



ST. JOHNS CLASSICAL ACADEMY

SCHOOL HEALTH SERVICES GUIDELINES

A Guide for Nurses, Clinic Reliefs, Health Assistants, Clinic Health Assistants, and Substitutes

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INTRODUCTION

Our Mission

The mission of St. Johns Classical Academy is to develop graduates in mind and character through a classical, content-rich curriculum that emphasizes the principles of virtuous living, traditional learning, and civic responsibility. We are building intelligent, virtuous American citizens.

The School Health Services Guidelines

The St. Johns Classical Academy School Health Services Guidelines contains regulations and policies which provide medical protocols for school staff and school health services personnel. The guideline provides approved school health practices to use in their everyday dealings with scholar health needs. It does not address all health issues in the schools, nor does it include all forms used in the various school health services programs. Health staff will provide care within their scope of practice and will provide school health services based on nursing judgment and school health protocols. The clinical management of scholars will be based on the nursing assessment, scholar's medical history (if relevant and reported), symptoms described by the scholar, and the physical findings upon examination at the time of presentation. Parents have the right to Opt-Out of services.

Services are provided in accordance with a local School Health Services Plan (pursuant to section 381.0056, Florida Statutes), the Florida Statutes and Administrative Code Rules for School Health and Related Activities in Schools, and the St. Johns Classical Academy (STCA) School Health Services Guidelines.

All scholars will be provided with emergency care, first aid treatment, and acute care (defined as providing medical care for sudden or severe symptoms that appear, change or worsen rapidly) as deemed necessary by a nurse's initial assessment and clinical expertise.

Each year, the state requires health screenings to be performed in the following grades:
(Parents may Opt-Out)

Height and Weight (BMI) – 1st, 3rd, 6th
Vision – Kg, 1st, 3rd, 6th
Hearing – Kg, 1st, 6th
Scoliosis – 6th

Additionally, scholars entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual scholars may be referred for screenings as needed, such as a teacher who notes that a scholar is having difficulty with vision. Parents will always be notified of screenings performed and are encouraged to seek medical evaluation if problems are identified through the screening process. If follow-up is needed, parent/guardian will be notified.

Any scholar who has reached the age of maturity (18 years of age or over) is legally an adult and by law are able to make their own educational and well-being choices. Those scholars may sign their own consent forms. However, parent/guardian consent is required if a person is 18 years or over and has a disability that necessitates the appointment of a legal guardian.

EMERGENCY PHONE NUMBERS

When calling for emergency services, clearly state:

- School Name: St. Johns Classical Academy
- Address: 1324 Kingsley Avenue Orange Park, FL 32073
- School Phone Number: 904-637-4325
- Location: (Building, Floor, and Room)
- Age of Scholar
- Type of emergency
- Do Not Hang Up

All Emergencies: Have the **Resource Officer call 911** if they are on the school campus for a more immediate response.

Agency

Phone

Poison Control	1-800-222-1222
Orange Park Police Department	911 or 904-264-5555
Clay County Sheriff's Department	911 or 904-269-6300
Florida Highway Patrol	911 or 904-695-4000
Clay County Fire & Rescue Department	911 or 904-284-7703
Clay County Animal Services Department	904-269-6342

Other Agencies

Phone

Clay County Crisis Center	904.291.4357
National Suicide Prevention Lifeline (988)	1-800-273-8255
National Crisis Text Line...Text Home to	741741
Clay County Behavioral Health Center	904-291-5561
Abuse Hotline (Florida Department of Children & Families)	1-800-96-ABUSE

EMERGENCY MANAGEMENT

Emergency Management

If a minor scholar's parents cannot be reached during emergency management and the scholar requires transport to a hospital, it is recommended that a staff member accompany the scholar. Rescue unit personnel may request that a staff member ride or follow their unit if parent/guardian is not available. In such instances, an administrator or designee is best suited to accompany the scholar until parent is located. The school nurse should stay on campus, the ride-a-long should be the administrator or administrator's designee.

In the event of a serious accident or illness of a scholar, the school will attempt to contact the parent/guardian. If they or emergency contacts cannot be reached, designated school personnel will take or send the scholar to the hospital. Emergency Services personnel will determine which hospital the scholar is taken. The parent/guardian is responsible for all expenses incurred. In case of an accident or illness where immediate medical treatment is not indicated, but where the scholar is unable to remain in school, the school will contact the parent/guardian. If they cannot be reached, the school will contact people listed as emergency contacts with pick-up rights to remove the scholar from school and to be responsible for his/her care. Emergency contacts listed must have transportation and be immediately available to come to school. Scholars must be picked immediately.

