Escambia County Public Schools

Health Services Policy and Procedure Manual

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Escambia County Public Schools Health Services Manual

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Escambia County Public Schools Health Manual Introduction

Purpose: This manual is the product of the Escambia County Public School's (ECPS) Health Program to provide the students of the Escambia County Public Schools with the highest level of health care to meet their educational objectives. This manual is a resource book that contains basic information, guidelines, and protocols utilized by Escambia County Public Schools and its contracted agents. Specific forms for Health Services are located on the Health Services webpage at https://www.escambiaschools.org/health_services.

This manual is intended to:

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

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

NOTE: A resource entitled "Emergency Guidelines for Schools 2019 Florida Edition" has been provided to each school and is available on the Health Services page of the ECPS website.

Escambia County Public Schools Health Services Procedure for Confidentiality and FERPA Compliance

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

Definitions: **FERPA** – Federal Educational Rights and Privacy Act

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

Procedure:

I. All records that are generated by school staff concerning patient care or services will be treated confidentially and will comply with FERPA policies.

II. Clinic staff will discuss information only with appropriate school personnel and/or medical provider in a continuance of care situation.

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

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

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

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

NOTE: Employees will not give out their computer passwords.

Escambia County Public Schools Health Services Procedure for Management of School Health Records

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

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

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

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

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

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

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

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

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

I. Cumulative Health Record

A. According to Florida Administrative Code 64-F-6, personnel authorized by School Board policy shall maintain cumulative health records on each student in the school. The cumulative health record is stored within the student education records or in the clinic with limited access by designated staff. The cumulative health record or the electronic student information system will contain the following documentation including but not limited to:

1. Student Physical Exam (DH 3040) or comparable physical form.
2. Student Immunization Record (DH680 or DH681).
3. Screening Data.
4. Student Individual Health Care Plan, as appropriate.

II. Student Emergency Health Information

A. The Student Health Verification Form is completed by parents upon enrollment and will be sent home with each student at the beginning of each school year. Once returned it is sent to the clinic and is then stored in the electronic Student Information System.

B. It is important that this information is checked for up-to-date health information and physician contact, as well as parent/guardian signature. The school staff does not have the parent/guardian's permission to offer first aid or any other comfort measures without the parent/guardian's signature on this form. Once a parent gives consent, it is valid until it is withdrawn in writing. Once new information is added to the electronic Student Information System, scan and attach the form in the medical tab, then store it in a binder in the clinic.

C. The Student Health Verification Form serves as a release for communication with other providers for continuity of care.

D. The Student Health Verification form also contains the Annual Health Services Notification Letter and screening information.

E. If a health condition is identified, the clinic staff will add the condition to the health risk/health problem log and notify the clinic RN or nursing supervision. The clinic RN or nursing supervisor will evaluate the need for an Individual Health Care Plan (IHCP) and document if no care plan is indicated for the health condition.

III. Student Screening Records

A. The school clinic staff will document screening results in the electronic Student Information System.

B. This documentation will include any notes on referrals and referral follow-up.

IV. School Clinic Staff Screening Referral Follow-up Logs

A. The school clinic staff will maintain a referral follow-up log to track school health screening referrals to completion.

B. The referral follow-up logs will be maintained in a locked area when not in use by the school clinic staff as follows:

1. Locked within the school's clinic office or stored on the computer, password protected.
2. Locked in a car out of obvious sight, when traveling.

V. Confidentiality

A. Any information placed in a student's cumulative health record is confidential and should not be released without written consent from the parent or guardian. Clinic staff will contact the school administrator for guidance if a request for records is received. Consent in emergency situations is provided through the Student Health Verification Form. Access to the cumulative health record should be limited to those with a legitimate need to know as per School Board policy.

B. Confidential and sensitive information (i.e. student discussing suicidal thoughts, family planning, STDs, tuberculosis, etc.) is <u>not</u> to be recorded on the student cumulative health record or in the electronic Student Information System. This information should be kept confidential. Fax information to the Health Services Coordinator who will store it in a secure location. This record will serve as documentation indicating that the situation has been addressed as well as protecting sensitive information.

VI. Records Management

A. During the School year, all records will be maintained in a confidential manner as dictated by the FERPA regulations.

1. The computer screen will be turned so parents/students cannot read information pertaining to other students.
2. All notebooks and logs will be closed when leaving the clinic. The clinic should be locked when not occupied by clinic staff or administration.

B. At the completion of the school year, each clinic staff member will be responsible for packing and storing their records.

1. All records must be kept for a minimum of seven years after the last student contact.
2. The principal or designee will determine where they would like the records to be located.
3. Forms will be placed in sections, in a box, folder or file cabinet with divider tabs to mark the sections.

Escambia County Public Schools Health Services Information School Entry Medical Examinations

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

Escambia County Public Schools Health Services Information Immunization Requirements

All students must present a valid Florida Certificate of Immunization (DH680). This may be obtained from the Department of Health Immunization Department or a private medical provider.

Students may not begin Pre-K or Kindergarten until all immunization requirements are met.

Students transferring from another Florida District, who are homeless, enrolled in a Juvenile Justice education program, are known to the Department of Children and Families, or are military children may be given a temporary exemption of up to 30 days to obtain immunization records.

A request for a religious exemption from immunization requirements must be presented to the school on the Department of Health's Religious Exemption Form Immunization Form (DH681).

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

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

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

CDC – Centers for Disease Control and Prevention.

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

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

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

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

Procedure: Procedures for the specific screenings will follow on subsequent pages.

I. Parents are notified of general population screenings via the annual Health Services Notification letter sent home at the beginning of the year and given to parents of new students throughout the year.

II. Health Screenings will be conducted with written parental consent. Written Consent remains in effect until changed in writing. State and program-required health screenings are performed in the following grades: Height and Weight (BMI) – PreK, 1st, 3rd, 6th; Hearing – Pre-K, Vision – PreK, Kg, 1st, 3rd, 6th; Scoliosis - 6th. Additional grades will be screened as funds and staffing resources allow. Documentation of the consent should be kept in the student cumulative health folder or electronic student information system.

III. Screenings are provided to students in response to the Florida Mandate as well as by referral for a suspected abnormality or as a routine part of evaluating students for special services.

IV. Students may be referred for screening by:

A. Guidance counselor or another school administrative personnel.
B. Teacher.
C. Clinic staff.
D. Parent.
E. Self-referred.
F. School Nurse (may decide screening is appropriate based on assessment of the student).

V. Screening results are available in the clinic upon Parent/Guardian request. Parents/Guardians will be notified if a referral for follow-up is indicated.

Hearing Screening

Procedure:

I. Students to be screened
   A. All Pre-K, Kg, 1st, and 6th grade students with written parental consent.
   B. Any student in 2nd, 3rd, 4th, and 5th grades that have never attended a Florida school, with written parental consent.

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

III. Administering the hearing screening.
   A. Explain to the student how the audiometer will be used to screen hearing.
      1. Instruct the student to raise and lower their hand when the tone is heard in the right or left ear.
      2. Advise the student that the headphones fit snugly.
   B. Students who wear hearing aids will not be screened.
   C. Have the student put the headphones on, or place the headphones on the student (depending on the student's age, abilities, and nurse preference).
      1. The red earpiece is placed on the right ear, and the blue earpiece is placed on the left ear.
      2. Be sure the headphones are snug over the ears and that nothing interferes with the placement (i.e. earrings, glasses, barrettes, etc.).
   D. Have the student face away from the audiometer or close their eyes to ensure the student is unable to see the audiometer during the screening.
   E. The hearing threshold should be set at 20dB and the hearing should be tested at frequencies of 4000Hz, 2000Hz, and 1000Hz in both ears. If screening in less than a quiet room, 25dB may be used as the threshold.
   F. If necessary, vary the tones from right to left to prevent an established pattern that the student may recognize.
   G. To pass the screening, the student must correctly respond to all tones.
   H. Record the results on the screening worksheet.
   I. Rescreen students at a later date as needed for possible failures due to ambient noise in the screening area, the presence of nasal congestion, etc.
   J. After any necessary rescreening is accomplished, parents/guardians of those students with screening failures will be contacted by the school nurse via phone call or letter with a recommendation of follow-up with a professional provider. Additional information to provide is the specific area of failure.
   K. A minimum of three attempts to contact the parent/guardian should be made. One of these attempts should be via phone call.
   L. A hearing failure with no parental response, refusal to follow-up, or student has withdrawn from school is considered a Non-Response Outcome and is coded as such on the Exhibit B.
   M. All information concerning the referral, follow-up, and outcome is recorded electronically in the District student information system.

Vision Screening

Procedure: I. Students to be screened

A. All Pre-K, kindergarten, 1st, 3rd, and 6th grade students with written parental consent.

B. Any student in the 2nd, 3rd, 4th, and 5th grades that have never attended a Florida school, with written parental consent.

II. Screening Set-up

A. Screening should take place in a well-lit area with minimal glare. Place the eye chart at eye level for the student. The chart should be attached to an uncluttered wall.

B. Measure a 10 or 20-foot distance (depending on the chart), and mark the area with a line of tape to indicate where the student will need to stand to perform the screening.

C. The distance between the line and the chart should be free of objects.

D. For screening large numbers of students, volunteers may be needed to help administer the screenings. Ensure that volunteers are appropriately trained in the use of the vision screener or eye chart.

E. During the general grade level screenings, distance vision be routinely checked for each student. For individual student screening (3 points), screen for distance, near vision, and stereo vision as indicated.

F. During any screening procedure, the screener should take note of any eye abnormality (i.e. eye deviation, "lazy eye", etc.).

G. Notify the school to have student wear or bring corrective lenses as appropriate.

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

A. Position the student at the measured and marked distance from the chart.

B. If the student wears glasses, perform the screening with the student's glasses on.

C. Have the student occlude one eye using their hand (or other occluding device) and have the student read the appropriate line of the chart (20/40, 20/30, etc.). Have the student occlude the other eye and repeat the process. To pass the screening, the student must correctly read one more than half of the letters or pictures on the 20/30 line (for students age 6 and over; for students 5 and under, correctly reading the 20/40 line is considered passing).

D. An electronic vision screener such as a Spot Vision Screener may be used if available. If an electronic vision screener is used, document "spot vision used" in the comment section when documenting the screening in the student information system. Also, document if glasses were worn.

E. Rescreen students at a later date if necessary (i.e. if student forgot glasses, has an eye infection/problem on the day of screening, if nurse feels rescreening is appropriate.

F. The school nurse will contact parent/guardian of student with vision screening failures via phone call or letter to recommend a follow-up with a professional provider. The parent/guardian will also be notified of the specific area of failure (i.e. "smallest line successfully read was 20/60", "spot vision indicated astigmatism in right eye").

G. A minimum of three attempts to contact the parent/guardian will be made, with at least one of the attempts being via phone call.

H. A vision failure with no parental response, refusal to follow-up, or student has withdrawn from school is considered a Non-Response Outcome and is coded as such on the Exhibit B.

I. All information concerning the referral, follow-up, and outcome is recorded electronically in the District student information system.

Scoliosis Screening

Procedure:

I. Students to be screened
   A. All 6th grade students with written parental consent.

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

III. Performing the scoliosis screening
   A. Prepare students for the screening by explaining the procedure.
   B. First, have the student stand erect, with feet slightly apart, and arms hanging loosely at their sides (A mark can be placed on the floor to indicate where the student should stand.) The examiner should be several feet behind the student to best visualize the appearance of the back. Make note of any of the following possible abnormalities:
      - One shoulder is higher than the other
      - One shoulder blade is higher or more prominent than the other
      - The spine has an S-shaped or C-shaped curve
      - One hip is higher than the other
      - The space between the arm and the body is greater on one side than on the other side
      - The head does not appear centered directly in line with the pelvis
   C. Next view the student in a forward-bending position. The student should bend forward at the waist 90 degrees. Palms of the hands are held together. The head should be down. Make note of any of the following possible abnormalities:
      - One side of the rib cage is not symmetrical with the other
      - One side of the lower back is not symmetrical with the other
      - A curve in the alignment of the spinous processes
      - A scoliometer may be used if available. A measurement of 7 degrees or more off-center indicates a possible curvature and should be referred
   D. record observations and results on the screening worksheet. Additionally, make note of any student complaint of back pain or a history of scoliosis.
   E. Rescreen students at a later date if needed.
   F. A student found to have a possible abnormal spinal curve should be referred to a physician for further evaluation. The school nurse will contact the parent/guardian of those students identified via phone call or letter.
   G. A minimum of three attempts to contact a parent/guardian will be made, with one of them being via phone.
   H. A scoliosis referral with no parental response, refusal to follow-up, or student has withdrawn from school is considered a Non-Response Outcome and is coded as such on the Exhibit B.
   I. All information concerning the referral, follow-up, and outcome is recorded electronically in the District student information system.

Growth and Development Screening: Height, Weight, and BMI

Procedure:

I. Students to be screened
   A. All Pre-K, 1st, 3rd, and 6th grade students with written parental consent.

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

III. Performing the height and weight screening
   A. Prepare students for the screening by explaining the procedure.
   B. Have the students remove bulky jackets or sweaters. Students should be weighed in minimal indoor school clothing.
   C. If practical, have the student remove shoes. Otherwise, adjust the height recording if needed to reflect an accurate measurement.
   D. Students may need to remove hair accessories for measurement.
   E. Measuring the student
      1. Instruct the student to stand with the back as straight as possible, with feet slightly apart, and arms relaxed. The heels, buttocks, and shoulder blades should touch the wall or measuring surface being used.
      2. Lower the measuring bar or paddle to the crown of the head.
      3. Record the height to the nearest ½ inch on the screening worksheet.

   F. Weighing the student
   1. Instruct the student to stand in the middle of the scale or as indicated for the equipment being used.
   2. Student should remain still until the measurement is recorded.
   3. You may subtract 1 lb. to account for clothing.
   4. Record the weight to the nearest ½ lb. on the screening worksheet.

IV. Determining BMI
   A. The District student information system (Focus) may be used to calculate and record students' BMI Category (under, normal, at-risk, and obese). Input the student's information (including height/weight/ percentile) into the BMI section on the Health Screening tab. After 24 hrs., Focus will populate the categories (under, normal etc.) and then the school RN will calculate the percentile numbers for the Under and Obese students. The School RN will then put the calculated percentile number into Focus so it will populate on the referral letter that will be printed.
   B. The CDC's BMI calculator may be used to obtain the BMI. This can be found on the CDC website, BMI calculator for child and teen.

1. The date of measurement, date of birth, gender, height, and weight data should be entered into the calculator.
2. Record the BMI on the screening worksheet.
3. Record the BMI-for-age percentile on the screening worksheet.

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

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

2. The result of the calculation is the student's BMI.

V. Interpreting BMI results and appropriate follow-up

A. The following are the CDC's categories for BMI-for-age percentiles.
1. Underweight: less than the 5th percentile.
2. Healthy weight: 5th percentile up to less than the 85th percentile.
3. Overweight: 85th percentile to less than the 95th percentile.
4. Obese: equal to or greater than the 95th percentile.

B. Based on the percentile categories, parents/guardians of students in the underweight or obese categories will be contacted via phone call or informational let to recommend follow-up with a healthcare provider. The first attempt at contacting should be via phone call.

C. All information concerning the referral, follow-up, and outcome is recorded electronically in the District student information system.

Escambia County Public Schools Health Services Procedure for Conducting Student Health Record Review

Purpose: This procedure establishes protocols to educate clinic staff on the components of conducting a Student Health Record Review, which is required annually by the Florida Department of Health.

Definitions: **Record Review:** From the Florida DOH Coding Manual: Review and assessment of student records to determine immunization and health status, and any significant health risks or problems.

"*This service may be performed by school nurses, health room aides, or other trained service providers. The Record Review (0598) includes a review and assessment of health-related records to determine if each student meets school entry requirements (certificate of immunization current for grade level, school entry health exam, and student emergency contact/health information form) or has chronic or complex conditions or allergies. The first time during the school year that a student's health record is reviewed, code to the SERVICE FIELD and to the FTTY FIELD on the Exhibit B. Additional reviews of student health records during the school year are coded to the SERVICE FIELD only. A record review FTTY should be coded once per student per year. If a student's immunization record is reviewed again after the initial Record Review within the year, the service is coded as an immunization review (5033) with a FTTY. Each time the same student's immunization is viewed after that, it will be coded as an immunization review (5033), without a FTTY.*"

School Entry Physical Exam: Acceptable physical exams include: Florida School Entry Health Exam DH3040, FL High School Athletic Association Preparticipation Physical Evaluation EL2 (all pages must be present, not just page 4), or a physical exam completed and signed within 1 year prior to enrolling into a Florida School (can be from FL or out-of-state). School entry physicals are accepted conditionally pending review by a school nurse. School entry physicals must be signed by an advanced practice provider (MD, DO, DC [Doctor of Chiropractic], PA, NP).

Procedure:

I. Each student will have a record review done, at a minimum, at least once per school year. Documentation of the completed Record Review <u>must</u> be done in <u>two</u> places within Focus: once at the bottom of the <u>Immunization page</u>, and again towards the top of the <u>Medical page</u>. The following components are included in conducting a record review:

A. Immunization Page:

- Check to ensure the student has the Florida certificate of immunization current for their grade level, or a Religious Exemption DH681 scanned into the DH680 logging field with the correct corresponding code status selected in the Immunization Status field. Open and visualize the scanned-in Immunization Record and ensure it belongs to that student and it has the correct corresponding code assigned in Focus.
- If they are currently a Code 2 with a Temporary Exemption, annotate the certificate expiration date in the Vaccine Expiration Date logging field.
- If the current immunization record is not in compliance, or there is no certificate of immunization scanned in, check the student in Florida Shots to check for an updated immunization record that can be uploaded into Focus in the DH680 field and update the Immunization Status in the corresponding logging field.
- If the parent/guardian has copies of previous immunizations from out-of-state, have the parent/guardian fill out and sign an Out-of-State/Country Immunization Record Transfer form and assist them by faxing the signed form and out-of-state/country immunizations to the FL DOH in Escambia County. The DOH will transcribe the immunizations onto a Florida immunization certificate and upload into Florida Shots.
- Check to ensure the student has an acceptable and complete school entry health exam scanned in. Open and visualize the scanned-in health exam in the Physical Exam field and ensure it belongs to that student and that it is complete. Make note of any health conditions listed. If the school entry health exam is the State of Florida School Entry Health Exam DH 3040, be aware this document has two pages and should have both pages

present. Ensure the correct date on the physical exam is noted in the Physical Exam Date logging field.

- Use the Import from Florida Shots button to import current immunization records from Florida Shots if available (ensure it is the correct student prior to importing). If the student's record does not import, or only partially imports, manually type in the immunization dates from a certified DH680 and/or the Immunization History page in FI Shots.
- Check the Florida Shots website to look for current/updated DH680 or Religious Exemption DH681. If the record is found, upload and update the Code status, and uncheck the box "Parent did not provide DH680" if it is checked on the Immunization Page in Focus.
- If there are missing documents, or if the student is not in compliance with their immunizations or physical, the parent/guardian will need to be contacted to advise of the status of their child. This can be done by sending home a Health Record Referral form or via phone call.
- Document any efforts to communicate with parent to obtain missing documents in the Log of Missing Documents note section along with your name/title (this is a freehand space). There is also a space to scan/upload copies of Health Records Referral requests or any other supporting documentation requests. Attempts should be made several times throughout the school year to obtain necessary required immunizations and physicals for students. Keep school administration aware of school immunization/physical non-compliant students.
- Document your Record Review in the space provided at the bottom of the Immunization page.

