.
9. Transfer medication to designated staff member.

II. **During Field Trip:**

Refer to "Administration of Medication Procedure", part II.

III. **Return from Field Trip:**

A. Return medication bottles to Health room staff immediately upon return to school.

B. Health Room staff reviews medication records with staff member who administered medications to be certain all medications have been properly documented on original forms.

C. Count and return all medications to locked location.

PROCEDURE FOR MEDICATION ERROR

1. Examples of common Medication errors.

   a. Medication given too early or too late
   b. Medication not given
   c. Incorrect medication, Incorrect dosage, Incorrect student

2. Action for Medication Error
   a. Notify School Nurse
   b. Notify Principal/ designee of Error
   c. Notify Parent
   d. Assess student condition, observe, assess, vital signs taken
   e. If incorrect Medication, or incorrect (increased) dose or frequency call Poison Control 1-800-222-1222.
   f. Contact Physician or pharmacy if necessary.
   g. 911 called if necessary.

3. For each medication error, a Medication Incident Report (Medication Variance Report) to the School Health Coordinator and an incident report must be completed. Document all action taken.

GUIDELINES FOR DISPOSAL OF MEDICATION

1. Notify parent/guardian either in writing or verbally that the student has unused medication remaining at school.

2. Give the parent/guardian a specific deadline for picking up the medication noting that medication not picked up by the specified date will be discarded.

3. Document the above notification in writing on back of medication log.

4. Discard medication as follows:
   a. Secure a witness.
   b. Identify the medication to be discarded.
   c. Crush medications and put into sharps container, seal, and take to Florida Department of Health- Gulf County for disposal.
   d. Place syringes in the red “sharps” container.
   e. Document disposal of medication on the Medication Record/ Log making sure both people involved in the procedure sign the record.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

FRANKLIN COUNTY SCHOOL HEALTH PROTOCOL FOR MEDICATION (Tylenol)

Issuance of non-prescription medication by school health personnel in the Franklin County Schools:

No Student will be given standing order Tylenol without a permission slip signed by a parent or guardian.
(Other Nonprescription medications cannot be given until the physician and parent signature has been obtained.)

School Health staff will attempt to notify parent if possible by telephone for Elementary School Tylenol use. Students with frequent request for Tylenol will be referred to the School Health nurse for evaluation and consultation with parent/guardian.

SCHOOL HEALTH STANDING ORDER FOR TYLENOL

Florida Department of Health- Franklin County
Administrator

Sarah
Quaranta____Date__________________

Physician

Dr. Rust____Date_________________

Local DOH Nursing Director

Lisa
Hogan____Date__________________

School Health Coordinator

Denise
Thomas____Date__________________

Franklin County School Board

Stacy
Kirvin____Date July 1, 2025

Superintendent

Steven
Lanier____Date July 1, 2025

Director of Special Services

Angela
Hendley ____Date July 1, 2025

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

TYLENOL INSTRUCTION FOR USE IN SCHOOL HEALTH

Parental permission form must be signed in FOCUS before administration for the current school year. Always check allergies and post any known Tylenol allergies inside the medication cabinet door. Remember to ask adults that request Tylenol if they have any known allergy to medications.

When new student permission forms are received check to make sure the form is signed for both school health services and the consent for non-prescription medication. Put a green mark on the emergency card to indicate that the permission slip is signed. Put a C in the permission slip column in database to indicate that the new permission slip is in the chart. If the parent has requested not to sign the non-prescription form, note it on the emergency card.

If the student comes to the health room with a complaint that meets the indications on the protocol and the parental permission is signed in FOCUS for the current school year, you may administer the dose. **It is unacceptable to take a parent's permission for Tylenol on the phone.**

*** Limit use to NO more than twice weekly.**
*** Refer students with frequent request for Tylenol to School Nurse.**

TYLENOL
(REGULAR STRENGTH ACETAMINOPHEN 325 MG.)