Emergency Situations for Which a Rescue Unit is Called

- Breathing stopped or severely impaired. Breathing difficulties, shortness of breath or choking.
- Loss of pulse
- Anaphylactic shock.
- Severe chest pain or any sudden, severe pain anywhere in the body that does not resolve.
- Unconsciousness (other than short fainting spell). Semi-conscious or unusually confused.
- Shock (i.e., pallor, faintness, rapid pulse, sweating, low blood pressure).
- Severe Bleeding. Bleeding that will not stop. Coughing up or vomiting blood.
- Paralysis of trunk or limbs.
- Head injury (if injury is accompanied by unconsciousness, semi-consciousness, nausea or vomiting, unequal pupils or eye difficulties, bleeding from ears).
- If moving person could cause further injury.
- Accidents that lead to a situation in which the injured person is unable to get up, walk, or move body parts after a period of observation.
- Severe injury to the neck or back.
- Amputations or conditions that are limb threatening.
- Severe burns.
- Severe eye injuries or hematoma.
- Emergency childbirth.
- Drug overdoses, poisoning, or injection of unknown substance.
- Seizures lasting over five minutes or seizures in a child who have never experienced a seizure before.
- Snake bite.
- Gunshot or knife wound.
- If the physician order for EpiPen® is administered.
- If the physician order for Albuterol Sulfate / Ventolin ProAir HFA Inhaler is administered and symptoms get worse.
- Where there is a need of the skills or equipment of paramedics or emergency medical technicians.
- Situations when in doubt

Emergency Care

Emergency Care is the on-site management for acute illness or injury. If the scholar does not require medical transport by EMS they may return to the classroom or be released to the authorized parent/guardian or emergency contact per current school year emergency registration.

Emergency Action Plan

An Emergency Action Plan (EAP) is a plan that gives specific steps for school staff to take when a scholar has a medical emergency. It is scholar specific. The plan contains a short definition of the condition, signs and symptoms of the health condition that are emergent and a written step-by-step instruction that outlines what school staff should do for that emergency. Staff on campus (that have class with the scholar) will be emailed the Emergency Action Plan with instructions when obtained by the health clinic.

Emergency Bag

Emergency Bags are to be kept in the clinic within easy access in order to grab and go during an on-campus emergency. It is the school nurse's responsibility to keep all items in the emergency bag up-to-date and the equipment in good working condition.

Emergency Bag Contents (not limited to): Adhesive bandages (various sizes, latex free), alcohol wipes, biohazard bag, blood pressure cuff, stethoscope, emesis bag, face mask (N-95 & regular), eye irrigation, eye pad, eye protection (goggle/face shield), first aid tape, gauze, gloves (latex free), hand sanitizer, instant cool packs, normal saline solution, one-way resuscitation mask, paper/pen (for documentation), resealable plastic bags, scissors (blunt), quick acting glucose (tabs, icing gel), triage tags, & tweezers.

Automated External Defibrillator (AED)

Trained staff and health personnel are to use CPR and AEDs when a person is unresponsive or when breathing or heart beat stops. Each school is equipped with one or more AEDs. It is the School Nurse at each school's job to ensure quarterly maintenance checks are done on AEDs, recorded on the "Automated External Defibrillator Maintenance Checklist", and sent to the proper personnel and stored in the clinic for future DOH audits.

Per Florida Statute rule 64F-6.004 all employees who staff school health rooms shall be currently certified in first aid and cardiopulmonary resuscitation by a nationally recognized certifying agency. As part of the plan, each school shall ensure that at least two school staff members, excluding health room staff, are currently certified by nationally recognized certifying agencies to provide first aid and cardiopulmonary resuscitation. A copy of this certificate shall be kept on file in the health room and/or the school office.

CPR/AED trained staff list will be posted in the clinic, school office, cafeteria, gymnasium, home economics classroom, industrial arts classrooms, and other areas that pose an increased potential for injuries, and in the school's multipurpose areas.

The Automated External Defibrillator (AED) is enclosed in a sack carry case. This case contains the AED, a valve CPR mask, a micro-pore CPR mask, adult defibrillator pads, and child defibrillator pads. Narcan will always be with the AED.

Blood Borne Pathogen Course

This course is required of all school clinic employees and is due on or before September 30th. Check with Ancora/CCDS if you do not receive instructions on how and when to take the course.

To take the course, please go to the portal in Synergy and click on the Professional Learning Tile and then the Safe Schools Tile. The Blood Borne Pathogen Course may be listed under my assignments. If it is not listed there click on library and then health. Once under the health area click on Blood Borne Pathogen Exposure Prevention. Follow the same procedure for the Narcan course.

Once completed, take the quiz at the end of the course, print your certificate, and give the certificate to the school nurse. The course is a requirement of the Department of Health.

Nurses should keep a file in the clinic with the list of all employees that have taken the course for the Department of Health.

Biomedical Waste

Red Bags or Sharp Pickups

St. Johns Classical Academy is contracted with Universal Waste Management. Tina Kenny is the contact person @ 904.469.6246 ext.106 / tina.kenny@mybiowaste.com

Pickup Procedure:

1. We are scheduled for Quarterly Pick-ups. Universal Waste Management will call and/or email and let us know when the pick-up time will be. Place all biohazard products in one bag and place the address label on bag. If you have a full sharps container and/or bag before the quarterly scheduled pick-up time; call for additional pickup.
2. May print a schedule of pick-up times from the website.

Biomedical Waste Operating Plan

The biomedical waste operation plan needs to be filled out and a copy kept in the clinic area in the "BioMedical Waste Plan Binder" yearly.

Application for Biomedical Waste Generator Permit/Exemption

Each year in August the school will be given an application for biomedical waste generator permit / exemption; the Headmaster will sign, print from the biomedical website @ <https://www.mybiowast.com/> and place in the "Biomedical Waste Plan Binder" in the clinic.