B. Medical Page:

- Check to ensure the Parent Consent for School Health Services Log has had the consents transcribed (the opt-in/opt-out boxes). If the consent boxes are not checked, find the most current Health Verification Form or the Parent Consent for School Health Services Form to obtain the most recent consent and transcribe into the corresponding opt-in/opt-out boxes in Focus.
- Look for past Health Care Plans, Health Verification Forms, and any other indications on this page that would give you insight into the medical conditions of the student (if any).
- Update the Alerts and Health Concerns section. Ensure the appropriate boxes are marked (these are utilized to run district reports that have to be reported to the state) and the Parent-Reported Health Concerns and Other Health Concerns areas are filled out as applicable. The Other Health Concerns field is a freehand field that is utilized when parents write in any extra information, or for you to indicate specifics, such as specific food allergy--**do not** indicate "no meds in the clinic", "epi pen in clinic" etc.… in this field—put that information in the Life-Saving Medication field (example: "no inhaler in clinic 2023-24").
- Student HIV status is never documented; if a parent indicated HIV/AIDS, the data is redacted by the Supervising RN or the District Health Services Coordinator.
- Students who currently have (or have ever had) an inhaler for asthma, emergency epinephrine for a life-threatening allergy, or any medicine for seizures, or diabetes (even if it is not at the school), should have that condition checked as "Health Care Provider Verified", otherwise it is checked "Parent Reported". Only mark "HCP Verified" **OR** "Parent Reported"—They both cannot be checked at the same time for each health condition.
- The information you put in the fields on this page is not cleared each year, so it will remain until it is updated.

- Medical Alerts should be assigned to any student with a medical condition that warrants it—by checking the Medical Alert box, it creates a red caduceus symbol that will appear next to the student's name in Focus, so teachers/administrators will know that the child has some type of medical condition.
- Health Techs and other UAPs have access to alter the Parent-Reported Health Concerns and Other Health Concerns fields. Only the RNs have access to check/uncheck the Medical Alert boxes and check/uncheck the Medical Condition Alert Boxes.
- If the person who is conducting the Record Review is other than an RN, a list should be made and presented to the RN to have them update the Medical Alert boxes and the Medical Condition Alert Boxes.
- Document your Record Review in the space provided on the Medical Tab.

C. As the records are reviewed, make a working list of items that will need follow-up.
If the HT is completing the Record Review, they will log health conditions on the appropriate Health Problem Log and flag for the RN supervisor. If there is a student with a significant health condition, they will alert the RN supervisor immediately. Additionally, the HT will provide the RN supervisor with a list of students with physical/immunization issues.

D. Once you have completed a record review, count the service on your Exhibit B.

Escambia County Public Schools Health Services Procedure for Observing Universal Precautions

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

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

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

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

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

II. Wash hands thoroughly before and after all procedures.

III. Disposable supplies are to be used whenever possible. Items that touch only the intact skin (e.g. blood pressure cuffs) rarely, if ever, transmit disease. These items should be cleaned between patient uses. Should this equipment become contaminated with blood or body secretions, it should be cleaned with an approved disinfectant.

IV. Students will not share personal supplies, even disposables, such as lancets or nebulizer treatment tubing. Used lancets will be disposed of after use (see Biohazard Waste Management). Care should be taken when removing lancets from the device to avoid needle sticks. If school staff is unable to remove lancet, a

mechanical control device may be used such as a hemostat - contact the Coordinator, Health Services for assistance. Nebulizer tubing will be cleaned, allowed to air dry, and then stored in a clear plastic bag labeled with the student's name.

V. Clinic staff will wipe down frequently touched surfaces in the clinic daily, using only approved disinfectant received from the District warehouse. Cots will be wiped down in between uses and cot paper will be changed. Additionally, work surfaces will be decontaminated immediately (or as soon as feasible) after any spill of blood or other infectious materials, and whenever the surfaces are visibly contaminated. Gloves will be worn while cleaning.

VI. If an occupational exposure occurs, (i.e. needle stick or splash of blood or body fluids to a mucous membrane such as the eyes or mouth) immediately wash or rinse the area with copious amounts of water, and soap if possible. Clinic Vendor Nurses and Health Technicians will contact their immediate supervisor and follow the Vendor's organization's Exposure Control Plan. For District school faculty and staff, provide first aid and then contact the school's administration and designated point of contact for staff injury/exposure. Collaborate with the designated point of contact to follow the District's Exposure Control Plan by following the Online Claim Reporting procedure located on the Risk Management page of the District website.

Escambia County Public Schools Health Services Procedure for Hand Washing

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

Procedure: I. Indications for washing hands

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

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

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

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

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

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

Escambia County Public Schools Health Services Procedure for Biohazard Waste Management

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

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

Examples of items that can be **considered bio-hazardous waste** would be:

- Blood-saturated gauze or cotton ball, tissue saturated with bloody nasal secretions, or any porous material saturated with body fluids.

Examples of items **not to be considered bio-hazardous waste**:

- Band-aids, cotton balls for finger sticks, blood glucose strips, gloves, catheters, any non-porous item that cannot be saturated with body fluids, and any non-saturated gauze or tissue.

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

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

Procedure:

I. All non-sharp biohazard waste will be disposed of directly into a rigid, puncture resistant, leak-proof waste container identified with the bio-hazardous symbol (sharps container). Once a non-sharp item is placed in the sharps container, the container must be dated. The container will need to be disposed of within 30 days, even if it is not full. Assure that a new sharps container is present in the clinic before disposing of the used sharps container.

II. All used sharps will be placed immediately into a sharps container. Dispose of the sharps container when ¾ full. Notify RN Supervisor who will coordinate pick up/transport with the healthcare vendor for disposal. Once something other than sharps is added to the sharps container, it must be dated and disposed of within 30 days. Assure that a new sharps container is present in the clinic before disposing of the used sharps container.

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

IV. When filled, the cover of the sharps containers will be secured and taped in order to be ready for pick-up. All biohazardous waste is picked up by contracted vendor healthcare staff or mailed back in the box that is provided.

V. To request a new sharps container, contact RN supervisor or contracted vendor healthcare staff.

Escambia County Public Schools Health Services Procedure for Emergency Response

Prior to assessing or treating students, written parental consent must be verified. No assessment or treatment of students is allowed by clinic staff or district back-up staff without written parental consent. An attempt should be made to contact the parent/guardian if a student presents to the clinic and no consent is on file. The parents should be advised of the situation and a consent form should be sent home with the student, and the parent may choose to come to school to treat the child themselves. If unable to reach the parent/guardian, students should be taken to administration for assistance. Written parental consent remains in effect until changed in writing. Emergency care may be provided without parental consent if it is deemed reasonably necessary to prevent serious injury or death of a student.

Purpose: This procedure establishes guidelines for responding to emergencies.

Procedure:

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

II. Never leave an ill or injured individual unattended.
   A. Check to see if the student has a Medical History and/or 'rescue' medication in the clinic.
   B. Have someone call 911 and notify administration of a serious illness or accident, then have someone contact a parent/guardian.

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

IV. If necessary, initiate CPR/AED.

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

VI. 911 should be called immediately for the following:

A. Breathing problem.
B. Bleeding - severe or difficult to control.
C. Anaphylactic reaction (shock).
D. Burns – serious or covering a large area.
E. Head, neck, or back injury.
F. Concern about heart problem.
G. Diabetic coma or insulin reaction.
H. Drug overdose.
I. Student with Altered Level of Consciousness.
J. Unconsciousness.
K. Serious limb injury or amputation.
L. Penetrating injury or impalement.
M. Foreign object in throat. If the Heimlich Maneuver is used to clear an airway, a 911 call should be initiated even if the airway is cleared. Partial obstruction or swelling of the airway may occur after the initial event.
N. Anytime an emergency medication is given, i.e. Epinephrine auto-injector, Glucagon, Diastat, or other emergency seizure medication.
O. Anytime delegated in the Individual Health Care Plan.

NOTE: *Clinic staff DOES NOT accompany the student in the ambulance. The School District will send someone with the student if a parent is unable to be reached.*

Always notify school administration staff immediately of emergency situations and 911 calls. Complete a Medical Event Reporting Form and fax to the Health Services Coordinator at 469-5346.

Escambia County Public Schools Health Services Procedure for Clinic Communication

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

Procedure: I. Reporting Staff, Student, Volunteer, or Visitor Injuries/Medical Events

A. School Administration will be notified immediately (by clinic staff, SRO, available staff, etc.) of a staff, student, volunteer, or visitor that has experienced any injury or medical event on school property that necessitates further medical attention such as loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc.
School Administration will be also be notified by clinic staff as soon as possible (on the same day of the event), of any injury or illness of a student seen by the clinic staff in which the parent has indicated that they plan to take the student for further treatment (such as at an Urgent Care Facility, Dr.'s office, or Emergency Room).

B. An online District Student Accident Report (9200-RMT-004) is required to be completed by district staff and turned in to the principal (or other designees) for any staff, student, volunteer, or visitor that visits the clinic due to any injury on school property/field trip which may or may not result in loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc. The clinic staff will provide the information for the sections of the report that are pertinent to the care that they provided, including phone calls and follow-ups made by the health technician/clinic staff. The school staff that was in charge of the student at the time of the injury is responsible for initiating the accident report and ensuring its completion and submission to the principal or his/her designee. District staff will find the report under the Risk Management Department page on the District website.

1. Injury to clinic staff– Any event that causes injury to clinic staff while on duty must be communicated to the staff's employer immediately.
2. Examples of reportable employee injuries/near injuries include, but are not limited to:
   a. Musculoskeletal injuries from overexertion.
   b. Accidental trauma from a slip, trip, or fall.
   c. Exposure to bloodborne pathogens or other potentially infectious material.
   d. Inhalation of harmful smoke or fumes.
   e. Accidental needle stick/sharps injury.

C. A Health Services Medical Event Report will be completed by Health Service clinic staff and faxed to the District Health Services Coordinator for any staff, student, volunteer or visitor that the clinic staff treats (and/or assists with) that has experienced any injury or medical event on school property that necessitates further medical attention such as loss of consciousness, excessive bleeding, use of emergency medications, broken bones, 911 calls, etc. This report is created for the purpose of quality and improvement and can be found on the Health Services page of the District website, under clinic forms.

II. Communication and education materials to parents:

A. Only previously approved form letters can be given out in the clinic. These are for the sole purpose of education.

B. No letters of mass communication to parents will be created by Health Technicians or Nurses until reviewed and approved by the School Principal and the District Health Services Coordinator.

C. Clinic staff are permitted to draft letters of information if requested; however, the letters must be signed and approved by the appropriate person(s) before dissemination.

III. Communication to school staff

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

IV. Communication with School Administration

It is imperative that the RN Supervisor and Health Technician keep School Administration informed on occurrences that involve the clinic. School Administrators should be notified as soon as possible of any situation that involves matters such as: significant illness or injury, medication errors, parents who are upset and/or are challenging District policy & procedures.

IV. Parent/Guardian Communication

The Student Information System (FOCUS) has several icons that are used to indicate Contacts. Please read the description of the icon to know the purpose of each icon.

The pink gavel indicates the contact has custodial rights, including the right to access education records and the right to confer with school staff. This may not be the parent with whom the child lives. Both parents have equal custodial rights unless restricted by court order.
If you need to contact a parent concerning a student's health issue, you may call any contact that has this gavel. They are the first contacts you use.

The yellow warning icon indicates this is an emergency contact.
If you cannot reach a parent that has the pink gavel icon, you may call an emergency contact, but the only information you may give is that you need to talk to the parent concerning the student.

The green car indicates the contact can pick up the student.
You may also call this contact if you cannot reach a parent, but you can only tell them that you are trying to get in touch with the parent and ask for their help.

The red note icon indicates the contact has notes entered in the contact record. Hover over the note icon to view the note in a tool tip.

This icon indicates that this contact has the authority to review education records and confer with school staff which has been conferred by parental consent or court order.
You may call and speak to this contact.

Escambia County Public Schools Health Services Procedure for Clinic Visit Documentation

Purpose: This procedure establishes guidelines for the documentation of information from student visits to the School Health Clinic.

Definitions: **Daily Clinic Log** – Log that is in paper format located in the clinic which is utilized to document the visits to the clinic as they occur throughout the day. It captures the student's identity, time in and out of clinic, the reason for the visit, and the course of action during their visit.
Daily Visit Log – Section in Focus in which the information on the daily visits from the Daily Clinic Log is transferred to be stored in electronic format.
Exhibit B – Electronic report accessible to the Supervising RN and Health Technician for their specific school which captures the numerical data of the day's visits and other activities that occur on a daily basis.
Focus – District electronic Student Information System

Procedure:

I. Clinic visit documentation by RNs, Heath Technicians, and designated district clinic backups.
   A. The Daily Clinic Log is to be utilized daily by RNs, LPNs, Health Technicians, and designated district clinic backup staff as students visit the clinic.
   B. The Daily Visit Log section in Focus should be filled out with the information that was gathered on the paper Daily Clinic Log daily (whenever possible). It is imperative to transfer the information from the Daily Clinic Log into Focus in a timely manner, so the school administration has access to see the visits that occurred in the clinic on a daily basis. The RNs, LPNs, and Health Technicians are responsible for entering their data.
      1. The designated district clinic backup does not have access to this section in Focus, therefore it is the Supervising RN's responsibility to ensure the information gets transferred in a timely manner whenever the clinic is covered by a district backup. The RN can input the data, or delegate the task to the Health Technician.

   C. The Exhibit B is to be filled out with the corresponding data from the day's visits by the RNs, LPNs, and Health Technicians that were working at the clinic that day. It is important to document on the Exhibit B in a timely manner.
      1. The designated district clinic backup does not have access to the Exhibit B, therefore it is the Supervising RN's responsibility to ensure the information gets transferred in a timely manner whenever the clinic is covered by a district backup. The RN can input the data, or delegate the task to the Health Technician. The district backup's data should be documented under the HT/LPN section of the Exhibit B.

Escambia County Public Schools Health Services Procedure for Common Symptom Management, First Aid, and Wound Care in the Clinic

Prior to assessing or treating students, written parental consent must be verified. No assessment or treatment of students is allowed by clinic staff or district back-up staff without written parental consent. An attempt should be made to contact the parent/guardian if a student presents to the clinic and no consent is on file. The parents should be advised of the situation and a consent form should be sent home with the student, and the parent may choose to come to school to treat the child themselves. If unable to reach the parent/guardian, students should be taken to administration for assistance. Written parental consent remains in effect until changed in writing. Emergency care may be provided without parental consent if it is deemed reasonably necessary to prevent serious injury or death of a student.

Purpose: This procedure establishes guidelines regarding the most common symptoms seen in the School Health Clinic. Additionally, this procedure establishes guidelines to ensure safe and effective delivery of care to patients who have or are at risk for impaired skin integrity. A comprehensive approach to wound care will include assessment, prevention, care and treatment, and education.

NOTE: Document what you see and your treatment in the District Student Information System, in the Daily Visit Log.

Students who do not need medical attention may not remain in the clinic more than 20 minutes after the parent/guardian has been notified. Otherwise, the student must return to class.

Procedure:

I. **Bites / Stings / Splinters**

A. **Animal bites** (Bites from the following animals can carry rabies and may need medical attention: dog, bat, opossum, raccoon, fox, coyote, cat).

1. Wear disposable gloves when exposed to blood or other body fluids.
2. Wash the bite area with soap and water; hold under running water for 2-3 minutes.
3. If the bite is from a snake, hold the bitten area still and below the level of the heart. Call the Poison Control Center at 1-800-222-1222.
4. If the bite is large and gaping or bleeding profusely, apply pressure to control bleeding, call EMS.
5. Notify the school principal/designee and parent/guardian.

B. **Human bites that break the skin.**

1. Wear disposable gloves when exposed to blood or other body fluids.
2. Wash the bite area with soap and water; hold under running water for 2-3 minutes.
3. Parent/guardian of the student who was bitten **and** of the student who was biting should be notified that their child may have been exposed to blood from another student. District Student Accident Report and Health Services Medical Event report must be completed.
4. Administration will call the parent/guardian of the student who did the biting. Health clinic staff/clinic District back-up will call the parent/guardian of the student who was bitten. The name of the student who bit the other student will not be shared with the parent/guardian of the student who was bitten.
5. Notify school clinic staff and appropriate school personnel.

II. **Insect Bites/Stings/Splinters**

1. If available, follow the student's Individual Health Care Plan.
2. Investigate for any history of allergy to stings or insect bites. Assess the student carefully for signs of a possible anaphylactic reaction after being stung/bitten;
   a. Difficulty breathing.

b. A rapidly expanding area of swelling, especially around the lips, mouth, or tongue.
c. Rash or hives that appear on the body.
d. GI distress to possibly include abdominal cramping, nausea, vomiting, or diarrhea.

3. If available, administer doctor and parent-approved medications for that student. **Remember if Epinephrine is administered, you always call EMS (911)!**
4. Do not remove stingers, splinters, or staples. Contact parent/guardian.

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

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

IV. **Breaks/ Strains**
A. Treat all injured body parts as if they could be fractured/ broken.
B. Assess the injured body part for:
1. Pain in one area.
2. Swelling.
3. Feeling "heat" in the injured area.
4. Discoloration.
5. Limited movement.
6. Bent or deformed bone.
7. Numbness or loss of sensation.
C. For obvious deformity, stabilize and cover the injured area, immediately notify parent/guardian and administration, and activate EMS if necessary.
D. Rest the injured part by not allowing the student to put weight on it or use it.
E. Gently support and elevate the injured part.
F. Apply ice, to minimize swelling - cover the ice pack with a cloth or paper towel.
G. After a period of rest, recheck the injured part.
1. If the pain is gone and the student can move or put weight on the injured part without discomfort, and there is no presence of numbness or tingling then the student can return to class. Notify parent/guardian with a courtesy call to inform them of the injury.
2. If pain, swelling, or numbness continues, contact the parent/guardian.

NOTE: Always notify parent/guardian when a student becomes injured at school.
Don't forget to provide information for the District Accident Report and complete a Health Services Medical Event Report if warranted.

V. **Diarrhea and Vomiting-** May be the result of illness, injury, food poisoning, pregnancy, heat exhaustion, overexertion, side effects of medication, nervousness, or other causes. Vomiting can sometimes be self-induced (behavioral vomiting on command) or be due to a medical condition such as Cyclic Vomiting Syndrome. If the cause of the vomiting is known, see the appropriate guideline for the cause. If the cause does not involve illness, the student may remain at school. Parent/guardian should be notified.
A. Always wear disposable gloves when handling blood or body fluids.
B. Apply a cool, damp cloth to the student's face or forehead.
C. Have a bucket available.

D. Student may lie down on his/her side.
E. Do not give food or medications.
F. Call parent for student pick up if indicated. Inform the parent that the child should remain at home for 24 hours after the last vomiting or diarrhea episode.