Indication:
For temporary relief of minor aches and pains associated with the common cold, headache, toothache, muscular aches, backache, for menstrual cramps and the reduction of fever.

Directions:
Adults and Children over 95 pounds: take two (2) tablets every 4-6 hours. Children under 95 pounds will receive the chewable children's Tylenol tablets as listed on the following page. If a child would prefer to take the chewable form or cannot swallow whole tablets and is over 95 pounds, four (4) children's chewable tablets (160 mg each) may be administered.

*** Limit use to NO more than twice weekly.**
*** Refer students with frequent request for Tylenol to School Nurse.**

Education:
Instruct student to report severe pain, recurrent pain, high or continued fever or redness to parent/guardian or to return to the health room for further evaluation.

The elementary student's parent should be called if possible. If the parent is not available and the symptoms and complaint meet the above indications, then you may administer the medication.

If the student appears to be requesting the Tylenol on a frequently, the nurse or health support aide should call the parent to ask if they want the student to continue the medication use.

Student and parent education on the hazards of overuse of any medication should be a standard part of any medication administration.

TYLENOL
(CHILDREN'S CHEWABLE TABLETS – ACETAMINOPHEN 160 MG.)

Indications:
For temporary relief of fever and discomfort due to colds, headache, toothache, muscular aches and minor pain.

Directions:

Weight (lbs.)	Dosage (number of tablets)
48-59	2 tablets
60-71	2.5 tablets
72-92	3 tablets
>95	4 tablets or 2 regular Tylenol (365 mg tablets)

Doses may be repeated every 4 hours, but not more than once a day at school. Do not give to children under 6 years of age. Do not give for pain for more than five days or for fever for more than 3 days, unless directed by physician.

*** Limit use to NO more than twice weekly.**
*** Refer students with frequent request for Tylenol to School Nurse.**

Education:
Instruct student to chew tablet before swallowing. School health staff will report persistent pain or fever, new symptoms, redness or swelling to parent/guardian.

Caution should be used with the Children's Chewable Tylenol (160mg tablet).
The student complaint of pain or symptoms should be assessed on a case-by-case basis. The purpose is to assist parents when the child is "sick". If the child presents with a complaint that meets the protocol indications and the student does not appear "sick" then the use of medication should be discouraged. Check the temp and use other comfort measures (ice, bed rest, food, and fluids) first.

Calling the parent should be the first line in the decision to administer the Tylenol. If the parent is not accessible by phone, then the consideration for the medication must follow the protocol indications. Comfort measures should be tried first. If impression of the health staff is that the child is "sick or ill" due to the symptoms claimed or presented by the student, then the medication should be administered.

Standing order for Administration of Auto- Injector Epinephrine for Anaphylaxis

In the event of what appears to be an individual adult or child in the school setting, experiencing signs and symptoms of the onset of an anaphylactic reaction, the nurse or her designee should activate the emergency system by calling 911 or directing someone else to do so.

Plan of care:

*Place the person in the supine position with legs elevated, unless doing so interferes with breathing.

*Inject Epinephrine by auto- injector intramuscularly into the thigh.

Note:

Epinephrine auto injectors are available in 0.3 mg dose (Adult EpiPen 1:1000) and 0.15mg dose (EpiPen Jr. 1:2000). Using two 0.15mg doses to obtain 0.3mg is permissible.

Dosage:

Age- Under 5 years	EpiPen Jr. 0.15mg
Age- 5 years to Adult	EpiPen Adult 0.3mg

Frequency: If symptoms persist repeat every 20 minutes if 12 years or younger and every 15 minutes if over 12 years.

Before epinephrine is administered for anaphylaxis, one or more of the following symptoms should be present.

*__Urticaria__- (hives, generalized itching).

*__Angioedema__- (lip, facial, tongue or uvula swelling).

*__Upper Airway Obstruction__- (laryngeal swelling, hoarseness, lump in throat, difficulty swallowing or difficulty breathing.