Scholar Injury Reports

A Scholar Injury Report is to be completed when a scholar injury occurs on-site or at a school sanctioned event. School nurses should only fill out the first aid section of the injury report if they provided the first aid. The school personnel responsible for the scholar at the time of the accident should be the one to fill out the form and then give to the school nurse. Once these sections are completed, the school nurse is to forward the report to the Headmaster for completion and administrative review.

If the School nurse is not on campus when the accident or incident occurred, administration or their designee is to complete the Injury Report and submit to Ancora:

Attention to: Michelle Rencarge @ michelle.rencarge@stjca.org

DO NOT:

- Chart that an Injury Report has been filed.
- Place the Injury Report in the students CUM folder. Subpoenaed requests for records go through the staff attorney.
- Give Injury Report to parent/guardian.

Staff Injury Reports

Any employee of SJCA who suffers a job-related injury must report the injury and its circumstances to the Headmaster or job supervisor, as appropriate, as soon as possible following the occurrence of the injury. Injured persons shall be referred immediately to appropriate personnel for such medical attention as may be appropriate.

All Injury reports are to be emailed to: Michelle Rencarge @ michelle.rencarge@stjca.org

HEALTH RELATED REQUIREMENTS FOR SCHOOL ENTRY

The Parents/Guardians' Responsibility

- Annually completing Emergency Registration Queue in Parent Vue and Health Information for school by September 30th of each school year. F.A.C. 64F-6.005
- Notifying the school and/or school nurse promptly when there are changes in the scholar's medical condition or plan of care and provide a revised medical authorization sheet from the healthcare provider.
- Providing the school and/or school nurse with the necessary medication and/or equipment and supplies to administer medications/treatments.
- Providing the school and/or school nurse with the required health history information, authorization forms, and doctor's orders including emergency information specific to the needs of the scholar.

Health Records

Each scholar must have a paper or electronic cumulative record that includes all required enrollment documentation unless a temporary exclusion of 30 days has been granted. It is the parent/guardian's responsibility to keep the information current.

Registrar or database personnel will

1. Enter all immunizations and physicals into the Synergy program.
2. Copy the following documents (if available) that may contain health conditions to the school nurse: Emergency Information, Scholar Health Information / Scholar Health Condition Questionnaire, and / or Health History and Physicals.
3. Upload health documentation (i.e., Immunization form DH-680 or a current temporary medical exemption DH 681, physical health exam (pages one and two) into Synergy.

The school nurse will

1. Review the records in Synergy.
2. Enter the health condition information into Synergy, which will flag scholar with a medical icon and follow-up with parent/guardians as needed. Staff and teachers are to be made aware of any scholar they teach or work with who have a serious health condition (i.e., diabetes). This information will be shared on a need-to-know basis.
3. RNs will complete Individual Health Care Plans (IHCP) if applicable. LPNs and UAPs will notify supervising RN of need of IHCP as necessary. LPNs and UAPs will notify supervising RN of need of child specific training (CST) as necessary. IHCP and CST must be completed within 30 days.
4. RNs will offer child specific training if applicable with 30 days.
5. Ensure teachers and staff are notified as necessary.

NOTE: The School Health Records and all medical reports and results are confidential information. Do not exhibit the material, copy it, or discuss it with unauthorized personnel. Medical records initiated and maintained in the school health clinic and school health services program fall under FERPA and well as HIPAA confidentiality laws.

Documented Proof of Name and Age for Enrollment

- Certified copy of birth certificate. A parent/guardian may request a birth certificate for a child born in Florida from Vital Statistics in a Florida Public Health Department. School nurse to give assistance if needed.

- Baptismal certificate showing date of birth and place of baptism accompanied by a parent/guardian sworn Affidavit.
- Passport or certificate of arrival in the United States showing the age of the scholar.

Scholar's Temporary Exemptions

The Headmaster may issue a temporary (transfer) exemption, for up to thirty (30) school days (FS 1003.22), to permit a scholar to attend class until his/her records can be obtained if they are:

- Transferring from another in-state (Florida) district
- Experiencing homelessness or who are known to the Department of Children and Families, as defined in F.S. 39.0016
- A scholar of an active-duty member of the United States armed services (F.S. 1000.36) with a copy of their active duty assignment
- A scholar who enters a juvenile justice program

The school nurse is responsible for follow-up of each such scholar until proper documentation is obtained, unless otherwise provided for in this policy.

Enrolling Homeless Scholars

Florida Statutes section 1003.01 (12) states children and youths experiencing homelessness to mean those that lack fixed, regular, and adequate nighttime residence or children and youths sharing the housing of other persons due to housing, economic hardship or similar reason. This includes those living in motels, hotels, travel trailer parks or camping grounds or emergency transitional shelters.

The McKinney-Vento amendments of Every Student Succeeds Act (ESSA) now apply to all children and youth experiencing homelessness (PreK-12) even those who come to the community from another state or country. Priority should be the enrollment and class attendance along with assistance in obtaining immunization, health records and other documentation necessary for enrollment.

Registrar or database personnel will:

1. Enroll the scholar experiencing homelessness immediately even if they have missed deadline. Documents for enrollment are not required to enroll the scholar.
2. Immediately refer parent/guardian or unaccompanied youth to the school's family liaison.
3. The school family liaison is responsible for assisting to obtain the immunizations, screenings, or other required health records.
4. Notify the school nurse of new enrollee.
5. The McKinney-Vento Act does not put a time limit on having the enrollment documentation completed.
6. Homeless children and youth cannot be excluded or withdrawn from school if the documentation takes longer than 30 days to collect.