VI. **Fever** – A temperature of 100.4 and over is considered a fever.

A. Take the temperature using an approved thermometer.
B. Document your reading in the "Daily Visit Log" tab of the electronic student information system, under "additional notes".
C. If fever is questionable, have the child lie down and repeat in 5-10 minutes, document this as well, before calling the parent.
D. Students with a temperature of 100.4 and over must be sent home.
E. Isolate the student from other students if possible while waiting for the parent/guardian to arrive.
F. Inform the parent that the child should remain at home until fever free for 24 hours without fever-reducing medication.

VII. **Heat exhaustion/Heat Stroke**- Strenuous activity in the heat may cause heat-related illness.

A. Remove the student from heat to a cooler place.
B. Observe the student for the following symptoms:
   1. Heat Exhaustion:
      i. Faint or dizzy.
      ii. Excessive sweating.
      iii. Cool, pale, clammy skin.
      iv. Nausea or vomiting.
      v. Rapid, weak pulse.
      vi. Muscle cramps.

   2. Heat Stroke:
      i. Throbbing Headache, confusion.
      ii. No sweating.
      iii. Red, hot, dry skin.
      iv. Nausea or vomiting.
      v. Rapid, strong pulse.
      vi. May lose consciousness.

C. Attempt to cool child by placing wet towels on them with room temperature water, NOT ice water.
D. If a student is not vomiting or confused, and the student is awake and fully alert, give clear fluids in small amounts. Notify parent/guardian.
E. If a student begins to get confused or loses consciousness, place on his/her side to protect the airway and initiate EMS (911).

VIII. **Nose Bleeds**

A. Put on gloves when handling any blood or body fluids.
B. Place the student in a forward sitting position (do not tilt the head backward); ice can be placed on the back of the neck and/or the bridge of the nose.
C. Do not place any foreign objects in the child's mouth or nose.
D. Apply constant pressure to bridge of nose for 5-15 minutes.
E. Encourage mouth breathing and discourage nose blowing, repeated wiping or rubbing.
F. Notify parent/guardian.

IX. **Rashes**

A. Rashes can have many causes including heat, infection, illness, reaction to medications, insect bites, dry skin, or skin irritations.

B. Some rashes may be contagious; always wear disposable gloves when in contact with any rash.

C. Document:

1. Location.
2. Color.
3. Raised or flat appearance.
4. Size of lesion/area (compare to coins, i.e. dime, quarter size, etc.).
5. Exudate - is anything draining from the rash? Describe the amount, color, and odor of drainage.
6. Presence of other symptoms, i.e. fever, headache, diarrhea, sore throat, vomiting.

D. Because of the probability of rashes being contagious, any student with a rash of unknown origin, should be picked up by the parent/guardian and advised to get a medical assessment and cannot return to school until the rash is gone, treatment has been obtained, or medical provider has given a release to return to school.

E. If you suspect that the student has a heat rash, have him/her rest and cool down; if rash disappears, the student may return to class.

F. Students with diagnosed eczema can apply medicated creams as authorized, (or call home for them) and return to class after application.

X. **Stomach Pain**

A. Stomach aches may have many causes including illness, hunger, over-eating, diarrhea, food poisoning, menstrual difficulties, psychological issues, anxiety, constipation, gas pain, and pregnancy.

B. Take student's temperature (100.4 or over is a fever).

C. If student has a fever, contact the parent/guardian for pick-up.

D. If no fever or vomiting accompanies the stomach ache, the student may be allowed to rest for up to 20 minutes.

1. If a student feels better, they may return to class.
2. If stomach ache persists or becomes worse, contact the parent or guardian to inform them of the student's condition.

XI. **Teeth**

A. Loose teeth (non-permanent).

1. In order to not cause any tissue tearing/damage, <u>do not pull loose teeth.</u>
2. Provide student with a container to place tooth in once it comes out.
3. Have student rinse out mouth with cold water.

B. Knocked out or broken permanent teeth.

1. Find tooth: if tooth is dirty, clean it gently by rinsing with water. Do not scrub or brush the tooth.
2. The tooth must not dry out! The following steps are listed in order of preference: (within 15-20 minutes).
   a. Place tooth gently back in socket, and have student hold it in place; or
   b. Place tooth in glass of skim milk or low-fat milk; or
   c. Place tooth in normal saline; or
   d. Instruct student to spit into a cup; place tooth in the cup; or
   e. Place tooth in a glass of water.
3. Apply a cold compress to face to minimize swelling.
4. Contact parent/guardian; student should be seen by a dentist within 60 minutes.

XII. Tick Removal

A. Please remember that the role of the Health Technician does not allow for any undelegated invasive procedures.

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

C. The parent/guardian has the option of:

1. Coming to the clinic to attempt removal of the tick themselves.
2. Taking the child to the physician to ensure complete removal.

XIII. Wound care/first aid

A. Observe any wound for the following:

1. Location of the wound.
2. Size.
3. Color, odor, texture, and approximate amount of drainage (exudates).
4. Condition of skin surrounding the wound and the edges of the wound.
5. Current or previously used treatments and their results.
6. Amount of time the wound has been known to exist.

B. Care and treatment of wounds.

1. Always wear disposable gloves when exposed to blood or body fluids.
2. Use wet gauze to wash the area with soap and water to remove dirt. Rinse under running water; pat dry, and apply clean gauze dressing/ bandage.
3. The only approved cleaning agent for wounds in the school clinic is <u>soap and water</u>!
4. After gentle cleansing, the open wound can be covered with a bandage to prevent contamination of the wound.
5. Vaseline ointment is permitted to be used as needed.
6. If the wound is large and unable to be adequately covered, the parent needs to be called to take the child to seek medical care.
7. Clearly document your assessments and care given in the electronic student information system.

XIV. Altered Level of Consciousness

A. Definition: A normal state of consciousness is the level of wakefulness, awareness, or alertness that most people function at while they are not asleep. An abnormal, or altered level of consciousness, is when a person is not functioning at the normal level of consciousness that they would be at during any given day. An indication of an altered level of consciousness may be present when some of the following are observed:

1. Confusion or disorientation.
2. Verbal response being sluggish or incoherent, or speech is rapid and pressured.
3. Slowed motor response or hyper activeness.
4. Pupils being either dilated or pinpoint and/or a sluggish eye-opening response.
5. Increased or decreased respirations.
6. Skin color changes such as pale, blue tint to the skin or red and flushed.

B. Altered level of consciousness is not a disorder on its own but is a symptom of an underlying pathophysiologic cause. Some conditions that can cause an altered level of consciousness that might be encountered in the school setting include:

1. Neurologic.
   a. Head Injury.
   b. Stroke.

c. Seizures.
d. Cerebral Edema (swelling of the brain).

2. Metabolic.
   a. Diabetes (hypoglycemia or diabetic ketoacidosis).
   b. Infection.
   c. Extremes of body temperature (hypothermia or heat stroke).

3. Toxicologic.
   a. Poisoning (toxic ingestion).
   b. Neurotoxin from insect/tick/snake bite.
   c. Drug overdose.
   d. Alcohol intoxication.

C. Treatment of students with an altered level of consciousness:
   1. This is an emergent situation. If you encounter a student who is exhibiting signs of an altered level of consciousness, an assessment should quickly take place to try to determine the cause.
   2. Check the child's health history to see if there is any history of a medical condition, ask the student about medical history, and any recent activities that could identify head injury or insect/tick bites. Ask the student if they have recently been exposed to anything, or ingested anything out of the ordinary.
   3. If a student admits to having taken a medication or substance that is not prescribed to them, has taken too much of prescribed medication, or has taken some other drug recently, EMS should be called immediately. Even if there is not an altered level of consciousness if a student has admitted to ingesting medications or other substances recently, EMS should be called immediately, as you do not know the absorption rate of what was ingested and the student's condition could deteriorate quickly.
   4. After EMS is called, then a School Administrator and then the parents should be notified of the situation and that EMS has been activated. If the parent wishes to decline transport by EMS then they will discuss that with EMS once EMS arrives at the school.
   5. Do not leave the student alone. Monitor student until EMS arrives. If the student's condition deteriorates, initiate CPR if indicated.

NOTE: A head injury is any trauma that leads to injury to the scalp, skull, or brain. The injury can range from a minor bump on the skull to a serious brain injury. Most head trauma involves injuries that are minor but emergency personnel should immediately treat any serious or potentially serious head injury.

XV. **Head Injury**

A. Two classifications of head injury:
   1. Closed head injury: any injury to the brain or structures within the skull that is not caused by a penetrating injury.
   2. Open head injury: any injury to the brain or structures within the skull that is caused by a penetrating injury.

B. Types of brain injuries:
   1. Concussion: This is the most common type of traumatic brain injury that temporarily affects normal brain function.
   2. Contusion: bruising of the brain tissue.
   3. Subdermal Hemorrhage/Hematoma: bleeding in the area between the brain and skull.
   4. Hematoma: bleeding in the area between the skull and skin that forms a bump that looks like a "goose egg".

C. Minor head injury.

1. A minor head injury may cause the brain to have trouble working normally for only a short period of time. It is often caused by a blow to the head from falling, bumping heads, or sports injury. Signs and symptoms may include one or more of the following:
   a. Brief loss of consciousness.
   b. Sense of being "dazed" or seeing "stars."
   c. Mild to moderate headache.
   d. Blurred vision.
   e. Dizziness.
   f. Temporary loss of balance.
   g. Nausea or vomiting.
   h. Change in mood.
   i. Trouble thinking, or concentration.
   j. Ringing in ears.
   k. Drowsiness or decreased amount of energy.
   l. Irritability.
2. Keep the student lying down, still, and quiet until symptoms resolve or until medical help arrives.
3. Prevent movement of the neck and spine.
4. Maintain universal precautions.
5. If the student is vomiting, roll the head, neck, and body as one unit to prevent choking.
6. The forehead and scalp have an abundant blood supply. As a result, any injury to these areas often results in bleeding, swelling, or bruising. Treatment for cuts or lacerations:
   a. Maintain universal precautions.
   b. Clean area with soap and water (do not clean area if large amount of bleeding is present).
   c. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth.
   d. If dressing becomes soaked, add more dressings (do not remove original dressing).
   e. Notify school administration or designee. Notify parent/guardian of injury and need for medical advice. Call 911 immediately for any potentially serious head injury.
7. Treatment for bleeding under the skin "goose egg", or bruising or swelling.
   a. Immediately apply ice for 15 – 20 minute intervals for the first 24 hours (do not apply ice directly to the skin).
   b. Notify parent/guardian of injury.
   c. Seek medical advice if any other symptoms present.

D. Severe head injury/Concussion.

A severe head injury may involve symptoms lasting for several minutes, days, or longer. The student may suffer from severe and sometimes permanent neurological deficits or may die from a severe head injury. They are often caused by a forceful impact from objects, falls, motor vehicle accidents, or sports injuries.

1. Signs and symptoms may include one or more of the following:
   a. Confusion.
   b. Slurred speech.
   c. Mood and personality changes.
   d. Drowsiness, weakness.
   e. Inability to move arm or leg.
   f. Loss of balance.
   g. Loss of consciousness for more than one (1) minute.
   h. Severe headache.
   i. Sensitivity to light.

j. Vomiting more than once.
k. Severe head or facial bleeding.
l. Clear or bloody fluid draining from nose, mouth, or ears.
m. Changes in or unequal size of pupils.
n. Seizures.
o. Black and blue discoloration below the eyes or behind the ears.
p. Slow breathing rate.

2. Treatment:
   a. Call 911 immediately for any potentially serious head injury. Notify school administration or designee, parent/guardian, and follow up with immediate supervisor after emergency is resolved.
   b. Keep student lying down, still, and quiet until medical help arrives.
   c. Prevent movement of the neck and spine.
   d. Maintain universal precautions.
   e. If the student is vomiting, roll head, neck, and body as one unit to prevent choking (log roll).
   f. Stop bleeding by applying firm pressure to the wound with sterile gauze or a clean cloth. If a skull fracture or skull penetration is suspected, do not apply direct pressure to the wound or remove any object or debris from the wound.
   g. Initiate CPR/AED if needed.

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

XVI. **Burns**

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

B. Second-degree burns are deeper than first-degree burns and may split or blister the skin layers. The skin will be red or mottled in appearance; the skin may also appear wet or shiny. They are usually very painful, may cause blisters, and may cause a considerable amount of swelling over a period of time. Causes may include hot liquids, flash burns from gasoline, sunburn, etc. Treatment is as follows:
   1. Remove rings, bracelets, or any constricting jewelry before swelling occurs.
   2. Place burned area under cool running water, and apply cool compresses (NOT ice packs) for 15 minutes or until pain/heat subsides; always cover compresses with paper towels before placing them on the skin/burn.
   3. Cover burn loosely with a dry, sterile, or clean dressing. Avoid fluffy cotton or material that may get lint in the wound.
   4. If arms or legs are burned, elevate them above the level of the heart.
   5. Do not apply any type of ointment, cream, salve, etc.
   6. Do not attempt to break blisters or remove tissue.
   7. Notify parent/guardian and recommend that the student be seen by a physician. Notify school administration or designee.

C. Third-degree burns destroy all layers of the skin and extend into deeper tissues. This type of burn is usually painless due to the destruction of nerve endings. These burns appear dry and white or black and charred. Third-degree burns are most frequently caused by ignited clothing, immersion in hot water, contact with flames, fire or electricity etc. Immediate treatment is as follows:
   1. Remove rings, bracelets, or any constricting jewelry or clothing before swelling occurs.
   2. Cover burn with a cool, moist sterile bandage, clean moist cloth, or moist towel.
   3. Do not attempt to remove garments that are clinging or sticking to the skin.
   4. If arms or legs are burned, elevate them above the level of the heart.
   5. Do not apply any type of ointment, cream, salve, etc.
   6. Call 911 and notify school administration or designee, and parent/guardian.
   7. Keep student warm, calm, and reassured.
   8. If necessary, treat student for shock or administer CPR.

D. Chemical Burns.
   1. If possible, immediately remove all contaminated items and clothing.
   2. Read container labels for guidance or call Poison Control at 1-800-222-1222.
   3. Provide treatment as per guidelines for specific chemical reactions.
   4. Cover burn area with dressing depending on the degree of burn (see section C,2 above).
   5. Notify school administration or designee and parent/guardian.
   6. Recommend to parent/guardian that the student be seen by a physician.

NOTE: A burn to the eye may appear only slightly injured, but later it may become deeply inflamed and develop tissue damage and sight may be lost.

E. The Eye.
   1. Flush eye with tap water for at least 15 minutes.
   2. If person is lying down, turn head to side and pour water into eye from inner corner of eye outward; hold eye open, and do not wash chemical into the other eye.
   3. Caution and instruct not to rub the eye.
   4. Immobilize eye by covering it with dry dressing. If possible, cover both eyes.
   5. Call 911 and notify school administration or designee, and parent/guardian.

NOTE: Always call parent/guardian and notify them of the accident/injury and the treatment given and notify the school administrator.

Procedure for Head Lice (Pediculosis Capitis)

Purpose: This procedure establishes guidelines for the school health clinic staff and school personnel regarding the identification and management of lice in the school setting.

Definition: Head lice, or Pediculosis capitis, are small, wingless insects that live on the human scalp and feed on blood. They attach their eggs (nits), to the hair near the scalp. Head lice spread through direct head to head contact and do not carry disease, but they cause itching and scalp irritation. Head lice move by crawling; they cannot hop or fly.

Misdiagnosis of head lice is common. The most reliable way to identify an active infestation is by finding live lice on the scalp or hair. Because adult and nymph lice are very small, move quickly, and avoid light, they can be difficult to detect. If live lice are not seen, check for nits firmly attached within ¼ inch of the scalp, most often behind the ears and at the back of the neck. Nits can closely resemble dandruff; however, dandruff flakes can be easily brushed or shaken off, while nits are firmly attached to the hair shaft and require effort to remove. A fine-toothed lice comb and a magnifying lens may help with identification, as nits are often mistaken for dandruff, hair spray residue, or dirt particles.

Procedure: The following steps will be taken when a student is initially identified with live head lice or nits within ¼ inch from the scalp:

1. The parent or guardian will be contacted to pick up the student.
2. School clinic staff will give the parent/guardian the following forms:
   A. Parent/Guardian Lice Notification Letter
   B. Recommended Treatment for Head Lice Parent Handout
3. If parent/guardian cannot be reached, the student may be sent home on the bus with the forms listed above. The student will remain in the clinic for the remainder of the day.
4. After treatment, the student must report to the clinic with a parent/guardian to be cleared before returning to class.
5. The student may return to class only if no live lice are present.
6. The student will be called to the clinic in 7–10 days for a recheck to ensure the treatment was effective.

7. Upon the third incident of lice in a single semester, the student will be referred to the school social worker. The social worker may refer the student to other available resources as needed.
8. Classroom notification letters will not be distributed.
9. Based on current recommendations from the CDC and the American Academy of Pediatrics, clinic staff do not perform full classroom lice screenings. Only symptomatic students will be evaluated.

All students who are screened for head lice will be documented in the head lice tracking log.

Parent/Guardian Lice Notification Letter

Dear Parent/Guardian,

Your child, _____, has been found to have live lice and/or nits (eggs) less than ¼ inch from the scalp. Head lice can affect any child and are not a reason for panic or embarrassment.

Please refer to the Recommended Treatment for Head Lice handout for guidance on effective treatment.

Your child may not return to school until treatment has been completed. We encourage you to treat your child today so they can return to class as soon as possible. After treatment, a parent or caregiver must bring the child to the school clinic so staff can verify that treatment was completed, check for live lice, and clear the child for return to class.

It is also important to teach your child ways to prevent lice. Instruct your child not to share hats, brushes, or hair accessories with others. If you have any questions, please contact the school clinic.

Sincerely,

_____ _____

Clinic Staff Signature Date

Recommended Treatment for Head Lice

All household members should also be checked for the presence of head lice and nits.

1. Treat active infestation:
    - The recommended first line treatment is an FDA approved, lice elimination solution. Products containing Permethrin are the treatment of choice. Treatment solutions can be purchased at most stores without a prescription.
    - Before applying treatment, remove all clothing from the child waist-up. Cover the child's eyes with a towel or washcloth. Do not apply treatment in the shower or bathtub. Have the child to lean over the sink and apply the product to the scalp and hair to reduce absorption through other skin areas.
    - Apply lice product on dry hair, according to the label instructions.
    - Do not rewash the hair for 1-2 days after treatment.

2. Removal of eggs (nits):
    - Female lice lay nits close to the scalp. The nits are firmly attached to the hair shaft. Proper nit removal is essential to prevent re-infestation.
    - Following treatment, use a metal lice comb to remove lice and nits from wet hair. For thick hair, apply conditioner to help the comb glide through the hair. A 50 percent vinegar and water rinse may also help with nit removal.
    - Nit removal can be time-consuming, taking over an hour to thoroughly comb all hair. Comb the hair daily for several days to ensure nits are removed before they are able to hatch.