*__Bronchospasm-__ (Wheezing, cough).

*__Hypotension__- (faintness, weakness, paleness, feeling of impending doom).

If the school nurse is not available, trained personnel should administer Epinephrine Auto Injector according to these same orders.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

GUIDELINES FOR SCHOOL NURSES TO ADMINISTER AUTO- INJECTOR EPINEPHRINE IN THE SCHOOL SETTING

Introduction
Anaphylactic reactions are rare, however one of the most common life-threatening emergencies that may occur in the school setting. Anaphylaxis is the most severe manifestation of a systemic allergic reaction and usually occurs within 30 minutes after the sensitized individual is exposed to the antigen. The more rapid the onset of symptoms, the more severe the reaction is likely to be.

Early recognition is critical to preventing anaphylaxis and possible death.

In an Anaphylactic reaction one, several or all the symptoms listed in the standing order for treatment may be present. Anaphylaxis may present as shock or upper airway obstruction. Any child who suddenly develops hives should be closely observed for the development of additional signs of systemic allergic reaction.

The most common sensitizing agents encountered in schools are:

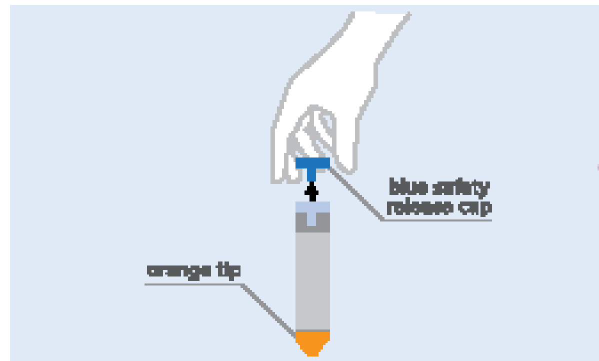
*__Food__- (nuts, legumes, shellfish, eggs)
*__Stinging Insects__- (wasps, bees)
*__Antibiotics__- (Penicillin, cephalosporins, sulfa)

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

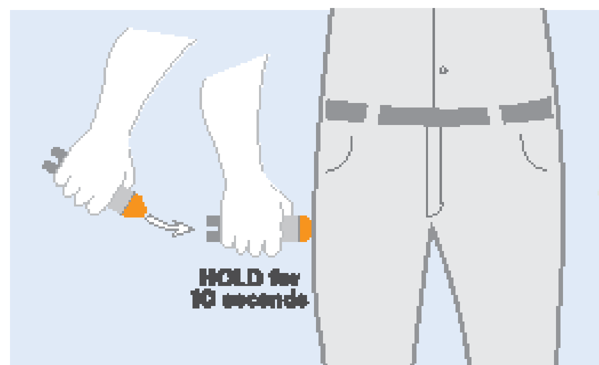
EPIPEN®

(Epinephrine) Auto-Injectors 0.3/0.15mg

userguide



1 **Pull off the blue safety release cap.**



2 **Swing and firmly push the orange tip against the outer thigh so it 'clicks.' HOLD on thigh for approximately 10 seconds to deliver the drug.**

Please note: As soon as you release pressure from the thigh, the protective cover will extend.

Each EpiPen Auto-Injector contains a single dose of a medicine called epinephrine, which you inject into your outer thigh. DO NOT INJECT INTRAVENOUSLY. DO NOT INJECT INTO YOUR BUTTOCK, as this may not be effective for a severe allergic reaction. In case of accidental injection, please seek immediate medical treatment.

Call 911

3 **Seek immediate emergency medical attention and be sure to take the EpiPen Auto-Injector with you to the emergency room.**

To view an instructional video demonstrating how to use an EpiPen Auto-Injector, please visit epipen.com.