Admission to Kindergarten

For admission to kindergarten, a scholar shall be five (5) years old on or before September 1st of the school year. However, a scholar who transfers from another state shall be admitted under the same age requirements as established in the state where s/he previously resided and was enrolled in public school.

Before admitting a scholar to kindergarten (no 30 day exemptions), the headmaster shall require evidence of:

- The scholar's date of birth in the manner provided by Florida statutes;
- An up-to-date immunization record (DH Form 680 or 681); and
- A school-entry health examination conducted within one (1) year prior to enrollment in school in accordance with F.A.C. 6A-6.024. (DH Form 3040)

The parent/guardians of any scholar admitted to or in attendance at a St. Johns Classical Academy, are responsible for assuring that the child is in compliance with the provisions of this policy.

First Time Scholar / Out-of-State / Out-of-Country Admission

Parent/Guardians must provide the following upon enrollment. If parent/guardian does not have correct documents, they must make an appointment with a Florida County Health Department or a local health care provider of their choice to obtain correct documents for enrollment.

- Must have Immunization records that have been transferred to a Florida Certification of Immunization (DH 680 form) or Religious Exemption (DH 681 form / only obtained at DOH).
- Must have a physical examination record dated within twelve (12) months prior to enrollment of the scholar(s), covers all body review of systems, and is signed by a licensed healthcare provider.

In-State Transfer of Scholar

Any scholar who initially enrolls at St. Johns Classical Academy is required to present certification of immunization (DH 680 and/or 681) and health examination (dated within one year of initial enrollment of kindergarten and covers all reviews of systems). Any scholar who does not have the proper immunization and/or history and physical forms shall be temporarily excluded from attendance, *if not received within the first 30 days*, until compliance has been documented.

The parent/guardians of any scholar admitted to or in attendance at a St. Johns Classical Academy, grades K-12, are responsible for assuring that the child is in compliance with the provisions of this policy.

Scholars who are enrolled in the school and a physical/immunization is not found in the CUM record / or in Synergy during a record review, the nurse may call the parent/guardian and request a replacement. The parent/guardian has 30 days to provide the required documents. After 30 days, the scholar will be excluded from school until the required documents are provided.

Immunizations

Florida Law (F.S. 1003.22) requires children entering school to be immunized against numerous communicable diseases. Scholars will not be enrolled in school without documented proof of these immunizations. **The Only Acceptable form is the electronic DH 680 / 681.** Immunizations may be obtained at a private physician's office or the County Public Health Departments, where immunizations are given free of charge. If for religious or medical reasons, the child is exempt from getting these required immunizations, a Certificate of Exemption (DH 681) must be given to school authorities (**only obtained at the County Health Departments**). It is the parent/guardian's responsibility to bring the documents back to school to avoid exclusion.

Florida School Immunization Requirements; Florida Statutes 1003.22:

K-12

- DTaP - 5 doses
 - 5th dose not necessary if 4th dose was administered at age 4 or older
 - If 4 or more doses are administered before age 4, an additional dose should be administered at age 4-6 and at least 6 months after the previous dose
- Hep B - 3 doses
- Polio - 4 doses
- MMR - 2 doses
- Varicella - 2 doses
 - Not required if varicella disease is documented by the health care provider

7th Grade (before entering)

- Tdap - 1 dose
Must present to school an updated DH 680 form showing the Tdap before entering 7th grade.

Only forms that have Electronic Signatures are valid according to the State of Florida. No physician hand signed forms will be accepted.

Health Examinations

Acceptable health examination forms may be the State of Florida School Entry Health Exam DH 3040 Form, the Florida High School Athletic Association (FHSA) Preparticipation Physical Evaluation EL2 Form, or a health examination form signed by a licensed health care provider that covers all body systems and is performed within twelve (12) months prior to the date of enrollment into a Florida school.

However, a child shall be exempted from the requirement of a health examination upon written request of the parent of the child stating objections to the examination on religious grounds. (F.S. 1003.22(1))

Communicable Disease Emergency

The presence of any of the communicable diseases for which immunization is required by the Department of Health in a school setting shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency.

The declaration of such emergency shall mandate that all scholars in attendance in the school who are not in compliance with the provisions of this policy be identified by the Board, and the school health and immunization records of such scholars shall be made available to the county health department director or administrator. Those scholars identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from school until such time as is specified by the county health department director or administration.

SCHOOL HEALTH RECORDS

FERPA and HIPAA

School Health Record and all medical reports and results are confidential information. Do not exhibit the material, copy it, or discuss it with unauthorized personnel. Medical records initiated and maintained in the school health clinic and school health services program fall under the Family Educational Rights and Privacy Act (FERPA), the school version of the Health Insurance Portability and Accountability Act (HIPAA) confidentiality laws. The Records Department at Ancora / St. Johns Classical Academy handles all scholar records.

- School nurses do not give out information to unauthorized personnel.
- School nurses do not give interviews. STCA has an official Public Relations (PR) personnel.
- Subpoenaed records requests from official organizations go through the staff attorney.
- The school nurse may print an office visit note if parent/guardian requests. This considered a part of the scholar's educational record, which a parent has the right to request.