3. Follow-up:
    - Female lice can lay up to 10 eggs per day. They will typically hatch in 8-9 days and reach adulthood within 7-12 days. Without proper treatment, the cycle is likely to repeat.
    - Check the hair for lice and nits every day for the first few weeks, then weekly for the following four weeks to ensure a re-infestation has not occurred.
    - Follow the product label for retreatment if needed.

4. Cleaning the Environment:
    - Wash clothing, bed linens, and towels in hot water and dry in a dryer.
    - Vacuum carpets, rugs, and upholstered furniture thoroughly.
    - Pillows, stuffed animals, and non-washable items can be placed in a hot dryer for at least 10 minutes or sealed in a plastic bag for two weeks.
    - Soak combs, brushes and hair accessories in hot water (130 degrees or higher) for 10 minutes.

5. Prevention:
    - Avoid head-to-head contact during play.
    - Do not share hats, scarves, hair accessories, combs, brushes, or towels.

Escambia County Public Schools Health Services Procedure for Administering Medication

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

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

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

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

Student Medication Record (SMR) - Report that serves as documentation/legal record of the medication administered to a student at school.

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

Procedure:

I. Steps to administering medication
   A. Wash hands.
   B. Obtain medication and supplies.
   C. Review the medication authorization form, medication label, and expiration date. Check the eight rights of medication administration (Note: follow universal precautions).
      1. RIGHT student
         a. Ask the student to state his/her name
         b. Ask the student their date of birth or color of pill
         c. Repeat the student's name ask them to verify
         d. Wait for student response
      2. RIGHT medication
      3. RIGHT dosage
      4. RIGHT time
         a. Dose should be given no earlier than 60 minutes before or no later than 60 minutes after dose time to be considered "on time"
      5. RIGHT route
      6. RIGHT documentation
      7. RIGHT expiration
      8. RIGHT to refuse (You may encourage, but do not ever force a student to take medication) Contact parent if student refuses to take a medication.
   D. Administer the medication.
   E. Document on the student's Medication Administration Record <u>immediately</u>.
   F. Expired Medication- notify parent if medication is nearing expiration date. If medication has expired, contact parent to come and pick it up from the clinic. Do not administer expired medication. Lock expired medication in a separate location until parent arrives to retrieve it. School Nurse may contact student's parent and medical provider in unique cases of expired medication.

NOTE: FDA-regulated herbal medications are treated as other "over-the-counter" medications that require a Dispersion of Medication Form to be completed. Non-FDA-regulated herbal or natural substances will not be administered by school district/clinic staff. A parent may come to the school to administer such substances to their children.

NOTE: Cough drops, sunscreen, or lip balms (i.e. Chap Stick) are checked into the clinic or permitted to be carried by students at the discretion of the school principal or their designee only. This decision can vary depending on the school. Cough drops and sunscreen are not considered medications for this policy.

II. Medication administration routes:

A. Oral Medications

1. Dropper – Squirt medication to the back and side of the student's mouth in small amounts.
2. Syringe – Place syringe to the back and side of the student's mouth. Give the medication slowly, allowing the student to swallow.
3. Nipple – Pour medication into the nipple after it has been measured. Allow the student to suck the medication from the nipple. Follow the medication with a teaspoon of water.
4. Medicine cup – Place the medication in the cup. If the student is capable of drinking the medication without help, allow him/her to do so. If the student is unable to hold the cup, hold the cup and allow the student to drink the medication.
5. Tablet – If the student is able to swallow a tablet, have the student place it on the middle of the tongue; then swallow the tablet with juice or water.
   a. School personnel should not divide un-scored tablets.
   b. Do not force the student to take the tablet if he/she resists because of the potential for aspiration.
6. Capsule – Give the student the capsule and instruct him/her to place the capsule on the back of the tongue, and have the student swallow with lots of fluids. Some capsules may be opened and sprinkled on a spoonful of food. Check with a pharmacist to see if this may be done.

B. Nose drops or Nasal Spray

1. Ask student to blow nose into a tissue to clear nasal passages first.
2. Student may be able to give own medication if they are able to follow directions to administer the medication. If not, for Nose Drops; slightly tilt student's head back and instill the prescribed number of drops into each nostril. For Nasal Spray; keep student's head upright, close off one nare, and squeeze the bottle for the number of prescribed sprays into each nostril (if more than one spray is indicated in each nostril, allow the student to inhale/sniff medication into sinus between sprays).

C. Ear drops

1. Tilt student's head away from the affected ear.
2. Pull pinna (outer edge of ear) upwards and back. Instill ear drops as ordered.
3. Student should remain in this position for 5-10 minutes.

D. Eye drops or ointment

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

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

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

G. Intramuscular injection
1. Apply clean gloves and determine appropriate site. Use anatomical landmarks to locate exact injection site.
2. Student may cleanse injection site with alcohol swab in circular motion starting at site and working away from area. Allow to dry.
3. Remove needle guard and hold syringe like a dart between thumb and forefinger of dominant hand. Insert the needle at a 90 degree angle to the client's skin surface.
4. Withdraw needle and use cotton ball to apply pressure to site. Gently massage site. **Do not recap needle.**
5. Dispose of syringe and needle directly into sharps container.

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

III. Possible problems with medication administration
A. Failure to follow any of the eight rights of medication administration.
B. Medications not given – report to parents immediately.
C. Choking – stop giving medication immediately.
a. If student recovers and is breathing normally, medication may be given.
b. If student is believed to have an obstructed airway, perform the Heimlich Maneuver, activate emergency response, and begin CPR as needed.
D. Allergic reaction to medication – see procedure for *Anaphylaxis.*
E. Expired Medication-see section "Expired Medication."
F. In unique circumstances, if a Dr has ordered a change in medication dose, and a new pharmacy bottle cannot be obtained yet, and the parent/guardian is not able to administer the medication during the school day, some accommodations can be made for a limited time, with RN Supervisor and District Health Services Coordinator approval. All efforts must be made to reduce the chance of medication error during this limited time.

G. If a student fails to come to the clinic at the scheduled medication administration time, the clinic staff will locate the student to remind them to come to the clinic. This may involve front office staff to assist in locating the student.

H. If a student's pill falls onto the floor during administration, do not administer it. Contact the parent/guardian to notify them of the situation and give them the option of coming to pick up the dropped pill or having it destroyed. Chart a comment on the back of the SMR of what happened and the disposition of the dropped pill. Place the dropped pill in a ziploc bag, labeled with the student's name, medication, strength, date, and indicate on the bag it was dropped and if it will be picked up by parent or destroyed per parent's request. Store the bag in the quarantine section of the medication cart (or locked medication location). Dropped pills that are to be destroyed will be transported to the Coordinator, School Health Services' office at a designated time.

IV. If a medication error occurs:

A. Always notify Parent, Administration, Supervisor, and Physician if indicated.

B. Complete a Medication Error Report and contact your supervisor. Supervisor must complete the Action Taken section and then fax to School District Health Services Coordinator within 24 hours of knowledge of error, if possible. Do NOT email Medication Error Reports.

C. If a medication is not administered within the hour before/hour after window of time, it is a medication error and must be documented as such. The school nurse must be contacted. The school nurse should use nursing judgement as to whether the medication should then be administered or not. A parent must be notified of the error and of the actual time the medication is to be given. If the school nurse determines that the medication is to be administered, a comment must be made on the Student Medication Record documenting the actual time, contact of school nurse, contact of parent, and reason for variance.

V. Monthly Medication Reconciliation

A. All Scheduled and PRN medications will be counted monthly and reconciled by RN.

B. RN Supervisors are to conduct medication book audits monthly during the first week of the next calendar month. This requires clinic staff to maintain the SMRs in the medication book until the medication book audit is complete. Then the SMRs may be scanned into Focus.

C. The medication book audit will be annotated on the back of the SMR. It will be indicated if the medication count is correct or not. If the count is not correct, then the RN Supervisor will annotate that on the back of the SMR in the comment section, along with completing a Medication Error Report. Documentation will contain the details of the discrepancy and corrective action taken to reconcile the count.

D. The RN supervisor will involve their Program Manager and the District Health Services Coordinator when discrepancies occur.

School Board of Escambia County, Florida Medication Administration Policy 3.07(18)(19)

Administration of Medication to Students

Administration of medication is the responsibility of the parent/guardian unless it is absolutely essential to the wellbeing of the student to receive medication during the school day. The following regulations must be observed when medication (prescription/nonprescription) is to be administered in the schools, including any occasion when the student is away from school property on official school business, i.e., extracurricular activities, field trips, band, and sports activities.

A. No student will be allowed to have nonprescription medication, in his/her possession on school premises, on a school bus, or at a school function, with the exception of Food and Drug Administration (FDA) regulated over-the-counter medication to relieve headaches as permitted by Section 1002.20(3)(p) F.S. Students may not share headache medication. All other regulated over-the-counter medications require a “Dispersion of Medication Form” completed in its entirety and signed by the parent/guardian. Parent/Guardian Signature must be witnessed by school staff or be notarized. Photo identification is required. This form is valid for one (1) school year, or earlier stop date. For purpose of this policy, cough drops and sunscreen are not considered a medication. Over-the-counter medications will not be administered to pregnant or breastfeeding students without written direction from the student's physician.

B. No student will be allowed to have prescription medication, in his/her possession on school premises, on a school bus, or at a school function, with the exception of epinephrine, diabetes supplies and equipment, pancreatic enzyme, or asthma inhalers as permitted by Section 1002.20(3)(h-k), F.S. with the parent/guardian and physician’s signature on the “Dispersion of Medication Form.” Variance to this rule requires approval from the Superintendent on a case by case basis.

C. Medications that may be administered by medical or trained non-medical school personnel include the following: oral and topical medications, eye, ear, and nose drops, and inhalers. Administration of other types of prescribed medications are evaluated on an individual basis, require child specific training, and appropriate delegation as determined by the professional school nurse. All delegation must be in accordance with the Florida Nurse Practice Act, Chapter 464, F.S.

D. Medication must be in the original labeled container. No more than a ninety (90) day supply of the medication may be kept at the school. For student safety it is required that the parent/guardian or a responsible adult deliver the medication at the school. In hardship cases, the parent/guardian must request in writing, and receive approval from the school administrator, for an alternative plan for medication delivery.

E. Designated school personnel must attend a workshop in general medication administration and documentation procedures. Following the workshop, the school nurse routinely monitors medication administration and documentation by school personnel. Questions regarding the purpose, effect, expected results, and untoward effects of a medication should be referred to the school nurse.

F. Changes in medication require a new “Dispersion of Medication Form” and medication container.

G. Upon receipt, medication will be counted and documented on the Student Medication Record. Medication will be stored under lock and key when not in use.

H. Each dose of medication administered will be recorded on the Student Medication Record. When the medication authorization form expires or is changed it will be filed in the student's permanent Cumulative Record.

I. In cases where a student is able to medicate him or herself (according to the physician's statement), school personnel will store the medication and generally supervise the student's self-medication.

J. Medication will be destroyed if not picked up within one (1) week following termination of the medication authorization form or the end of the school year, whichever occurs first. Medication will be destroyed in a manner in which it cannot be retrieved. Disposal will be witnessed by two persons designated by the principal and documented on the Student Medication Record.

K. ALL STUDENT MEDICATION RECORDS WILL BE HANDLED IN A CONFIDENTIAL MANNER.

Administration of Medical Marijuana to Qualified Students on District Property

Medical marijuana should be only administered on District property during school hours when administration cannot reasonably be accomplished outside of school hours. In those limited circumstances when it is medically necessary, administration of medical marijuana to qualified students on District property shall be in accordance with this policy.

A. Definitions – For the purpose of this policy, the following definitions shall apply per Florida Statute:

1. “Qualified student” means a student who is a resident of this state who has been added to the medical marijuana use registry by a qualified physician to receive marijuana for medical use and who has a qualified patient identification card.

2. “Caregiver” means a person at least twenty-one (21) years of age and a resident of this state who has agreed to assist with a qualified patient’s medical use of marijuana, has a caregiver identification card and meets the requirements set forth in Section 381.986(6), F.S.

3. “Designated location” means a location identified by the District or school administrator in its sole discretion on school grounds.

4. “Marijuana” means all parts of any plant of the genus Cannabis, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture or preparation of the plant or its seeds or resin, including low-THC Cannabis, which are dispensed from a medical marijuana treatment center for medical use by a qualified patient.

5. “Permissible type of medical marijuana products” means non-inhalable products such as oils, tinctures, edible products or lotions that can be administered and fully ingested or absorbed in a short period of time. Due to the potential for misuse, vapors, patches or other types of administration that continue to deliver medical marijuana to a student while at school are NOT permitted.

B. School nurses, healthcare personnel, and District staff are NOT permitted to administer, store, hold or transport the medical marijuana in any type. Medical marijuana will NOT be stored on any District property, including school grounds, at any time.

C. Medical marijuana CANNOT be administered to a qualifying student while aboard a school bus or at a school-sponsored event.

D. A copy of the qualified student’s valid registration form for medical marijuana must be provided to the school.

E. An Authorization for Medical Marijuana Use for Qualified Students at School form must be submitted each school year. If there are any changes to the type of preparation of medical marijuana, a new form must be submitted. This form must be signed by the parent/guardian, caregiver, and school administrator.

F. Any caregiver seeking access to District property for purposes of the policy must comply with District policy and procedures concerning visitors to schools.

G. The caregiver shall be responsible for providing, administering, and then removing the permissible type of medical marijuana from District property.

H. At no time shall the qualifying student have the medical marijuana in his/her possession.

I. If the federal government indicates that the District's federal funds are jeopardized by this policy, or asks the District to cease and desist the implementation of this policy, the Board declares that this policy shall be suspended immediately and that the administration of any type of medical marijuana to qualified students on school property shall not be permitted. The District will comply with any federal guidance and/or directives related to the policy. The District shall post notice of such policy suspension and prohibition in a conspicuous place on its website.

Legal

Rulemaking Authority: Sections 1001.41; 1001.42; 1001.43, F.S

Law Implemented: 28 C.F.R. 35.104; Sections 381.0056; 413.08; 790.001; 790.06; 790.115; 1001.32; 1001.42; 1002.20; 1006.062; 1013.12, F.S.

Last Modified by Lenaha Kidd on October 18, 2023

MEDICATION PROTOCOL AT SCHOOL PARENT RESPONSIBILITIES

Prescription/Non-Prescription Medication

1. A Dispersion of Medication Form (9400-HES-005A) must be completed and signed by the parent/ guardian for each prescription/non-prescription medication provided to the school clinic. Parent/ guardian signature must be witnessed by school staff or notarized. Photo identification is required. This form is available in the school clinic and on-line for parents to download from the Escambia County School District website: https://www.escambiaschools.org/health_services. A physician signature is **only** required if the student is authorized to carry and/or self-administer certain prescription medications at school or during a school activity.
2. A separate authorization form must be filled out for each medication administered.
3. Changes in medication require a new Dispersion of Medication Form signed by the parent/guardian.
4. Medication must be provided in the original container.
5. A responsible adult must deliver and pick up the medications in the school clinic.
6. Notify clinic staff directly of any medication changes, including discontinued medications.
7. Morning medication doses should be administered at home. Exceptions will be made for extenuating circumstances.
8. Discontinued medication must be picked up by parent/guardian within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
9. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.
10. Students may posses and self-administer medication that is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches while at school and during school activities. The parent/guardian is responsible for teaching the student when and how much medication to self-administer. The medication should be in its original packaging and in a small quantity. The student may not share this medication with others.

Medical Marijuana

1. Medical Marijuana will not be administered to students by District staff or its agents during the school day, on the school bus, or at school events.
2. Medical Marijuana will not be stored on District property.
3. Parent/Guardian/Caregiver may administer Medical Marijuana to their student during the school day according to School Board Policy 3.07(19)
   9400-HES-005

Revised: July, 28, 2025

Escambia County Public Schools Health Services Procedure for Medication Administration during Extra-Curricular/Off-Campus Activities

Escambia County Public Schools' Health Services Department established these procedures for staff in order to competently meet the medical needs of students who require medication administration on field trips. The District staff person accompanying the student during the field trip will be responsible for the security of the medication, medication administration, and documentation. Volunteers may not administer medications on field trips (unless it is their child).

I. **School Sponsored Field Trips/Off-Campus Activities During School Hours**

A. **School District Personnel Responsibilities**

1. Teacher will notify the school health staff of a scheduled field trip as soon as the trip is approved.
2. If specialized nursing services are required for a student on a field trip, complete a "Request for Special Medical Nursing Services on Field or Community Based Instruction (CBI) Trips" form and fax it to 469-5346 at least 2 weeks in advance of field trip.
3. District Personnel designated to administer medications or perform medical procedures will receive child-specific training from the School Nurse prior to the date of the field trip.
4. Receive the medication in a pharmacy-labeled medication container from the school health personnel, count medication with clinic staff and sign student medication record acknowledging receipt and count of the medication. (Morning of the field trip).
5. Keep the medication in a secure place at all times while on the field trip.
6. Administer the medication within 60 minutes before or after the time indicated on the Dispersion of Medication Form. Sign your name and initials and indicate the time the medication was administered on the Field Trip Student Medication Record.
7. Return the Authorization Form, Field Trip Student Medication Record, and remaining medication to the health room following the field trip. Count remaining medication with clinic staff and document count on original Student Medication Record.

B. **School Health Personnel Responsibilities**

1. Notify teachers of students requiring medications on field trips.
2. Duplicate pharmacy labeled container may be used on the field trip. Otherwise the original bottle with all the medication will have to be sent on the field trip.
3. Copy the Dispersion of Medication Form, place it along with the Field Trip Student Medication Record and medication container in a labeled plastic bag.
4. Document the medication sent for the field trip in the comments section of the Student Medication Record.
5. Count medication with school staff and sign student medication record acknowledging receipt and count of the medication. (Morning of the field trip).
6. Ensure that the school district person signs the count section of the Student Medication Record to acknowledge receipt of the medication on the morning of the field trip.
7. Mark "F" for Field Trip in the code section on the day of the trip on the Student Medication Record.
8. Upon their return, ensure that medication administrator (school or school health person) returns the medication container and remaining doses and Field Trip Student Medication Record. Count remaining medication with District staff. Document on original Student Medication Record count section. Attach Field Trip Student Medication Record to the original Student Medication Record.

II. **School Sponsored Field Trips/Extra Curricular Activities After School Hours**

A. **School District Personnel (Sponsor) Responsibilities**

1. Request parent/guardian to obtain/complete After School Activity Permission Form, and any necessary Medication/Procedure Authorizations.
2. Contact clinic staff as soon as trip is approved concerning students with special health needs.
3. Work with School Health Personnel to assemble notebook with Medication/Procedure Authorizations, Field Trip Student Medication Records and Medication Error forms.

Procedure for Medication Disposal

Purpose: This procedure establishes guidelines for the school health clinic staff and school personnel regarding the destruction and disposal of expired, discontinued, or unclaimed medications in the school setting.

Definitions: Medication destruction is the process of rendering medication unusable and disposing of it in a manner that protects student privacy, prevents accidental use, and follows applicable environmental and safety guidelines.

Biohazard Waste refers to any biological materials, fluids, or solid waste contaminated with potentially infectious agents that pose a threat to public health or the environment. The term includes, but is not limited to, discarded sharps, human blood, body fluids, absorbent materials such as bandages, gauze, or sponges which contain blood or body fluids.