©2010 Dey Pharma, L.P. All rights reserved.
DEY® and the Dey logo are registered trademarks of Dey Pharma, L.P.
EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Mylan Inc. licensed exclusively to its wholly-owned subsidiary, Dey Pharma, L.P.

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Standing Order for Administration of Epinephrine Auto-Injector (Epi Pen)
For anaphylaxis

Florida Department of Health- Franklin County
Administrator

Sarah
Quaranta____Date__________________

Physician

Dr. Rust____Date_________________

Local DOH Nursing Director

Lisa
Hogan____Date__________________

School Health Coordinator

Denise
Thomas____Date__________________

Franklin County School Board

Stacy
Kirvin____Date July 1, 2025

Superintendent

Steven
Lanier____Date July 1, 2025

Director of Special Services

Angela
Hendley ____Date July 1, 2025

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

Section 12
References:

http://www.aap.org/
http://www.cdc.gov
http://www.diabetes.org/
http://www.doh.state.fl.us/Family/school/index.html
http://www.epilepsy.com/
http://www.foodallergy.org/
http://www.epipen.com/

Manuals/Guidelines

- School Health Administrative Resource Manual -(2021)
- Emergency Guidelines for Schools, 2019 Florida Edition
- State of Florida General Records Schedule GS7 for Public Schools Pre-K-12 and Adult and Career Education
- Promoting Health and Academic Success Through Collaboration and Partnerships: A Guide for Florida's School Health Advisory Committees-(2013)
- School Health Coding Manual-(2021-2022)
- State Requirements for Educational Facilities (SREF)
- Guidelines for the Care and Delegation of Care for Students with Asthma in Florida Schools (2013)
- Guidelines for the Care and Delegation of Care for Students with Diabetes in Florida Schools-2015
- The Role of the Registered Nurse in the Delegation of Care in Florida Schools – (rev. 2022)
- DPSL 2017-96 Updated Guidelines for Students with Life Threatening Allergies

School Health Laws

- Statutory Requirements – based on Florida Statutes and Florida Administrative Code Rules http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/_documents/statutory-rules-schoolhealth-2015-2016.pdf

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025

- **Current list of reportable diseases (2014)**

  http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable_diseases/_documents/Reportable_Diseases_List_Practitioners.pdf

Florida School Health Web Pages

School Health Main Webpage: http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/index.html

School Health Program (reports, guidelines, forms and information): http://www.floridahealth.gov/programs-and-services/childrens-health/school-health/reports-information.html

DOE Student Support Services (SSS): http://www.fldoe.org/academics/exceptional-student-edu/staff/student-support-services.stml
Student Support Services Project: http://sss.usf.edu/

School Health Services and Time Reports from Health Management Component (HMC)

HMC School Health Report (available to CHDs and School Districts). Provides current school health data by program (basic, comprehensive or full service) and within a user selected time period: http://www.flpublichealth.com/FLSchoolHealth/default.aspx

HMC Service & Time Reports (available only to CHDs): http://dohiws.doh.state.fl.us/Divisions/Planning_Evaluation/ClientServicesRpt/index.htm

Important Link for School Health

School Health Annual Reporting Portal (SHARP) – (requires DOH user login): http://adminapps35.doh.ad.state.fl.us/CHPSHSP/default.aspx

Additional Sources of Information

National Association of School Nurses: https://www.nasn.org/

Florida Association of School Nurses: https://fasn.nursingnetwork.com/

American School Health Association: http://www.ashaweb.org/

Florida School Health Association: http://fsha.net/

Department of Education Reports: http://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/index.stml

Florida Asthma Friendly School Award: http://www.floridahealth.gov/diseases-and-conditions/asthma/schools.html

Florida Healthy District Award: http://www.fldoe.org/schools/safe-healthy-schools/healthy-schools/building-a-healthy-dis.stml

The Center for Health and Health Care in Schools: http://www.healthinschools.org/

APPROVED BY THE
FRANKLIN COUNTY SCHOOL BOARD
ON 06/26/2025