HEALTH SCREENINGS

Per Florida statutes, kindergarten, first, third, and sixth grade must have yearly health screenings. Parent/Guardians will be offered each year the ability to consent or Opt-out for any health screenings. The "Notice of Mandated Health Screenings" forms will be sent out each year. Scholars 18-year-old and older may sign their own consents for health screenings. Health screenings do not diagnose but are designed to identify scholars who have results outside the normal limits for hearing, vision, dental, nutritional/BMI, and scoliosis. It is the parent/guardian's responsibility to contact their health care provider if rescreening results are questionable.

Additionally, scholars entering Florida schools for the first time in grades Kg-5 will be screened for vision and hearing. Individual scholars may be referred for screenings as needed, such as a teacher who notes that a scholar is having difficulty with vision. Parents will always be notified of screenings performed and are encouraged to seek medical evaluation if problems are identified through the screening process.

Eligibility and testing for Exceptional Student Education (ESE) requires vision and hearing test. School nurses may perform a vision and hearing screening with ESE parental consent form.

Florida Statute requires school staff conduct and document the following health screenings:

GRADE	SCREENING
New Student (K-5)	Vision and Hearing (upon entry)
Kindergarten (K)	Vision and Hearing (K results may be transcribed from school entry physical that is less than a year old.)
First Grade (1)	Vision, Hearing, Height/Weight/BMI
Third Grade (3)	Vision, Height/Weight/BMI
Sixth Grade (6)	Vision, Hearing, Height/Weight/BMI and Scoliosis

Per the School Health Administrative Resource Manual, a passing vision screening is obtained when the student can read the majority of the shapes/ letters presented on the 20/40 line with each eye. See the Chart below for reference.

HEALTH SCREENING	EQUIPMENT NEEDED	PASS
Vision	Sloan Vision charts (1 st - 6 th) Lea Symbols/Shape chart (KG)	6+ years old: Both eyes = 20/32 5 years old: Both eyes = 20/40 (4 out of 5 shapes is passing)
Hearing	Audiometers Test hearing in each ear at 25 decibels at each of the following ranges: 1000Hz, 2000Hz, and 4000 Hz Separate room must be used to avoid excess noise.	Scholar responds to all 6 or 5 out of 6 tones @ 25 db's Nurse must retest in 2 weeks and contact parent for referral if failure
Height	Stadiometer	None
Weight	Electronic Scale able to go 1 decimal place	None
BMI	CDC or Synergy Program	Can only use designated sites to figure the BMI for children
Scoliosis	Two adults must be present at all times. Shirts are not to be removed. Privacy should be maintained.	Any bulge or variation in spine, uneven shoulder blades or hips, visible curvature of the spine, one shoulder more prominent, or one hip higher than another.

Functional Vision and Hearing Screenings

Scholars that may have difficulty participating in a regular vision or hearing screening may require a functional vision and/or hearing screening. This assessment can be performed by a teacher or school staff member and measures how well a child uses their vision or hearing to perform routine tasks throughout their day. See Exhibits at the end on how to perform functional tests.

Entering Health Screenings and Documentation

- Screening results will be entered into Synergy under the Health Screening section under the scholar profile. There is a separate tab for each screening.
- Referred/Failed screening results will be tracked on the Mass Health Screening Form and this form is kept in the Scholar's CUM folder.
- After the school nurse ensures the screenings have been entered correctly and the DOH screening reports and referral letters have been recorded, all forms go into the scholar's CUM folder.

Health Screenings Referrals

A referral consists of notifying the parent/guardian of the referral or questionable health screening by sending the School Health Screening Results Form home, sending a secured email, and/or telephone call.

- All referred or questionable health screenings will be added to a Health Screening Tracking Form.
- All referred or questionable health screenings must be reported to parent/guardian. A referral letters will be sent home from the school informing them of the screening results. If no results obtained, a second letter (except BMI) will be sent out. If no outcomes from parent/guardian, the scholar's name will be given to the County DOH and a third letter will be sent with the DOH letterhead; except for BMI results.
- Referrals will be made along with any possible free community services if needed.
- BMI letters, once sent, do not require follow-up unless the parent/guardian is receptive

- and contacts the nurse for further information or referral.
- Check back with parent/guardian. When confirmation is received that the parent/guardian obtained services for their scholar; check compliance on the School Health Screening Result Form.

Health Screenings Opted Out / Unscreenable / In Treatment

1. Parent/Guardian can refuse the whole or part of the screening process. All Opt-out forms are to be placed with the Mass Health Screening Forms in scholars CUM folder.
2. Scholars who cannot be screened due to profound disability or illness; just note on form.
3. Scholars already diagnosed with impairment due to diagnosed disease/condition and are under care of a healthcare provider; just noted on form.

CLINIC INFECTION CONTROL GUIDELINES

As part of an ongoing program to prevent disease transmission, Risk Management may offer annual in-services for school staff members, including custodial staff, food services workers, and paraprofessionals. At that time, discussions about procedures for the reduction of disease transmission through blood and contact at school will take place. Headmasters will be responsible for assigning staff to participate in such in-service(s); if applicable.

Universal Precautions

All school personnel must follow standard precautions guidelines, including those specific to Blood Borne pathogens. Universal Precautions is an approach to infection control where all staff treat body fluids as if they were known to be infectious with blood borne viruses such as HIV or HBV. Universal Precaution guidelines will be followed by all clinical staff and trained Unlicensed Assistive Personnel (UAP) when administering care to students/staff in all situations.