Sharps refers to needles and syringes,

For more information on handling sharps and waste, refer to the Universal precautions section.

Medication Pick Up Requirements:

1. Expired or discontinued medications must be picked up from the school clinic by the parent/guardian within seven (7) calendar days of notification.
2. All as-needed (PRN) medications, including but not limited to Tylenol, Ibuprofen, antacids, must be picked up by the parent/guardian no later than one (1) week prior to the last day of school. This does not include emergency PRN medications.
3. All routine daily medication and emergency medications, including but not limited to inhalers, epinephrine, seizure medications, must be picked up by the end of the school day on the last day of school.

Procedure: The following steps will be taken when medication is discontinued, expired, or remains at the school at the end of the school year:

Notification:

1. Expired or discontinued medications awaiting parent/guardian pick-up or disposal must be removed from the active medication supply and placed in a locked cabinet or designated section of the medication cart labeled "Quarantined Medications." The medication must remain in its original labeled container, and all associated medication documentation must remain with the medication until it is picked up or disposed of.
2. The parent/guardian will be notified by telephone of the medication pick-up deadline and advised that medications not retrieved by the specified date will be disposed of.
3. Clinic staff will make three (3) attempts to contact the parent/guardian by telephone prior to the medication disposal date.
4. Each contact attempt will be documented on a Clinic Note.
5. If the parent/guardian is unable to be reached by phone, a notification letter will be sent home with the student.

Disposal of Medication:

1. The RN Supervisor will verify that the medication is eligible for disposal and that the parent/guardian notification and pickup timeline requirements have been completed.
2. The RN Supervisor is responsible for physically disposing of the medication. Medication disposal must be witnessed by a second individual, who may be an authorized clinic staff member or a School District employee. The nurse and witness must count and sign the Medication Destruction Worksheet.
3. The medication must remain in the original pharmacy-labeled container. The medication label must not be removed; however, the student's name and prescription number should be marked out to protect confidentiality.
4. For tablets or capsules, add a small amount of water or another liquid to the medication container to dissolve the medication. Add an inedible substance, such as cat litter or absorbent material obtained from the custodian.

5. For liquid medications, add an inedible substance, such as cat litter or absorbent material obtained from the custodian.
6. For nasal sprays, discharge the medication into a sealable bag containing an inedible substance, such as cat litter or absorbent material obtained from the custodian. Seal the bag and place it into the opaque container used for medication disposal.
7. Securely close the medication container and seal the lid with tape.
8. Place the sealed medication container inside an opaque (non-see-through) container with a secure lid, such as a plastic container, coffee can, or other suitable container that prevents the medication from being visible.
9. Dispose of the sealed container in the regular trash. Medication containers must not be placed in recycling bins.
10. For epinephrine auto-injectors, do not activate, discharge, or attempt to remove medication from the auto-injector. Place the auto-injector intact directly into a sharps disposal container.
11. For inhalers, do not discharge, spray, puncture, or attempt to empty the medication. These medications must be disposed of through an approved medication take-back process. The RN Supervisor will request a medication take-back mailing pouch from the Health Services Coordinator for disposal. After the medication is counted and the Medication Disposal Record is completed and signed by the RN Supervisor and the second witness, the witness will observe the nurse placing the medication into the take-back pouch and preparing the mailing envelope. The completed envelope will be provided to administration for placement in the designated mailing bin for pickup.
12. Medication Destruction sheets will be faxed to the Health Services Coordinator and then placed in the current school year forever box. To be stored for seven (7) years.

MEDICATION DESTRUCTION WORKSHEET

School Name: _____ **School Year:** _____

Date	Student Name	Student ID #	Medication	Strength	Quantity Destroyed	Reason Code	RN Initials	Witness Initials

Initials	Print Name	Signature /Title	Codes
			EP - Expired - Parent/Guardian requested disposal
			EM - Expired - Medication not picked up by deadline
			DP - Discontinued - Parent/Guardian requested disposal
			DM - Discontinued - Medication not picked up by deadline
			YP - End of year - Parent/Guardian requested disposal
			YM - End of year - Medication not picked up by deadline

MEDICATION DESTRUCTION WORKSHEET

School Name: _____ **School Year:** _____

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			YP - End of year - Parent/Guardian requested disposal
			YM - End of year - Medication not picked up by deadline

Escambia County Public Schools Health Services Communicable Disease Guidelines

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

Definitions: **Bacteria** - Unicellular microorganisms.

CDC – Centers for Disease Control and Prevention

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

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

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

DOH-Escambia – Florida Department of Health in Escambia County

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

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

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

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

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

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

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

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

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

A. **Direct Transmission:** Direct and essentially immediate transfer of infectious agents to a receptive port of entry through which human or animal infection may take place.

B. **Indirect Transmission:** Indirect transfer of infectious agents through contaminated inanimate materials or objects.

C. **Airborne:** The dissemination of microbial aerosols, suspensions of particles in the air to a suitable portal of entry, usually the respiratory tract.

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

B. Student

- Participate with school personnel in implementing asthma care
- Demonstrate competence in the use of asthma monitoring and medication administration devices. The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated (self-care)
- Wear medical identification tag or jewelry daily if recommended by the student's health care provider
- Seek adult help immediately when experiencing an asthma episode (supervised care)
- Seek adult help immediately if asthma symptoms are not relieved by prescribed inhalant medication (self-care)
- Practice responsible individual use and safe keeping of medication (self-care)

C. Healthcare Provider

- Complete Part II of the Authorization for Peak Flow Monitoring and Asthma Action Plan according to the "Guidelines for the Diagnosis and Management of Asthma," published by the National Heart, Lung, and Blood Institute's (NHLBI) National Education and Prevention Program (NAEPP, 2008)
- Complete Dispersion of Medication form for each if student is allowed to carry/self-administer medication at school
- Collaborate in the development of the student health care plan
- Provide child-specific consultation as needed for asthma management

D. School Nurse

- Provide appropriate level of Asthma Education for UAPs and school staff
- Develop and maintain student health care plan
- Delegate and document child specific asthma management to trained and competent designees
- Alert school staff about students with a history of asthma and consult as needed
- Obtain peak flow readings if part of their action plan and implement action plan
- Communicate with parent/guardian and health care provider about acute episodes and any difficulties in controlling asthma at school
- Act as a liaison between student's health care provider, parent, and school staff
- Provide student health education about asthma to promote responsible self-care
- Monitor school attendance of students with asthma care plans

E. Unlicensed Assistive Personnel (Health Support Technicians and Principal Designees)

- Complete Levels 1, 2, and 3 of Asthma Education
- Perform delegated asthma management per child specific training
- Alert school nurse of any asthma management or school attendance concerns

F. School Staff

1. Principal
   - Identify 2 willing staff members to receive training and provide child-specific care as needed
   - Require school staff to complete appropriate level of Asthma Education

2. Physical Education Faculty
   - Collaborate with parent and school nurse to identify appropriate activity level
   - Encourage exercise and participation in sports for students with asthma

3. All School Staff
   - Complete appropriate level of Asthma Education

Procedure: I. For disease-specific guidelines, including recommendations regarding exclusion from school, refer to the American Public Health Association's Control of Communicable Diseases Manual or CDC website.

II. Students who are deemed to have a communicable disease and are excluded from school may typically be required to wait 24 hours after cessation of symptoms to return to school. Exclusion period may be longer depending upon disease or outbreak status.

III. A physician statement may be required before the student is to return to school.

IV. Students with communicable diseases for which immunization is required by Section 1003.22, Florida Statutes, will be temporarily excluded from school while ill and during recognized periods of communicability and until specified by the contracted health services vendor's Medical Director or their designee, in consultation with the DOH-Escambia, as needed. Any student in the school who does not have adequate immunization documentation will be excluded from the school during a period of outbreak.

V. Reportable diseases will be reported as required by Florida Administrative Code 64D-3.030. Direction to clinic will be given by School District Health Services Coordinator. The current list of reportable diseases and conditions can be found on the Florida Dept of Health website. Any reports of reportable disease or condition will be communicated to the District Health Service Coordinator.

VI. A Communicable Disease Tracking Tool will be initiated at a school when a number of students clearly in excess of normal expectancy, (not in the same family), are seen in the school health clinic with the same or similar health symptoms. The clinic staff will notify their RN Supervisor, who will notify the School District Health Services Coordinator. The Health Services Coordinator will notify the School Health Supervisor, Florida Department of Health in Escambia County. If requested, clinic staff will send the Communicable Disease Tracking Tool to DOH-Escambia School Health Supervisor, or designee who will then forward to DOH-Escambia Epidemiology Program.

VII. If the School District of Escambia County desires to send a parental notification letter of a communicable illness to a classroom or school, the following practice will be followed:

A. Superintendent or designee will notify DOH-Escambia School Health Supervisor of intent to distribute letter.

B. DOH-Escambia will offer consultative services to the School District, if requested. There are many authoritative resources available on the internet such as the CDC's website, https://www.cdc.gov/ and in print such as the American Academy of Pediatrics' Red Book. Other resources include:
www.kidshealth.org
www.mass.gov/eohhs/gov/departments/dph/programs//id/epidemiology/factsheets.html
https://www.health.ny.gov/

C. The School District will send a notification letter, under School District letterhead, as indicated. It is appropriate to copy the CDC's fact sheet on the reverse side of the parent/guardian letter.

D. **School Nurses and Health Technicians will not send home notification letters without approval from the School Administrator and the School District Health Services Coordinator.**

E. The list of reportable diseases in Florida can be found at:
https://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/_documents/reportable-diseases-list-practitioners.pdf

Escambia County Public Schools Health Services Procedure for Creating Individual Health Care Plans and Emergency Care Plans

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

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

Emergency Care Plan - A part of the Individual Health Care Plan which gives school staff direction in caring for a student with an emergency health condition.

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

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

Procedure:

I. Identification of students with emergency health conditions
   A. Review student's health folder, Student Health Verification Form, and, electronic student information system
   B. Review school health clinic medications and/or medication log
   C. Review Health Problem Log
   D. Direct observation of student(s)

II. Communication
   A. Parent/guardian communication
      1. Obtain student health information from:
         a. Student Health Verification Form
         b. Phone call or meeting with parent/guardian
         c. Information Sheet for Student Health Care Plan returned by parent (if unable to reach parent/guardian by phone/meeting)

   B. School-based communication
      1. Initiate Individual Health Care Plan as indicated
      2. Provide Emergency Care Plan and child-specific information to school staff on a "need to know" basis. Staff to be included could be, but are not limited to: Individual teachers, principal, extracurricular teachers/coaches, bus driver, and cafeteria manager (if applicable)
      3. Document emergency health conditions under the Medical tab in the electronic student information system

III. Individual Health Care Plan/Emergency Care Plan completion note: This document is to be written by a Registered Nurse and is at the discretion of the Registered Nurse
   A. Obtain student demographics from:
      1. Student Health Verification Form
      2. Electronic Student Information System
      3. Parent interview

   B. Health condition/length of time
      1. List chronic health condition(s)
      2. Utilize health care plan template for:
         a. Severe Asthma
         b. Diabetes
         c. Severe Food, Insect or another Allergy

d. Seizures
e. Other significant health conditions
3. Note time of onset or length of time existed
a. Obtain from parent interview
b. Obtain from student health verification form

C. Allergies – check appropriate category and list allergies within that category
1. None
2. Food
3. Medication(s)
4. Other (environmental, animal, insects…)

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

E. Potential Emergency and Emergency Response
1. List the potential emergency situation
2. Note the symptoms that would be seen
3. Record the actions to be taken for each emergency situation or symptom listed using an Emergency Care Plan

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

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

H. Signature section
1. Parent signature obtained if possible, or documented telephone verification with date and time
2. Registered Nurse signs and dates Health Care Plan upon initiation and each time it is reviewed or changed

I. Update

1. Care plans may be updated annually and as needed for up to 3 years
2. Obtain signatures of those involved in health care plan update
3. Care plans for Diabetes must be initiated each school year

J. Individual Health Care Plan disposition

1. Upload and maintain original individual health care plans in the medical tab of the electronic student information system
2. A copy shall be kept in a binder in the school clinic with the health problem log
3. Check Health Care Plan and Medical Alert boxes located in the Medical tab in the electronic student information system.

K. Emergency Care Plan (ECP)

1. Create an ECP along with the Health Care Plan that summarizes the medical condition, advises of additional pertinent information, things to watch for, and actions to take in regard to the student's medical condition. It also notifies of any emergency medication that the student might have in the clinic
2. The ECP is disseminated on a "need to know" basis. This should include the student's teachers, principal, cafeteria manager, bus driver, and extracurricular activity teacher/coach (if applicable)
3. The student's ECP should be updated as needed and redistributed as needed to reflect any changes to medical condition, ECP, or schedule changes (particularly second semester).

Escambia County Public Schools Health Services Procedure for School Nursing Delegation of Care

Title: Delegation of Nursing Functions in the School Health Setting

Purpose: To provide assistance to the professional school nursing staff regarding delegation of nursing responsibilities

Requirements: The professional nurse is responsible and accountable for the quality of nursing care provided to each student receiving care in school, and to his/her family, whether the nurse provides the care directly or through delegation. The training and supervision of personnel providing nursing tasks is included in the legal definition of the practice of professional nursing.

Any nursing task delegated by the professional school nurse (delegator) shall be:

- Within the area of responsibility of the nurse delegating the task.
- Within the knowledge, skills and ability of the nurse delegating the task.
- Of a routine, repetitive nature that does not require the delegate to exercise nursing judgment.
- A task that a reasonable and prudent nurse would find to be generally accepted nursing practice.
- An act consistent with the health and safety of the student or family.
- Limited to a specific unlicensed assistive personnel (delegate), for a specific student and within a specific time frame.

The unlicensed assistive personnel (delegate) shall not further delegate the tasks delegated by the professional school nurse to another individual nor may the tasks be expanded without the express permission of the delegating professional school health nurse. The professional nurse shall assure that the delegate can competently perform the task and that the delegate is willing to assume the responsibility of performing the task.

Procedure:

RESPONSIBILITY OF THE DELEGATOR (i.e., School Nurse - RN)

I. The decision to delegate shall be based on the school nurse's assessment of the following:
   A. Student's nursing care needs include, but are not limited to, complexity and frequency of the nursing care, stability of the student's health concern, and degree of immediate risk if task is not carried out.
   B. Observation of school health unlicensed assistive personnel's knowledge, skills, and abilities.
   C. Nature of tasks being delegated including, but not limited to, degree of invasiveness, complexity, irreversibility, predictability of outcome, and potential for harm given student-specific characteristics.
   D. Available and accessible resources such as necessary equipment, adequate supplies and other appropriate healthcare-related personnel (e.g., school psychologist, school social worker, school counselor, health education, EMS system) to meet the student's/family's nursing care needs.
   E. The availability of the school nurse to appropriately supervise the unlicensed assistive personnel.

II. The school nurse shall instruct the unlicensed assistive personnel in the delegated task and verify the delegate's competence to perform the nursing task for a particular student. The nurse shall also instruct the delegate how to intervene in the event of any foreseeable risks that might be associated with the task for that particular student.

III. The school nurse shall provide ongoing evaluation of the following:
   A. The degree to which the nursing care needs of the student are being met.
   B. The performance of the delegated task by the unlicensed assistive personnel.
   C. The unlicensed assistive personnel's need for further general or student-specific instruction.
   D. The need to withdraw the delegation.

IV. The school nurse will conduct retraining with unlicensed assistive personnel, which include Health Technicians, designated district clinic backup staff, and teachers (as needed for field trips) at a minimum each semester, and more often as deemed necessary.

V. The school health nurse is responsible for:
   A. Decision to delegate.
   B. Monitoring.
   C. Outcome evaluation.
   D. Follow-up of each delegation.

Documentation:

Current training records will be kept on file for the current school year in the Medication Administration Book and archived in the electronic student information system. At the end of the school year, the paper copy will be stored in the clinic forms document box located in the health clinic. Documentation of training by school nurse includes:

- Summary of training techniques employed (e.g., demonstration, lecture, written instructions).
- Date of nurse evaluation of unlicensed assistive personnel's readiness to perform.
- Signatures of the nurse and unlicensed assistive personnel verifying training.

A plan for and documentation of supervision (e.g., methods used to supervise such as direct observation, conference, record review, and telephone consultation) shall be maintained on the training record.

References:

Florida Nurse Practice Act: Chapter 464.003 F.S.
Delegation to Unlicensed Assistive Personnel: Chapter 64B9-14 F.A.C.
Individuals with Disabilities Education Act (IDEA)
Section 504 of Rehabilitation Act of 1973
School Health Services Program: Chapter 381.0056 F.S.
Administration of Medication and Provision of Medical Services by District School Board Personnel: Chapter 1006.062 F.S.

Escambia County Public Schools Guidelines for Managing Anaphylaxis in the School Setting

Definitions:

Allergen is any substance that is capable of causing an allergic or IgE mediated hypersensitivity reaction. Allergens can include food, stinging insects, medications, animal dander, latex rubber, pollen, and mold. Exposure to allergens generally produces immediate allergic reactions, but in some cases, symptoms may be delayed up to 2 to 4 hours after exposure.

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

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

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

Levels of Care:

Dependent Care: Requires trained adult intervention.

Assisted Care: Exhibits partial competency in self-care; requires assistance of trained adult.

Self-Care: Demonstrates knowledge, skills, and ability to manage allergic reactions, including self-administration of epinephrine auto-injector if ordered.

The School District of Escambia County, the Escambia County Health Department, the American Lung Association, the School Health and Wellness Advisory Council, and local physician experts in the field of allergy and pulmonology have approved these guidelines to manage life-threatening allergic reactions in the school setting. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider.

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

Responsibilities:

A. Parent/Guardian

- Document annually, diagnosis on Student Health Verification Form
- Notify school nurse as soon as possible when a student is newly diagnosed or upon school entry
- Provide and maintain current emergency contact phone numbers
- Collaborate in the development of the student's individual health care plan

- Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their student
- Provide prescribed medication with matching Dispersion of Medication form
- Inform school nurse of changes in the student's allergy management
- Provide student with a medical identification tag or jewelry and encourage student to wear daily if recommended by student's health care provider
- Work with health care provider, school nurse, and student to promote self-sufficiency in allergy management, including:
    - Safe and unsafe foods
    - Strategies for avoiding exposure to unsafe foods
    - Symptoms of allergic reactions
    - How and when to tell an adult they may be having an allergy-related problem
    - How to read food labels (age appropriate)
- **Indemnify the school district and its agents for any and all liability with respect to the student authorized to carry and self-administer an epinephrine auto injector**
- Accept financial responsibility for 911 call and transportation to hospital

B. Student

- Participate with school personnel in developing and implementing plan of care
- Demonstrate competence in self-administration of auto-injector if ordered. The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated
- Wear medical identification tag or jewelry daily if recommended by student's health care provider
- Seek adult help immediately at first awareness of allergen exposure (all levels of care)
- Self-administer epinephrine auto-injector at first awareness of allergen exposure (self-care)
- Practice responsible individual use and safe keeping of medication (self-care)
- Should not trade food with others, eat anything with unknown ingredients, or eat any allergen containing food

C. Healthcare Provider

- Complete Dispersion of Medication form for epinephrine auto-injector if student is to carry/self-administer medication at school
- Collaborate in the development of the student's individual health care plan
- Provide child-specific consultation as needed for anaphylaxis management

D. School Nurse

- Provide appropriate level of Anaphylaxis Education for unlicensed assistive personnel (UAPs), school staff, and bus drivers
- Develop and maintain student health care plan to include allergy management in the classroom, cafeteria, during school-sponsored activities, and on school bus if applicable
- Distribute Emergency Care Plan to appropriate school staff
- Delegate and document child specific allergy management to trained and competent designees
- Assess student competency and responsibility in self-management in the school setting
- Call 911 immediately when any student experiences a systemic allergic reaction and/or respiratory distress
- Call 911 immediately when any student requires epinephrine auto-injector administration
- Communicate with parent/guardian about acute episodes and any difficulties in controlling allergies at school
- Act as a liaison between student's health care provider, parent, and school staff
- Notify health care provider if epinephrine is administered

- Provide student health education about allergies to promote responsible self-care
- Troubleshoot reason for occurrence after anaphylactic crisis subsides

E. Unlicensed Assistive Personnel (Health Technicians and Principals' Designees)

- Complete Levels 1, 2, and 3 of Anaphylaxis Education
- Perform delegated allergic reaction management per child specific training
- Call 911 immediately when any student experiences a systemic allergic reaction
- Call 911 immediately when any student requires epinephrine auto-injector administration
- Alert school nurse of any severe allergic reactions

F. School Staff

1. Principal

- Identify 2 willing staff members to receive training and provide child-specific care as needed
- Require school staff to complete appropriate level of Anaphylaxis Education
- Identify staff to wash designated "allergen-safe" table and chairs thoroughly after each meal period
- Include food-allergic students in school activities, rather than excluding students based solely on their food allergy
- Enforce school rules for bullying and threats
- Encourage that buses and cars not idle while waiting for students

2. All School Staff

- Complete appropriate level of Anaphylaxis Education
- Call 911 immediately when any student experiences a systemic allergic reaction
- Call 911 immediately when any student requires epinephrine auto-injector administration
- Alert school nurse of any severe allergic reactions

3. Food Services Manager and Dietician

- Participate in team meeting regarding Health Care Plan for student with life threatening food allergies
- Discuss allergy relationship to menus (breakfast, lunch, school snacks, field trips); a la carte items; vending machines; recipes; food products and ingredients; food handling practices; cleaning and sanitation practices; and responsibilities of other Food Service staff
- Designate, in coordination with principal, a specific area to be maintained allergen safe, i.e., peanut-free table located away from trash can or food disposal area
- Coordinate with principal to identify staff to wash designated "allergen-safe" table and chairs thoroughly after each meal period
- Recommend a statement from student's physician that documents the medical need for food substitution/s, including recommended substitute food/s.
    - Make appropriate substitutions on a case by case basis for the required meal components; review with school nurse and parent.
    - Maintain a copy of physician's statement in Cafeteria Manager's office; give original document to school nurse to file in the student's cum health folder.
- Enter allergy data into point of sale program
- Review with all Food Services Personnel the procedures for handling students with food allergies
- Maintain an ongoing process for reading of food labels to identify potential allergens and calls to manufacturers on questionable ingredients to prevent cross-contamination in food manufacturing or preparation process
- Be aware of how the student with food allergies is being treated; inform administration of bullying and threats
- Distribute monthly School District Menu to all elementary schools for parents' review

- Provide advanced copy of menu to parent/guardian and alert clinic staff of menu changes
- Assure that all Food Services staff attends in-service regarding safe food handling practices to avoid cross-contamination with potential food allergens
- Maintain clean food production/preparation areas and serving utensils to avoid cross-contamination
- Provide only non-latex gloves for Food Services staff

G. Medical Community

- Provide education and updates about allergy management to school staff and health personnel

Staff Training:

School staff and UAPs must have an understanding of the management of systemic allergic reactions. It is the responsibility of the principal and the school nurse to implement annual education

Level 1: Anaphylaxis Awareness Education is a brief overview for all school-based staff

Level 2: Training utilizing a child-specific Emergency Care Plan for all school-based staff that have direct contact with the student to enable staff to recognize child-specific needs and to respond appropriately

Level 3: Child-specific training for unlicensed assistive personnel delegated to provide care utilizing delegation checklist.

Revised July 20, 2023

Escambia County Public Schools Guidelines for Managing Asthma in the School Setting

Definitions:

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

Peak Flow Meter is a tool for objectively measuring the severity of airflow obstruction

Peak Flow Reading is an instantaneous measurement of the current flow of air

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

The School District of Escambia County, the Escambia County Health Department, the American Lung Association, the School Health and Wellness Advisory Council, and local pediatric experts in the field of asthma have approved these guidelines to manage asthma in the school setting. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider

Asthma is the most common chronic disease of childhood. It is the leading cause of school absences and emergency room admissions for children and adolescents. Most students have a relatively mild form that can be controlled by medication. However, certain factors, or triggers, may result in symptoms such as wheezing, dry hacking cough, or even severe breathing difficulties. Peak flow readings provide a simple tool for monitoring asthma status and determining the need for intervention. A child-specific action plan, created by the physician and signed by the parent, will identify peak flow zones and appropriate school-based interventions. Florida Statute 1002.20(3)(h) allows students with proper authorization to carry on their person prescribed inhalant medications

Responsibilities:

A. Parent/Guardian

- Document annually, asthma diagnosis on Student Health Verification Form
- Notify school nurse as soon as possible when a student is newly diagnosed or upon school entry
- Provide and maintain current emergency contact phone numbers
- Collaborate in the development of the student health care plan
- Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their child
- Obtain a completed Authorization for Peak Flow Monitoring and Asthma Action Plan from student's healthcare provider if available
- Provide prescribed medication and spacer listed on action plan with matching Dispersion of Medication form (spacers are encouraged for young students)
- Inform school nurse of changes in student's asthma management
- Provide students who have severe asthma with a medical identification tag or jewelry, and encourage student to wear daily if recommended by the student's health care provider
- Work with healthcare provider, school nurse, and student to promote self-sufficiency in asthma management
- Accept financial responsibility for 911 call and transportation to hospital, if indicated
- Keep student home when experiencing asthma exacerbation

B. Student

- Participate with school personnel in implementing asthma care
- Demonstrate competence in the use of asthma monitoring and medication administration devices. The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated (self-care)
- Wear medical identification tag or jewelry daily if recommended by the student's health care provider
- Seek adult help immediately when experiencing an asthma episode (supervised care)
- Seek adult help immediately if asthma symptoms are not relieved by prescribed inhalant medication (self-care)
- Practice responsible individual use and safe keeping of medication (self-care)

C. Healthcare Provider

- Complete Part II of the Authorization for Peak Flow Monitoring and Asthma Action Plan according to the "Guidelines for the Diagnosis and Management of Asthma," published by the National Heart, Lung, and Blood Institute's (NHLBI) National Education and Prevention Program (NAEPP, 2008)
- Complete Dispersion of Medication form for each if student is allowed to carry/self-administer medication at school
- Collaborate in the development of the student health care plan
- Provide child-specific consultation as needed for asthma management

D. School Nurse

- Provide appropriate level of Asthma Education for UAPs and school staff
- Develop and maintain student health care plan
- Delegate and document child specific asthma management to trained and competent designees
- Alert school staff about students with a history of asthma and consult as needed
- Obtain peak flow readings if part of their action plan and implement action plan
- Communicate with parent/guardian and health care provider about acute episodes and any difficulties in controlling asthma at school
- Act as a liaison between student's health care provider, parent, and school staff
- Provide student health education about asthma to promote responsible self-care
- Monitor school attendance of students with asthma care plans

E. Unlicensed Assistive Personnel (Health Support Technicians and Principal Designees)

- Complete Levels 1, 2, and 3 of Asthma Education
- Perform delegated asthma management per child specific training
- Alert school nurse of any asthma management or school attendance concerns

F. School Staff

1. Principal
   - Identify 2 willing staff members to receive training and provide child-specific care as needed
   - Require school staff to complete appropriate level of Asthma Education

2. Physical Education Faculty
   - Collaborate with parent and school nurse to identify appropriate activity level
   - Encourage exercise and participation in sports for students with asthma

3. All School Staff
   - Complete appropriate level of Asthma Education

- Alert school nurse of any asthma management or school attendance concerns
- Understand that special health arrangements may be necessary even during standardized testing period
- Follow student's action plan if provided

4. Medical Community

- Provide staff education and updates about asthma and its management to school administrators, faculties, and health personnel
- Promote asthma management according to the "Guidelines for the Diagnosis and Management of Asthma," published by the National Heart, Lung, and Blood Institute's (NHLBI) National Education and Prevention Program (NAEPP, 2008)
- Support the routine use of peak flow monitoring where appropriate

Action Plan:

Peak Flow Best:_____ Usual Peak Flow:_____(Range)

NORMAL Green Zone Greater than_____	CAUTION Yellow Zone Less than _____	EMERGENCY Red Zone Less than_____
1. Document reading on Student Medication Record 2. Return to class	1. Document reading on Student Medication Record 2. Administer 1 dose of authorized medication: _____ 3. Repeat peak flow reading in 20 minutes **If green zone:** Return to class. No exercise today - Notify parent **If yellow zone:** Call parent to take student home **If red zone:** Call 911; Contact parent and notify physician immediately	1. Document reading on Student Medication Record 2. Administer 1 dose of authorized medication: _____ 3. Call 911; Contact parent and notify physician immediately 4. Continue to monitor peak flow readings every 5 minutes

Staff Training:

School staff and UAPs must have an understanding of asthma and its management. It is the responsibility of the principal and the school nurse to implement annual education

Level 1: Asthma Awareness Education is an overview enabling all school-based staff to recognize an asthma episode and to respond appropriately

Level 2: Training utilizing a child-specific Emergency Care Plan for all school-based staff that has direct contact with the student to enable staff to recognize child-specific needs and to respond appropriately

Level 3: Child-specific training for unlicensed assistive personnel delegated to provide care utilizing delegation checklist

Revised July 20, 2023

Escambia County Public Schools Guidelines for Managing Diabetes in the School Setting

The Escambia County Health Department, the School District of Escambia County, the American Diabetes Association, Nemours Pediatric Endocrinology Clinic in conjunction with Sacred Heart Hospital Diabetes Education Program, and the School Health and Wellness Advisory Committee have approved these guidelines for staff in order to competently meet the medical needs of a student with diabetes in the school environment. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider

I. BLOOD GLUCOSE MONITORING

A. Parent/Guardian Responsibilities:

- Provide school with Authorization for Diabetes Management form (or similar Diabetes Medical Management form from their healthcare provider that includes a plan for blood glucose and insulin dosing) upon diagnosis of diabetes and at the beginning of each school year
- Provide new authorization when the plan changes during the school year
- Notify school of changes in medical management that may affect the student during the school day
- Authorize physician to release medical information to school nurse
- Provide hypoglycemic supplies and snacks for student
- Provide equipment and supplies needed for procedure
- Participate in development of the student's Health Care Plan
- Accept financial responsibility for 911 call and transportation to the hospital, if needed
- Meet with appropriate personnel to establish and maintain services
- Provide school with names and telephone numbers of people to be notified in an emergency
- Request school blood glucose readings periodically for inclusion in student's blood glucose log
- Maintain the calibration of the blood glucose monitor used at school
- Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative

B. Student Responsibilities:

The student's health care provider determines responsibilities in Diabetes Care (Appendix A). The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated

- **Dependent Care:** Needs assistance to perform blood glucose monitoring in clinic
  - Cooperate in all diabetes tasks at school
  - Present to clinic for diabetes management needs

- **Assisted Care:** Exhibits competency at one or more tasks, but is not yet functioning independently
  - Cooperate in all diabetes tasks at school
  - Describe some signs and symptoms of hypoglycemia
  - Verbalize plan for blood glucose level
  - Perform blood glucose monitoring in clinic with assistance

- **Self-Care:** Demonstrates knowledge, skills, and ability to perform blood glucose monitoring independently

- Describe signs and symptoms of hypoglycemia
- Verbalize plan for blood glucose level
- Utilize plan for blood glucose level consistently
- Perform blood glucose monitoring independently including calibration of monitor to test strip
- Document test results accurately
- Check for ketones with blood glucose level of 300 or higher

C. **Health Care Provider Responsibilities:**

- Provide consultation in the development of the student's Health Care Plan
- Provide consultation in training and education of designated school-based care providers
- Document the student's self-care assessment on the appropriate Authorization for Diabetes Management form (9400HES-503 or 506) or similar Diabetes Medical Management Form
- Provide phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order

D. **School Personnel and School Health Personnel Responsibilities:**

- Develop an Individual Health Care Plan
- Provide a safe, private, and accessible space for the finger stick procedure
- The clinic is the preferred site for the procedure. Alternative sites for glucose monitoring may be identified on the Individual Health Care Plan (IHCP) with consideration of student safety, proximity of the student's classroom to the clinic, the student's demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff
- Provide a trained competent person to administer or observe finger stick and follow the physician's orders
- Notify appropriate personnel of a student's health care needs
- Document glucose level on Blood Glucose Monitoring Log (9400HES-011)
- Notify parent/guardian as indicated on the Action Plan
- Call for emergency help, as needed
- Obtain verbal order from medical provider to facilitate immediate management of student with diabetes. Only the School Health Registered Nurse can accept a verbal order. Secure faxed written order as soon as possible to complete documentation of verbal order

E. **Special Alerts for Lantus/Humalog – Novolog Regimen or Insulin Pump**

- If blood glucose reading is HHH, wash hands and recheck blood sugar. If still HHH, use the number 500 for calculating correction factor
- If student fails to check blood glucose reading prior to eating meal, do not use correction factor. Only administer insulin to cover carbohydrate intake. Notify parent
- Correction factor cannot be used if insulin has been taken less than 3 hours prior unless specifically ordered by physician. Therefore, when students eat a special snack or early meal, only use carbohydrate ratio for calculating insulin dose if blood glucose level is above blood glucose target
- If blood sugar is 60 or below at mealtime or snack time,
  - Follow blood glucose monitoring action plan; use the last blood glucose level obtained for calculating the correction factor. Include all carbohydrates consumed after the last blood glucose level was obtained to calculate the insulin dosage
  - If uncertain, call Diabetes Consultant or School Health Supervisor for assistance
- Students who eat a scheduled snack (carb-free or less than 5 grams of carbs) will not require insulin coverage for the snack

II. ADMINISTRATION OF INSULIN

For the safety of all students and in compliance with F.S. 1006.062, insulin shall be received, counted, labeled, and stored in its original container under lock and key. Sharps containers will be provided in each school by the contracted vendor

A. Parent/Guardian Responsibilities:

- Provide school with "Authorization for Diabetes Management" (9400-HES-503 or 506) or similar Diabetes Medical Management form for insulin
- Provide all equipment and supplies needed for insulin administration. Pre-filled insulin pen and cartridge is the preferred method in the school setting
- Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative, and completes waiver for each designee

B. Student Responsibilities

Responsibilities in Diabetes Care are initially determined by the student's health care provider on the Authorization for Diabetes Management or similar Diabetes Medical Management form. The School Nurse may re-evaluate the student's competency whenever indicated or when requested by the school administrator or parent

- **Dependent Care:** Needs assistance to perform insulin administration in clinic
  - Cooperate in all diabetes tasks at school
  - Present to clinic for insulin administration

- **Assisted Care**: Exhibits competency at one or more tasks, but is not yet functioning independently
  - Cooperate in all diabetes tasks at school
  - Verbalize Action Plan for insulin administration orders
  - Assist with insulin administration in the clinic
  - Dispose of sharps and stores equipment correctly

- **Self-Care:** Demonstrates knowledge, skills, and ability to administer insulin independently
  - Make insulin adjustments based on a correction factor and carbohydrate intake
  - Verify initial insulin calculation and dose with school nurse or designated school personnel as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
  - Trouble shoot pump problems

C. Health Care Provider Responsibilities:

- Provide consultation in training, and education of designated school-based care providers to monitor and observe self-administration of insulin
- Document the student's Self-Care Assessment on the "Authorization for Diabetes Management" (9400-HES-503 or 506)
- Provide phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order

D. School Personnel and School Health Personnel Responsibilities:

Receive Authorization for Diabetes Management form (9400HES-503 or 506) or similar Diabetes Medical Management form from student's healthcare provider

- **Dependent/Assisted Care**

- School Health Registered Nurse will delegate insulin administration and/or monitoring dosage per Florida Nurse Practice Act (Appendix B) and Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools
- School administrator will provide at least 2 people to be trained to administer, monitor, and/or observe dosage and administration per Authorization for Diabetes Management Form for students requiring Dependent or Assisted Care.
- Verify initial insulin calculation and dose with school nurse as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
- Document dosage on the Student Medication Record
- Notify parent/guardian as indicated on the Individual Health Care Plan (IHCP)
- School Nurse will provide/coordinate insulin pump training for staff identified on Skills Checklist
- Provide the carbohydrate counts of foods provided through the District's Food Services Department

- **Self-Care**
  - Provide a safe, private, and secured space for the self-administration of insulin. The clinic is the preferred site for the procedure. Alternative sites for insulin administration may be identified on the IHCP with consideration of student safety, proximity of the student's classroom to the clinic, the student's demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff
  - Verify initial insulin calculation and dose with student and school nurse as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
  - Provide/coordinate insulin pump training for staff identified on Skills Checklist
  - Provide the carbohydrate counts of foods provided through the District's Food Services Department

III. HYPOGLYCEMIC EMERGENCY

If the student is uncooperative, combative or unconscious, and cannot take an emergency source of glucose by mouth, the parent, school nurse or a trained competent person will administer Glucagon when ordered by physician and available, and call 911

A. **Parent/Guardian Responsibilities:**

- Provide emergency oral glucose source and regular snacks
- Provide school with Glucagon, if ordered

B. **Health Care Provider Responsibilities:**

- Provide consultation in training and education of designated school-based care providers to administer emergency glucose sources and to disconnect insulin pump

C. **School Personnel and School Health Personnel Responsibilities:**

- Provide at least 2 trained competent people to administer emergency glucose source as indicated per action plan
- Provide at least 2 trained competent people to disconnect insulin pump in a hypoglycemic emergency
- Document the emergency glucose source given on the student's Medication Record and/or Blood Glucose Monitoring Log (9400-HES-011)
- Notify parent/guardian according to IHCP when emergency source of glucose is given
- Call 911 and notifies parent/guardian when Glucagon is administered

IV. Parent/Guardian Waiver for Personal Designee(s)

A. Waiver is for delegated care and is intended to allow parents the option to maintain control and authority over the student's diabetes care

- Parent or their designated person can provide care
- Parents of self-care students may opt to sign waiver to support student independence and self-sufficiency, however, students will not be permitted to carry or self-administer insulin without physician authorization, updated annually

B. If waiver is signed, staff **are** responsible to:

- Develop care plan for student
- Manage symptoms as with any sick child (i.e., First Aid procedures call for administering fast-acting glucose when low blood sugar is suspected) and document in the Daily Clinic Log in the Student Information System (Focus)
- Notify parent of treatment provided
- Maintain supplies and equipment in clinic as needed or as designated on Health Care Plan
- Initiate blood glucose log and insulin administration record with notation that parent signed waiver to maintain responsibility for student's diabetic care
- Administer glucagon, if ordered by physician

C. If waiver is signed, staff **are not** responsible to:

- Document routine blood glucose levels
- Provide nursing delegation of diabetes care including blood glucose monitoring, ketone checking, carb counting, dose calculation, and insulin administration.