Blood Borne Pathogen Course

See page 11

Infection Control

- GLOVES DO NOT TAKE THE PLACE OF HANDWASHING. Good hand washing is essential before and after offering health room services to each scholar. Running water and liquid soap are part of good techniques. Hand sanitizer gels are acceptable when soap and water are not available.
- If a person's skin contacts bloody drainage, and/or other potentially infectious materials, wash immediately with soap and water. Report any blood exposures to Risk Management.
- All Blood Borne Pathogen exposures must be reported to the employee's administrator on-site. Excerpt from SBAC Comprehensive Safety Program, 1995, Blood Borne Pathogen Exposure Control Program: "The standard defines an "exposure incident" as specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. When the employee, student, or volunteer incurs an exposure incident, it must be reported to the principal on site administration."

Infection Control Custodial Services

Immediately clean surfaces and objects that are visibly soiled. If surfaces or objects are soiled with body fluids or blood, use gloves and other standard precautions to avoid coming into contact with the fluid. The school nurse will call the custodian for proper clean up.

- The school's clinic must be cleaned and disinfected daily. This includes sanitizing surfaces and objects that are touched often, and disinfection of bathroom and sinks.
- Plastic trash can liners are essential for the health room area. Custodial service should take out trash and change out the plastic liners daily.
- All bodily fluid spills will be cleaned up immediately by custodians with acceptable commercial disinfectants and procedures used by the school.

Biohazard: Red Bags and Sharp Boxes

Body fluids such as vomitus, urine, feces, saliva, nasal discharge, wound drainage which do not contain copious amounts of blood DO NOT require disposal using a biohazard bag and may be discarded into multi-use garbage containers unless copious amounts are present.

School clinics should not have "open" red bag containers in the clinic where children could touch infectious materials. School nurses may keep a few extra red bags in the clinic for emergent need.

Regulated biohazardous waste is defined in FL Administrative Code Rule 64-16 as:

- Used absorbent materials (includes gauze, sponges, and bandages) that are saturated with liquid or dried blood, body fluids, or excretions or secretions contaminated with blood, and absorbent materials saturated with blood or blood products that have dried.
- Non-absorbent disposable devices (including syringes, needles, and lancets) that have been contaminated with blood, body fluids, or blood contaminated secretions or excretions and that have not been sterilized or disinfected by an approved method.
- District-generated biohazardous waste is limited by the regulatory definition to discarded sharps (hypodermic needles, glucometer lancets, broken glass contaminated with blood) and blood – saturated waste from clean-up after major accidents.
- Storage and Containment 64E-16.004: Storage of biomedical waste at the generating facility shall not exceed 30 days. The 30-day period shall commence when the first non-sharps item of biomedical waste is placed into a red bag or sharps container, or when a sharps container containing only sharps is sealed.
- Labeling 64E-16.005: Biomedical waste bags and sharps containers shall be labeled with the generator's name and address unless treatment occurs at the generating facility.
- All packages containing biomedical waste shall be visibly identifiable with the international biological hazard symbol and one of the following phrases: "BIOMEDICAL WASTE", "BIOHAZARDOUS WASTE", "BIOHAZARD", "INFECTIOUS WASTE", or "INFECTIOUS SUBSTANCE".

Red bags shall not be used for routine trash collection in school health rooms, classrooms or bathrooms. Regulated biohazardous waste does not include the following waste items routinely generated in the school setting:

- Used tissues or paper towels
- Used band-aids
- Used antiseptic wipes, swabs, or personal cleaning wipes
- Feminine hygiene waste
- Soiled diapers, unless visibly bloody

- Discarded protective gloves, aprons, masks, or shoe covers unless visibly bloody
- Waste from clean-up of vomit, urine, or feces, unless visibly bloody

Although these items are potentially infectious and must be handled with precautions to avoid infection, they are not regulated biohazardous waste. Solid waste should be placed in a closed plastic bag and discarded in the dumpster as sanitary waste. Liquid and semi-solid waste may be flushed into a sanitary sewer.

Sharp Boxes and Sharps container - A rigid, leak and puncture resistant container, designed primarily for the containment of sharps, clearly labeled with the phrase and international biological hazard symbol as described in section 64E-16.004(2)(a), F.A.C., and manufactured with dyes meeting the requirements for incidental metals as described in section 64E16.004(2)(b)1.b., F.A.C. "Sharps" mean those biomedical wastes which as a result of their physical characteristics are capable of puncturing, lacerating, or otherwise breaking the skin when handled.

- During use, sharps containers shall be located at the immediate use area and shall be easily accessible to personnel.
- When not in use, sharps container shall be stored in a location that is secure from tampering or theft.
- Sharps containers shall be kept upright and shall not be overfilled. A new container should be obtained from the biohazard waste company when the container in use nears capacity.

Sharps shall be discarded at the point of origin into a single use sharps container. Sharps containers must be sealed when full. A sharps container is considered full when materials placed into it reach the designated fill line, or, if a fill line is not indicated, when additional materials cannot be placed into the container without cramming or when no additional materials are to be placed in the container.