V. STAFF EDUCATION

School personnel must understand diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the school district and the school nurse to implement annual training for each school that has a student with diabetes

Level 1: Diabetes Awareness Education is a brief overview for all school-based staff

Level 2: Training utilizing a child specific Emergency Care Plan for all school-based staff that have direct contact with the student to enable staff to recognize child specific needs and to respond appropriately

Level 3: Child-specific Diabetes Education is required training for unlicensed assistive personnel delegated to provide student specific care and to implement Emergency Care Plan as indicated

APPENDIX A

In accordance with the American Diabetes Association, children and youths should be able to implement their diabetes care at school to the extent that is appropriate for the student's development and experience with diabetes. The extent of the student's ability to participate in diabetes care must be agreed upon by school principal, teacher, parent/guardian, health provider, educator, and school nurse. The safety of all students must be considered. The ages at which children are able to perform self-care tasks are very individual and variable. The student's capabilities and willingness to provide self-care should be respected. Guiding Principles are:

- **Preschool and day care:** Usually unable to perform diabetes tasks independently. By age 4 years, children may be expected to generally cooperate in diabetes tasks.
- **Elementary school:** Student should be expected to cooperate in all diabetes tasks at school. By 8 years of age, most are able to perform their own finger stick blood glucose tests with supervision. By age 10, some children can administer insulin with supervision.
- **Middle school:** Should be able to administer insulin with supervision and perform self-monitoring of blood glucose under usual circumstances when not experiencing a low blood glucose level.
- **High school:** Should be able to perform self-monitoring of blood glucose under usual circumstances when not experiencing low blood glucose levels. In high school, adolescents should be able to administer insulin without supervision.

Care of Children with Diabetes in the School and Day Care Setting, American Diabetes Association, January 2008, p. 6.

APPENDIX B

Legal Aspects to Consider

The **Nurse Practice Act** (2013), **Chapter 464 F.S.**, regulates the practice of registered professional school nurses in Florida (school nurses). In section 464.003(20) the "practice of professional nursing" is defined as: The performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

a. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

b. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

c. The supervision and teaching of other personnel in the theory and the performance of any of the above acts.

Further clarification of the nurse's role in delegation and supervision is provided in **Chapter 64B9-14 (F.A.C)**. Delegation to Unlicensed Assistive Personnel. This chapter provides definitions for delegation, specifies key factors to consider for delegation of tasks of activities, and stipulates delegation of tasks that are prohibited.

Section 1006.062, F.S., governs the general administration of medication and provision of medical services in the school setting.

In addition, **s. 1002.20(3)(j), F.S.** states: A school district may not restrict the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes, that the school does not have a full-time school nurse, or that the school does not have trained diabetes personnel, student with diabetes whose parent and physician provide their written authorization to the school principal may carry diabetic supplies and equipment on their person and attend to the management and care of their diabetes while in school, participating in school-sponsored activities, or in transit to school or school sponsored activities to the extent authorized by the parent and physician and within the parameters set forth by State Board of Education rule. The written authorization shall identify the diabetic supplies and equipment that the student is authorized to carry and shall describe the activities the child is capable of performing without assistance, such as performing blood-glucose level checks and urine ketone testing, administering insulin through the insulin-delivery system used by the student, and treating hypoglycemia and hyperglycemia.

Federal laws that may apply to children with diabetes include:
The Americans with Disabilities Act Amendments Act of 2008 (ADAAA)
Section 504 of the Rehabilitation Act of 1973
Individual Healthcare Plans and Section 504 White Pater (2012)
Individuals with Disabilities Education Act (IDEA) of 2004
Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA)

Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools 2015 pp.11-12.

Revised July 20, 2023

Escambia County Public Schools Guidelines for Managing Seizures in the School Setting

Escambia County Health Department, the School District of Escambia and County, the Epilepsy Services of Northwest Florida, Child Neurology Clinic, and the School Health Advisory Committee originally approved these guidelines for staff in order to competently meet the medical needs of a student with seizures in the school environment. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider.

I. SEIZURE MANAGEMENT

A. Parent/Guardian Responsibilities:

- Inform school of student's seizure disorder
- Provide copy of current Individual Seizure Action Plan from student's healthcare provider
- Participate in the development of the student's Individual Health Care Plan
- Maintain current emergency contact names and phone numbers at school
- Accept financial responsibility for 911 call and transportation to the hospital

B. Student Responsibilities:

- Participate in development of Individual Health Care Plan, if cognitively appropriate
- Seek help if aware of pending seizure

C. Health Care Provider Responsibilities:

- Provide consultation in the development of the student's Individual Health Care Plan
- Provide Individualized Seizure Action Plan for student as needed
- Offer expert review of training materials and procedures

D. School Personnel and School Health Personnel Responsibilities:

- Develop an Individual Health Care Plan and Emergency Care Plan (completed by RN)
- Notify appropriate personnel of a student's health care needs utilizing an Emergency Care Plan, including transportation personnel
- Assure that at least two staff members are trained to provide first aid for seizures
- Provide first aid as needed
- Call 911 if:
  - seizure lasts longer than 5 minutes or as directed by student's healthcare provider;
  - student has repeated seizures;
  - student has trouble breathing during or after a seizure;
  - student cannot be aroused after seizure; or
  - student is pregnant, diabetic, or has no known seizure history
- Notify parent/guardian of seizure
- Document seizure in the Daily Visit Log in the Student Information System (Focus)

II. ADMINISTRATION OF VAGAL NERVE STIMULATION

A. Parent/Guardian Responsibilities:

- Participate in the development of the student's Individual Health Care Plan
- Provide school with *Individualized Seizure Action Plan* if available
- Provide magnet
- Maintain current emergency contact names and phone numbers at school.
- Authorize physician to release medical information to school nurse
- Accept financial responsibility for 911 call and transportation to the hospital

B. **Student Responsibilities:**

- Participate in development of Individual Health Care Plan, if age appropriate
- Use VNS magnet as directed by health care provider, if possible

C. **Health Care Provider Responsibilities:**

- Provide Individualized Seizure Action Plan as needed
- Provide consultation in the development of the student's Individual Health Care Plan
- Offer expert review of training materials and procedures

D. **School Personnel and School Health Personnel Responsibilities:**

- Develop an Individual Health Care Plan and Emergency Care Plan (completed by RN)
- Notify appropriate personnel of a student's health care needs utilizing an Emergency Care Plan
- Provide at least two trained competent persons, in addition to clinic staff, to apply magnet to vagal nerve stimulator and provide first aid
- Maintain magnet in safe location away from other magnetic sources (i.e. television, computer, microwave, credit cards and computer discs)
- Notify parent/guardian of use of vagal nerve stimulator magnet per Individual Health Care Plan.
- Document seizure in the Daily Visit Log in the Student Information System (Focus)
- Call 911 if:
  - seizure lasts longer than 5 minutes;
  - student has repeated seizures;
  - student has trouble breathing during or after a seizure; or
  - student cannot be aroused after seizure

III. ADMINISTRATION OF EMERGENCY MEDICATION

There are several types of emergency intervention medications used to control prolonged seizures and bouts of increased seizure activity (clusters). In the school setting, these medications are administered as directed by the student's healthcare provider.

See Appendix A for definitions of types of seizures.

A. **Parent/Guardian Responsibilities:**

- Participate in the development of the student's Individual Health Care Plan
- Provide school with Individual Seizure Action Plan if available
- Authorize physician to release medical information to school nurse
- Maintain unexpired emergency medication in school clinic
- Provide disposable plastic table cloth to protect privacy during administration if rectal gel emergency medication is provided at school
- Maintain current emergency contact names and phone numbers at school
- Accept financial responsibility for 911 call and transportation to the hospital

B. **Student Responsibilities:**

- Participate in development of Individual Health Care Plan, if cognitively appropriate

C. **Health Care Provider Responsibilities:**

- Provide Individual Seizure Action Plan for emergency medications that includes indication for type and duration of seizure and expected side effects
- Provide consultation in the development of the student's Health Care Plan
- Offer expert review of training materials and procedures

D. **School Personnel and School Health Personnel Responsibilities:**

- Develop an Individual Health Care Plan
- Notify appropriate personnel of a student's health care needs
- Provide at least two trained competent persons, in addition to clinic staff, to administer emergency medication and provide first aid
- Use Nursing Decision Tree (Appendix B) to determine if procedure can be delegated
- Call 911 when emergency medication is administered
- Notify parent/guardian of seizure and administration of emergency medication
- Document drug administration on Student Medication Record
- Document seizure activity and response to treatment in Daily Visit Log in Student Information System (Focus)

IV. STAFF TRAINING

School staff and UAPs must have an understanding of management of seizures. It is the responsibility of the principal and the school nurse to implement appropriate education. If a parent provides an Individual Seizure Action Plan that is created and signed by the student's healthcare provider, all District staff who have regular contact with the student at the school will complete a seizure awareness training. This training is provided online and is facilitated by the school nurse. Copies of the staff certificate of training will be uploaded to the student's medical tab of the student information system. Staff who have regular contact with a student who has a seizure disorder will be provided a copy of a child specific Emergency Care Plan that is created by the school nurse. Unlicensed assistive personnel delegated to provide care for students with a seizure disorder will receive child specific training from the school nurse utilizing a delegation checklist. This training is provided annually with periodic monitoring.

Revised July 20, 2023

Appendix A: Definitions of Seizures/Epilepsy

Seizure is a medical condition where the brain does not work the way it should. Some of the most common causes of seizures are fever, infection, poison, low blood sugar, lack of oxygen to the brain or brain injury.

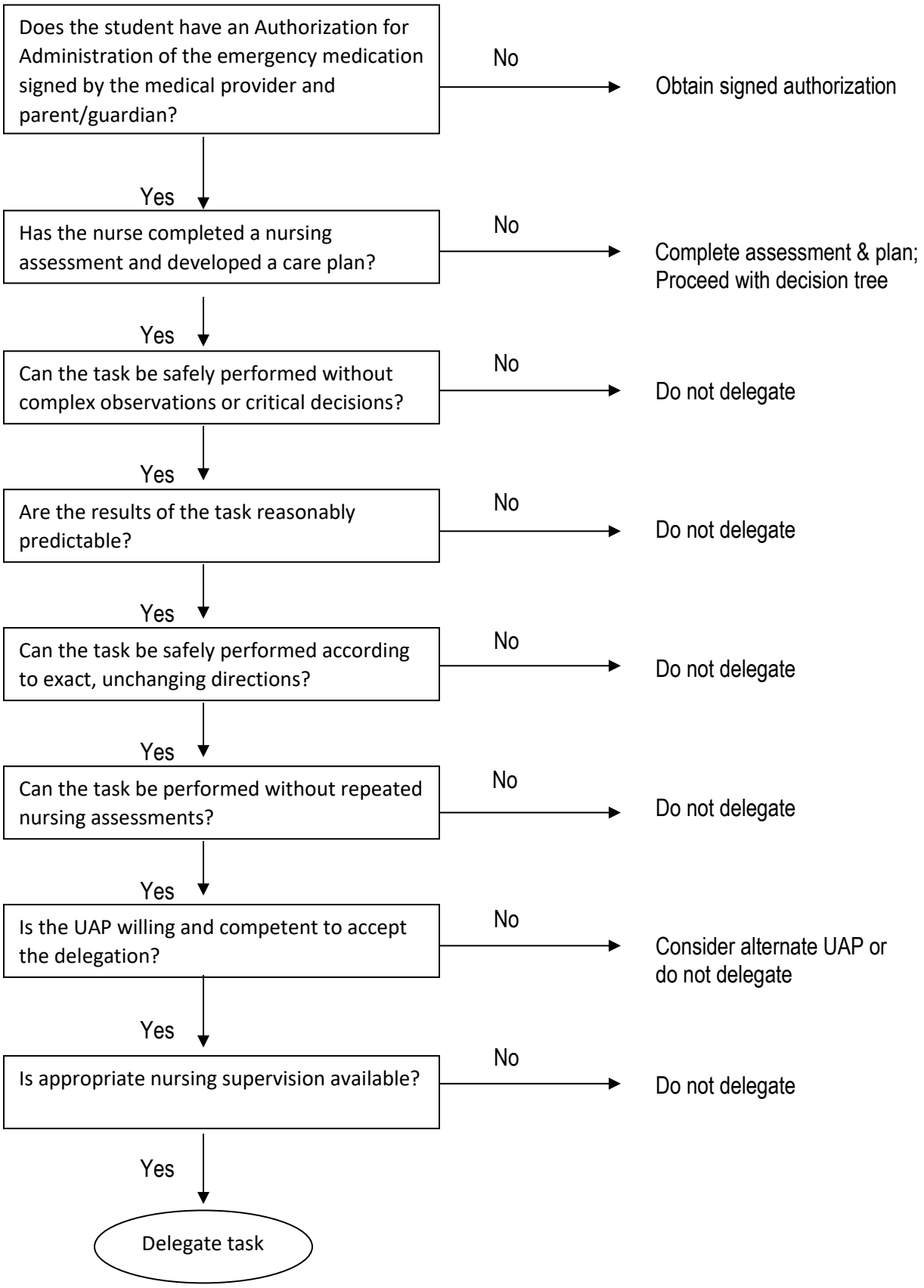
Epilepsy is diagnosed by a physician when seizures are expected to re-occur due to known or unknown causes. Common types of seizures are listed below.

Generalized Seizures - Convulsive (affects the whole brain)	
Tonic-Clonic (Grand mal)	• convulses (shake, jerk or be stiff) • falls down, has trouble breathing • goes into deep sleep (does not awake to touch or sound)

Generalized Seizures – Non-Convulsive (affects the whole brain)	
Absence (Petit mal)	• has a blank stare, appears dazed or in a daydream which lasts only seconds • blinks or chews which occurs quickly, briefly and repeatedly
Atonic (Drop attack)	• falls or collapses suddenly but may stand and walk again within a minute
Myoclonic	• has sudden powerful movements of the arms, hands, or torso

Focal (Partial) Seizures (affects a part of the brain)	
Simple Partial	• has muscle twitching or jerking in one part of the body such as a hand, arm, or leg that may move to other parts of the body • sees, hears, or smells things that are not there, or may feel unexplained fear, anger, or sadness • may spread to the whole brain and become a tonic-clonic (convulsive) seizure
Complex Partial (same as Simple Partial with added symptoms)	• may be confused, dazed and not able to talk • walks about but may be clumsy or appears drunk • picks at clothing or objects, or may remove clothing • cries, displays strange or unusual behavior including emotional outbursts • may spread to the whole brain and become a tonic-clonic (convulsive) seizure

Appendix B: Nursing Delegation Tree for Administration of Emergency Medication for Seizures



Appendix C: First Aid Flow Chart for Seizures

At onset of seizure, begin first aid immediately:

- Place student gently on the floor
- Keep airway clear by placing student on their side
- Protect student from injury by removing any objects that could cause injury
- Protect head by placing something soft (i.e., rolled up coat or sweater) under head
- **DO NOT RESTRAIN STUDENT**
- **DO NOT PLACE ANYTHING IN MOUTH**

**Refer to Individualized Health Care Plan for child-specific instructions

- Is this the first time the student has had a seizure?
- Is the student a diabetic?
- Is the student pregnant?

Yes →

CALL 911
IMMEDIATELY

No ↓

- Perform first aid and observe student for details of the seizure
- Swipe VNS with magnet, if applicable

Yes ↓

Does the seizure stop within **2 minutes**?

Yes →

- Allow student to rest for 15 to 30 minutes
- Keep airway clear
- Contact parent/guardian
- Arouse student every 5 minutes

↓

Can the student be aroused?

Yes ↓

Return student to class or send home. Refer to IHCP.

↓

Document event in the Daily Visit Log in Focus

No ↓

- Prepare to administer emergency medication as directed by the child specific Dispersion of Medication Form

↓

Does the seizure stop before the designated time frame on the Dispersion of Medication Form?

Yes →

No ↓

- **CALL 911**
- Administer emergency medication per trained staff, if child-specific order on file
- Notify parent/guardian and school nurse
- Stay with student until EMS arrive

→ Document event in the Daily Visit Log in Focus

CALL 911:

- **If seizure lasts longer than 5 minutes**
- **If student has repeated seizures**
- **If student has trouble breathing after a seizure**
- **If student cannot be aroused after seizure**
- **If student is pregnant, diabetic, or has no known seizure history**

Seizures may be any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g. running, belligerence, making strange sounds, etc.)
- Altered mental status

Escambia County Public Schools Procedure for Creating Medical Guidelines

I. Purpose:
To establish a process for developing and revising district-wide medical guidelines for students based on best practice and current research.

II. Medical Guidelines
It is essential that quality medical guidelines for the management of student's medical needs in the school setting be developed and kept current with clear medical knowledge and expertise. Therefore, the Board authorizes the Coordinator of School Health Services the responsibility to develop medical guidelines in collaboration with the contracted provider.

Poison Control

If you have an emergency or questions pertaining to poisoning – don't guess – BE SURE!

Call 1-800-222-1222

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

You can also have access to a lot of useful information on their website:
https://floridapoisoncontrol.org/

Escambia County Public Schools Procedure for Child Abuse and Neglect

Section 39.201, F.S. addresses mandatory reporting of child abuse, abandonment, or neglect. It specifies that any person who knows or has reasonable cause to suspect that a child is abused, abandoned or neglected by a parent, legal guardian, caregiver, or other person responsible for the child's welfare must report that knowledge or suspicion to the Department of Children and Families (DCF).

The following mandatory reporters of known or suspected abuse or neglect are required to provide their names to the hotline staff:

- Physician, osteopathic physician, medical examiner, chiropractic physician, nurse or hospital personnel engaged in the admission, examination, care or treatment of persons
- Health or mental health professionals other than listed above
- Practitioner who relies solely on spiritual means for healing
- School teacher or other school official or personnel
- Social worker, day care center worker, or other professional child care, foster care, residential, or institutional worker

NOTE: Mandated reporters cannot make anonymous report; however, reports will be treated with total confidentiality.

Each school district has the responsibility as specified in s. 1006.061, F.S. to post a notice in a prominent place in each school about mandatory reporting listed above, including the statewide toll-free telephone number of the central abuse hotline (1-800-96ABUSE/1-800-962-2873) or FAX (1-800-914-0004).

How to Make a Report

There are four ways to make a report:

By Telephone	1-800-96ABUSE (1-800-962-2873)
By FAX	1-800-914-0004
By TDD	1-800-453-5145
Web Reporting	www.myflfamilies.com

Information Needed

Specific descriptions of the incident(s) or the circumstances contributing to the risk of harm, including **who** was involved, **what** occurred, **when** and **where** it occurred, **why** it happened, the extent of any injuries sustained, what the victim(s) said happened, and any other pertinent information are very important. Information callers should have ready includes:

- Name, date of birth (or approximate age), race, and gender, for all adults and children involved
- Addresses for all subjects, including current location
- Information regarding disabilities and/or limitations for vulnerable adult victims
- Relationship of the alleged perpetrator to the child or adult victim(s)

Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Abuse Hotline Counselor.

Do not delay in contacting the Abuse Hotline even if you do not have all the necessary information. The Abuse Hotline Counselor will make an assessment based on the available information, and will decide if it is sufficient to accept a report.

What to Do if All Lines are Busy

There are times when all Abuse Hotline Counselors are either taking calls or entering reports. Please be patient and do not hang up. Your call will be answered by the next available counselor. Counselors are trained to handle each call as quickly as possible, while ensuring that each caller is afforded quality service.

However, if the situation is an emergency or the victim is in imminent danger, the caller should hang up, dial 911, and then follow-up with a call to the Abuse Hotline.

Documentation

Abuse Hotline Counselors are required to identify themselves by giving their first name and their identification number. They additionally are expected to inform the caller whether the information meets the statutory requirements for a report and whether the report has been accepted. Document the above information along with the date and time and provide the information to the School Administrator. Do NOT record reference to the DCF call in the Daily Visit Log. Abuse Hotline Counselors may also provide you with information on available services, whether those services are provided by the Department of Children and Families staff or other state and community agencies.

Escambia County Public Schools Student Drug Screening Protocol

1. Secure drug testing bathroom
   a. Tape off sink faucet – use masking/blue tape
   b. Tape off toilet flushing handle and back lid
   c. Turn off all water sources – sink and toilet if possible
   d. Remove all soap, cleaning supplies hand sanitizer and any other liquids
   e. Add bluing agent to the toilet water – this is to deter students from dipping the collection cup in the toilet.

2. District staff will identify students to be tested. They will escort student to the clinic. Clinic may be closed if needed to assure privacy. Once in the clinic, clinic staff will:
   a. Verify the student
   b. Briefly explain the procedure to the student

3. Rapid drug testing collection procedure
   a. Instruct student to remove coat, jacket or sweater before entering the bathroom.
   b. Have student empty pockets and leave contents. Give student their wallet or any money. Everything else stays with the collector.
   c. Have student wash and dry their hands using soap and water. This is to remove any adulterated substances that can be under the fingernails.
   d. Allow student to pick their own unopened test kit (in the foil package). This is for the collector's protection so that the student cannot come back and say the collector picked the test kit. Give collection cup to the student instructing them to fill it about half way.
   e. Instruct them to <u>not</u> flush the toilet or use the sink. The student is to then bring the specimen back to the collector and is then allowed to wash their hands with soap and water.
      - Shy bladder: if student is unable to produce an initial urine specimen, give them up to but no more than 30 ounces of water, one cup at a time. If student is unable to produce a urine specimen within 2 hours, contact an administrator for guidance.
   f. After the student gives the collector the specimen, the collector will check the temperature strip to verify that the urine is within temperature range (90-100 F) and that there is an adequate amount of urine for the test.
      - If the temperature is in range, proceed with the rapid test.
      - If the temperature is out of range, discard that urine sample and have the student attempt to give you another sample immediately. Instruct student not to wait to fill the cup with urine with more than one attempt as this causes the urine to cool. If the student is unable to give a specimen ask them to drink up to and no more than 30 ounces of water. Then collect a new urine specimen after allowing the student to choose a new unopened test kit. If the student is still unable to produce a specimen within 2 hours, notify the School Administrator for guidance.
        - Look at the urine specimen. Donors have been known to dip the collection cup in toilet water of add bleach or other substance. If it appears out of the ordinary, the testing should stop. Notify the School Administrator so they can decide whether to continue with the test. Any refusal of a student to participate in testing when selected or any student who tampers with the specimen or the collection process will cause the specimen result to be deemed as a positive and subject to the consequences outlined the Rules and Procedures of the District School Board Section 3.20(H)(3).
   g. You are now ready to test the specimen. Peel back the label covering the testing screen. Results can be read in 2 minutes. If all lines have not come up on the test strip, wait for a total of 5 minutes then read results. <u>Each column should have 2 lines to be negative.</u> The "C" line is the control line that shows that the test strip is activated. The "T" line is the actual test result. If a line is missing in the "T" line, that specimen will get packaged and sent to the lab for confirmation. This test is considered a 'non-negative'.

h. If test kit is deemed faulty, i.e. control line does not appear, transfer the original urine specimen to another test cup in student's presence. Use the results of the temperature reading from the original urine specimen.

i. Complete the U Screen Drug Screen Result Form:

- School location
- Collector name
- Specimen temperature within range (read off of collection cup)
- Collector signature
- Student signature
- Test results
  - If **negative** for drugs being tested you can dismiss the student. Notify School Administrator of negative results and give them the completed U Screen Drug Screen Result Form. They will contact the parent to inform them of the testing and results.
  - If **'non-negative'**, **DO NOT DISCARD THE SPECIMEN**. Ask the student to select an unopened Alere collection cup for sending the specimen to the lab for testing. Open the new kit and discard the large outer cup (not needed). **You do not collect another specimen.** Open the smaller clear transport tube and pour 30ml of urine into the container. The container is marked on the side. Only 1 transport tube is needed. Any remaining urine can be discarded. Notify School Administrator of non-negative result so they can come to the clinic to complete their process/paperwork with the student. Give School Administrator the completed U Screen Drug Screen Result Form. All "non-negative" samples are to be sent to Alere, even with a documented prescription.

4. Steps for packaging the specimen for shipment to Alere Lab:

Complete Alere On-Site Custody and Control Form (CCF). Items to be completed on CCF:

STEP 1

- Employer Name – will be pre-printed
- Facility Number – will be pre-printed below the boxes
- MRO Name – will be pre-printed
- Student Name
- Student Number
- Reason for the test (for School Board testing purposes it will be marked **Random**)

STEP 2

- To be completed by Collector. Indicate specimen temperature was found to be within range – mark "yes". Under Oral Fluid, Temperature, mark "not applicable". Under Split Specimen, mark "no".

STEP 3

- To be completed by Collector and Donor. Collector affixes bottle seal. You will only use label "A" which is located on the side of the form. Collector will date label "A" and then have the student initial the label. Place label "A" over the transport tube. The label is centered over the top of the transport tube and extends down both sides of the tube. The specimen then goes into the front pouch of the Alere transport bag.

STEP 4

- Collection Facility (do not fill out), Collector Number (is pre-printed), Business phone (do not fill out).
- Add remarks if a student refuses to sign or there is suspected adulteration.
- Collector will print and sign name, time of collection, and input current date where indicated

STEP 5

- To be completed by student
- Daytime Phone Number of student's Parent/Guardian
- Evening Phone Number of student's Parent/Guardian
- Date of Birth
- Student prints their name, signs, and indicates date of screening.

STEP 6

- Will be completed by lab. Do not mark in this space. Do not mark in Step 6 section or "to be completed by lab" section below it.

5. Remove the completed first page of the CCF and place in the back pouch of the Alere Lab transport bag. Seal the bag. Give the other 2 copies of the CCF to the School Administrator.
6. School Administrator will ask the student to complete the Student Consent to Release Medical Information to Parent/Guardian for Random Drug Screening form and will keep the form in order to process it.
7. After the Alere Lab CCF and specimen are sealed School Administrator will dismiss the student.
8. The specimen is now ready for shipment by FedEx. Place the large FedEx air bill sticker for Alere Lab on shipping bag (labels are pre-printed); put specimen inside FedEx bag. Seal bag. Give FedEx packaged specimen to the School Administrator and the small top portion of the air bill sticker for their records (it has the tracking number on it). District staff will drop off at any FedEx drop box the same day it is collected.
9. School Administrator will notify parent of testing and results.

Process at Lab:

- Specimen will be tested- if negative, results will be released in 24-36 hours to the School District.
- If non-negative, specimen will be tested again the following day. If still non-negative, the lab results will be sent to the Medical Review Officer (MRO) for review. The MRO will contact the donor and verify any prescriptions the donor is taking and based on the information given make the determination whether to issue the results as negative or positive.
- Results will go directly to Kevin Windham, Risk Management Director for the Escambia County School District, not to the School Nurse.

3.20 RANDOM DRUG TESTING OF STUDENTS

(1) Philosophy

A. The School Board of Escambia County, Florida, has a responsibility to safeguard the health, character, citizenship, and personal development of all students in the District. The possession and use of drugs by students is harmful and illegal. The abuse and use of drugs threatens the personal development of students and affects the welfare of the entire school system. The Board is committed to the prevention of drug use/abuse as well as to the rehabilitation of identified abusers.

B. A commitment of the Board to provide athletics, extra/co-curricular programs, and on campus student parking requires a healthy and safe environment, including programs related to the detection and prevention of substance abuse by students involved in such activities. Students who are actively involved in athletic and extra/co-curricular activities are representatives of their respective schools. By virtue of a student's participation in such activities, they are frequently seen by their peers to be role models and persons to be admired. As leaders and role models, such students have a responsibility to be drug free as well as to set a standard for their peers. Parking by students on campus is a privilege and subject to regulation by the Board.

C. By instituting a program for the random screening for drugs for students participating in athletics, extra/co-curricular activities, and on-campus parking, the Board is committed to being proactive in ensuring the safety of all students participating in such activities as well as the District as a whole. The Board's primary emphasis is directed to deterrence and remediation rather than punishment of students who test positive for drug use/abuse. Sanctions for testing positive are set forth in this policy. No student will be suspended or expelled from school solely on the basis of any verified positive test result conducted by the District under this policy.

D. The policy of random student drug testing is meant to supplement the District's existing education of students in prevention and intervention for drug abuse.

(2) School Board's Authority

In recognition that student participation in interscholastic athletics, extra/co-curricular activities, and on-campus parking is voluntary, and pursuant to Sections 1001.41 and 1001.42, F.S., the School Board of Escambia County, Florida, is authorized to adopt a policy allowing random drug testing of students involved in these voluntary activities.

(3) Policy: The School Board of Escambia County, Florida, authorizes the random drug testing of any student who participates in school athletics, extra/co-curricular activities, and on-campus parking. Extra/co-curricular activities include but are not limited to band, cheerleading, and clubs. Any student who elects to participate in any of these programs/activities with parental consent shall be subject to random drug testing in accordance with this policy.

A. Confidentiality: The District shall not release records of drug tests or any resulting action to anyone other than the student, or the student's parents, as defined by Florida Statutes, without written authorization from the parent/guardian or the student, if the student is over the age of eighteen (18). Additionally, the District respects the privacy of its students and shall maintain confidentiality regarding any drug testing under this policy. The results will only be released to the parents/guardians of the student. All records and subsequent actions shall be kept separate from the student's educational transcript. During the testing process, personally identifiable information of the student shall remain confidential.

B. Participation Eligibility: Participation in athletics, extra/co-curricular activities, and parking on campus is a privilege. A student's participation in such activities is subject to compliance with Random Drug Testing Policy.

C. Annual Consent to Random Drug Screening: Prior to participation in athletics, extra/co-curricular activities, and on-campus parking, the student and the student's parent/guardian shall sign and deliver the *Annual Consent to Drug Screening* form to the student's school. Such consent shall be valid for the remainder of the school year in which it is signed or until a *Withdrawal of Student from Activity* form is completed.

D. No Consent Precludes Participation: A student who fails to have a current *Annual Consent to Drug Screening* form on file shall not participate in any activity for which the student is subject to random drug screening until such consent is signed and returned to the student's school. Participation includes but is not limited to attendance at any practice, try-out, rehearsal, or sitting with a team/club/organization at a game or pep rally.

E. Withdrawal from Activity: Students who have a consent form on file remain eligible for selection for random screening from the date the consent form is signed and throughout the remainder of the school year or until the student files a *Withdrawal of Student from Activity* form that states the student no longer wishes to participate in athletics, extra/co-curricular activities, or parking on campus. Upon such withdrawal, the student shall not be eligible to participate in any activity for which the student is subject to random drug screening for the remainder of the school year. Any student who files the *Withdrawal of Student from Activity* form after selection for random drug screening is no longer eligible for participation in any activity for which the student is subject to random drug screening for one (1) calendar year from the date on the withdrawal form.

F. Selection of Students for Testing: Drug screening shall occur at various times throughout the school year. Each secondary student who participates in athletics, extra/co-curricular activities, or on-campus parking shall be included in a database and will be subject to random drug screening.

G. Process for Calling Students for Screening: The principal/designee will arrange for students who are to be screened to be escorted to the clinic where a secured bathroom will maximize student privacy.

H. Collection of Samples: The school's health technician/nurse shall be responsible for the collection of samples according to a protocol adopted by the District and the contracted agency providing health services.

1. The school's health technician/nurse will conduct the initial screening test. If the urine sample screening kit renders a non-negative result, the school administrator will contact the parent/guardian by telephone to inform him/her of the initial non-negative drug screening results. At this time, the parent/guardian will be notified that the student will be suspended from all extracurricular activities covered under the student drug screening program until an *Informed Parental Permission, Consent, and Release from Liability* form can be executed by the student and parent/guardian. This completed and notarized consent form will allow the student to continue participation in extracurricular activities until the confirmation testing and final results certificate can be obtained from the Medical Review Officer (MRO). In addition, the school administrator and student will complete the *Student Consent to Release Medical Information to Parent/Guardian for Random Drug Screening* form. This form authorizes the MRO to speak directly with the parent without the presence of the minor student. The cost of the confirmation testing will be the responsibility of the parent/guardian if it renders a positive reading. The cost of a negative reading will be the responsibility of the District. Any student who accepts the positive result of the screening at school

may immediately begin his suspension from athletics, extra/co-curricular activities, and/or driving on campus and enter into his drug assessment and rehabilitation program.

2. The Medical Review Officer (MRO) will receive all reports of non-negative drug tests and will be supplied with the information to determine the correct name of the student whose identifying number appears on each nonnegative test result report. Prior to verifying a non-negative drug test result, the MRO shall contact the student and his/her parent/guardian to afford them the opportunity to discuss the test results, medical history, and any other relevant biomedical information that would assist the MRO in determining whether he/she should verify the drug test results as positive or deem that results are negative. If the MRO determines the results are negative, no further actions shall be taken, and the student will be reported to the principal as having a negative result. If the MRO determines the results are positive, the MRO will offer to the student/parent/guardian the opportunity to have the original sample tested by another laboratory at the student's/parent's/ guardian's expense. This opportunity for a retest is available at this time only. The MRO shall submit the positive drug test results to the principal/designee identifying the student by name so the appropriate action can be taken.

3. Any refusal of a student to participate in testing when selected or any student who attempts to tamper with the specimen or the specimen collection process will cause the specimen result to be deemed as positive and subject the student to the consequences outlined in the sanctions section of this policy.

I. Sanctions:

1. First Offense/First Positive Drug Test: The student shall be removed from participation in all athletic and/or extra/co-curricular activities (including practices) and from driving on campus and be referred to a District- approved drug assessment and rehabilitation program. The student will attend his/her academic classes while enrolled in the program unless he/she is under any disciplinary action set forth by the Student Code of Conduct. The length of the suspension from athletic/extra/co-curricular participation or parking on campus shall be no less than thirty (30) days from notification of the test results. After the student has completed the program or been recommended by the substance abuse professional for participation in the sport or activity, he/she may resume participation under probationary status with the following conditions:

   a. The student shall be required to comply with any recommendations resulting from the assessment/counseling conducted as part of the assessment.
   b. The student must pass a second drug test before participation in any activities covered in the policy. The cost of this test will be the responsibility of the student and the parent/guardian.
   c. The student will be subject to recurring random drug screening at times that would not be previously disclosed to the student to deter the student from committing a subsequent violation of this policy as prescribed by District procedure.
   d. The student will remain on probation throughout the remainder of the time that he/she is enrolled in the District. Students who transfer to other District schools will remain on probation. The sending school will notify the principal/designee of the student's probationary statute
   e. The student may not return to any leadership position including but not limited to the captain of a squad, club officer, or class officer for the remainder of the school year.
   f. Any student who fails to participate in and complete an approved drug treatment program will forfeit his/her opportunity to resume participation in any of the activities covered in this policy.

2. Subsequent Offense/Drug Test: Once a student has a second or subsequent positive drug test, he/she shall be prohibited from participation in all athletic and/or extra/co-curricular activities and from driving on campus. In addition, the student shall be removed from all leadership positions. The length of this removal

from participation/leadership is one (1) full calendar year from the date of the second positive test. A subsequent negative drug test must be provided before participation may be reinstated.

J. Appeal Procedures: In addition to the opportunity afforded to the student and the parent/guardian to discuss a confirmed drug test with the MRO, a student whose test results have been verified and forwarded to the principal/designee for the removal from participation in athletics, extra/co-curricular activities, or parking on campus shall be entitled to a review of procedural due process as follows:

1. Notice: The principal/designee shall notify the student and the parent/guardian that the student's positive drug test results have been verified by the MRO, describe the action to be taken, and advise the student and the parent/guardian of the right to a procedural due process hearing.

2. Hearing: If the student or the parent/guardian requests a procedural due process hearing, the principal shall conduct the hearing within a reasonable period of time. The scope of the hearing will be limited to a review of the procedure. The principal shall render a decision and provide the student and parent/guardian with a written record of that decision at the hearing or within three (3) days of the hearing. The principal's decision shall be final and shall not be subject to any further administrative appeal.

Rulemaking Authority: Sections 1001.41; 1001.42; 1001.43, F.S.
Law Implemented: Sections 1001.41, 1001.43, 1006.07, 1006.15, F.S.
History: New: 02/17/11. Revised/Amended: 05/20/14, 09/20/16.

5. For liquid medications, add an inedible substance, such as cat litter or absorbent material obtained from the custodian.
6. For nasal sprays, discharge the medication into a sealable bag containing an inedible substance, such as cat litter or absorbent material obtained from the custodian. Seal the bag and place it into the opaque container used for medication disposal.
7. Securely close the medication container and seal the lid with tape.
8. Place the sealed medication container inside an opaque (non-see-through) container with a secure lid, such as a plastic container, coffee can, or other suitable container that prevents the medication from being visible.
9. Dispose of the sealed container in the regular trash. Medication containers must not be placed in recycling bins.
10. For epinephrine auto-injectors, do not activate, discharge, or attempt to remove medication from the auto-injector. Place the auto-injector intact directly into a sharps disposal container.
11. For inhalers, do not discharge, spray, puncture, or attempt to empty the medication. These medications must be disposed of through an approved medication take-back process. The RN Supervisor will request a medication take-back mailing pouch from the Health Services Coordinator for disposal. After the medication is counted and the Medication Disposal Record is completed and signed by the RN Supervisor and the second witness, the witness will observe the nurse placing the medication into the take-back pouch and preparing the mailing envelope. The completed envelope will be provided to administration for placement in the designated mailing bin for pickup.
12. Medication Destruction sheets will be faxed to the Health Services Coordinator and then placed in the current school year forever box. To be stored for seven (7) years.