Red Bags and Sharp Boxes Pick-Up Procedures

- St. Johns Classical Academy is contracted with Universal Waste Management Company.
- Contact person is: Tina Kenny @ 904.469.6246 ext. 106 / tina.kenny@mybiowaste.com
 - Pickup Procedure:
 - a. SJCA is scheduled for Quarterly Pick-ups. Universal Waste Management will call and/or email the school and notify when the pick-up time will be. Place all biohazard products in one bag and place name / address label on bag. If you have a full sharps container and/or bag before the quarterly scheduled pick-up time; call for additional pickup.
 - b. May print a schedule of pick-up times from the website.
 - c. Initial date of visit in binder.
 - d. Print out each pick-up receipt from website and place in binder.

Biomedical Waste Operating Plan

The biomedical waste operation plan needs to be filled out and a copy kept in the clinic area in the "BioMedical Waste Plan Binder" yearly.

Application for Biomedical Waste Generator Permit/Exemption

Each year in August the school will be given an application for biomedical waste generator permit / exemption; the Headmaster will sign, print from the biomedical website @ <https://www.mybiowast.com/> and place in the "Biomedical Waste Plan Binder" in the clinic.

SCHOOL HEALTH EMPLOYEE GUIDELINES

Scope of Practice

School Health Services employees must work within their applicable scope of practice and training. The description of each scope can be found in the Florida Nurse Practice Act.

[Florida Nurse Practice Act](#)

The individual responsibilities and duties for each employee is found in their job descriptions.

Employees are responsible for maintaining their licenses and certifications. Lapse in licensure will result in inability to report to work until license is brought to compliance. Employees will be required to use their personal time off if unable to work due to lapsed licensure.

Unlicensed assistive personnel (UAP)

Recent Legislation allows school nurses to train principal-designated staff or unlicensed assistive personnel (UAP) to administer emergency medication such as Diastat and Epinephrine. Records of those trainings will also be kept on file at the school. UAP school staff are trained in medication and treatment administration annually to “substitute” in a nurse’s absence. Their duties may include: Administer to the needs of the ill or injured scholars including administration of prescribed emergency drugs such as Epinephrine, Insulin, Albuterol, Diastat, etc. Specific procedures such as listed above require separate training by the nurse. This training will be documented and filed in the school clinic.

Role of Unlicensed Assistive Personnel (UAP): The definition of unlicensed assistive personnel is persons who do not hold licensure from the Division of Medical Quality Assurance Department of Business and Professional Regulation. UAP may be paraprofessionals, nursing assistants, health aides, or school staff who has been designated by administration to assist with medications and health-related duties (such as office clerks, administrative staff, teachers, coaches, bus drivers, etc.). These activities are authorized by s. 1006.062, F.S.

Delegation of Tasks or Activities 64B9-14.002

Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP) or other individuals designated by the school principal/headmaster may provide certain health-related services or assistance to scholars, as necessary. Delegation of nursing tasks and services to UAPs must be in accordance with s. 1006.062, F.S. and Chapter 64B9-14, F.A.C. requiring child-specific training. Service provision activities include the completion and documentation of complex medical procedures or monitoring the scholar who performs the procedure independently. Complex medical procedures include but are not limited to: cardiac monitoring, carbohydrate counting, glucose monitoring, catheterization, and tube feeding (J-tube, PEG).

Headmaster/Administration each school year will collaborate with the school nurse to select the required two or more staff members for training as a UAP. The UAP is to provide health services as required in the nurses’ absence. School staff are to be trained to give medication per clinic procedures, take temperatures, and provide simple first aid along with how to properly chart those activities for the nurses’ record. Specific training such as blood pressure, inhalers, nebulizers, EpiPen use for individual scholars are trained as needed.

The school nurse can refuse to delegate any medical task or revoke training if they deem that the designated personnel are not competent to perform the task. In the delegation process, the delegator must use nursing judgment to consider the suitability of the task or activity to be delegated.

1. Factors to consider when delegating a non-nursing only medical procedure are:
 - a. Potential for patient harm.
 - b. Complexity of the task.
 - c. Predictability or unpredictability of outcome including the reasonable potential for a rapid change in medical status of the scholar.
 - d. Level of interaction required or communication available with the scholar.
 - e. Resources both in equipment and personnel available in the scholar setting.
2. The delegate's initial allocation of the task or activity, periodic inspection of the accomplishment of such task or activity, and total nursing care responsibility remains with the qualified nurse delegating the tasks or assuming responsibility for supervision.

Safe Delegation for UAP

Each school year the school nurse will ensure:

1. UAPs are trained in the most recent policy and procedures.
2. UAPs training forms are completed and kept in the Clinic Staff Credentials Book.
3. UAP demonstrates competence upon training and as needed.
4. The school nurse will review delegation of tasks with trained staff every January and as needed throughout the school year.

The school nurse should use professional judgement and consider the following to determine safe and appropriate delegation of healthcare services for the scholar who needs assistance.

1. The school nurse has arranged to be available for a minimum, indirect supervision, ongoing supervision, monitoring, or consultation. (Defined in Rule 64B9-14.001, F.A.C.).
2. The delegated UAP has demonstrated competence in scholar-specific monitoring, recognizing signs/symptoms and responding with interventions including, if necessary, medication administration documenting care appropriately.

Refer to the FDOH The Role of the Professional School Nurse in the Delegation of Care in Florida Schools in the Exhibit for further guidance.

[Role of the Professional School Nurse in the Delegation of Care in Florida Schools](#)

Specific Authority 464.006 FS. Law Implemented 464.003(17), (18), (19), (20), 464.018(1)(h) FS. History– New 1-1-96, Formerly 59S-14.002.

Good Samaritan Act; Immunity from Civil Liability 768.13:

(1) This act shall be known and cited as the “Good Samaritan Act.”

(2)(a) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to s. 381.00315, a state of emergency which has been declared pursuant to s. 252.36 or at the scene of an emergency outside of a hospital, doctor’s office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

School Health Employee Dress Code

School health staff should dress in a manner reflecting their professional role, enabling them to perform the types of activities needed for the scholars they serve. Clothing should not prohibit a school health staff from the ability to respond quickly to emergent and urgent situations that may arise during a school day:

Attire may include scrub outfits, school monogramed polo or T-shirt and pants.

- I.D. badges MUST be worn at all times.
- Closed low heel shoes should be worn, which would allow staff to walk quickly in response to an emergency, without endangering themselves.
- Body art, chemical scents/strong perfume/lotion scents, piercings, long artificial nails, and jewelry should be kept to a minimum, reflecting a professional image.
- No shorts, leggings, or skorts.

Employees are expected to be neatly and modestly dressed, properly groomed, and practice good personal hygiene.

Professionalism is a total package that includes attire, mannerisms, attitude, role identification, and competency. (N.A.S.N. 2006)

CLINIC EQUIPMENT GUIDELINES

Care of Equipment

Personnel assigned to the clinic will maintain sanitary, organized, and neat conditions of health room, desk area, equipment, and supplies. Rubbing alcohol may be used to disinfect surfaces and equipment when appropriate and if directions allow. Equipment, especially those requiring batteries, must be checked periodically to ensure they are in good working order. For broken or malfunctioning equipment, notify administration immediately for repair or replacement.

BLOOD PRESSURE CUFF: Should be checked periodically to ensure the cuff inflates properly.

COTS: Following each use by a student or staff member the cots, pillows and chairs must be sprayed with school board approved disinfectant and wiped down. Blankets must be washed after each individual use (if used; disposable preferred).

CRUTCHES: Must be prescribed by a healthcare provider for individual use. Crutches are not to be kept/stored in the school clinic or given out to students.

EQUIPMENT: Tweezers, scissors, and other equipment used on scholars should be washed with soap and water, rinsed in school board approved disinfectant, dried, and returned to the cupboard after each use. Stethoscopes must be wiped down with alcohol between use.

REFRIGERATORS: Medication refrigerators should be maintained, and the inside kept clean. Food not related to medication administration or nursing intervention treatment should not be kept in medication refrigerators. Lock boxes for storage of medication in multi-use refrigerators must be clean, in working order and locked when in use. Locks should be placed on small dorm size refrigerators for security of medication. Medicines should be stored in the main body of the fridge, not in the bottom drawer or door where the temperature can be higher. Storage adjacent to a freezer compartment or freezer packs should also be avoided. Temperature in refrigerators must be monitored and documented monthly on the Refrigerator Temperature Log. The correct temperature range is 35-45 Fahrenheit. Adjust temperature in refrigerator as needed to maintain within range. Notify administration for assistance if needed. Refrigerator Temperature Log must be kept in clinic records and archived.

THERMOMETERS: No glass mercury thermometers will be used. Temporal scanners or other thermometers with probe covers in good working order will be used in school clinics. Clean temporal scanners with alcohol swab after each use. Some thermometers are labeled "Bacteriostatic" and no special cleaning is required.

WHEELCHAIRS: Must be prescribed by a healthcare provider for individual use. The clinic wheelchair is for emergency transport only. The wheelchair is not to be given to scholars or staff for individual use on school grounds.

School Health Room Supply List Sample

General Items (not limited to): Non-sterile/sterile gauze pads, Band aid (latex free), facial tissues, cotton balls, tweezers, thermometers, sanitary napkins, ice bags (small zip lock plastic bags preferred), liquid soap dispenser, bandage scissors, tongue blades, cotton-tip applicators, gauze wrap (rolls), aromatic spirits of ammonia, disposable cups and medicine cups, flashlight / batterie, pen light, vinyl gloves, goggles/eye shield, disaster kit, stethoscope, B/P cuff large and child, pulse oximeter, tick removal tool, paper covering for beds, lock box for refrigerated medications, screens for privacy around cots, blankets, pillows, plastic pillow slipcovers, stadiometer, weight scales, Sloan / LEA charts, audiometer, Isopropyl alcohol for cleaning equipment, batteries (replacement for equipment), bandages (elastic), biohazard bags, bleach and disinfectant, CAT tourniquets, cloth wipes (fragrance free), cold packs, CPR masks, disposable cups, disinfectant spray, disinfectant wipes (unscented), disposable eye cups, pediatric eye flush cup, eye lass lens cleanser / repair kit, eye pads, eye wash solution / single use, *First Aid Kit*, gloves (latex free), glucose gel / cake icing, glucose tablets, hydrogen peroxide (disinfecting surfaces & stains, Nosebleed Nasal Clips, liquid soap, nail clippers, naloxone, non-stick sterile dressings, normal saline for irrigation, orthodontic wax, dental floss, toothbrushes, paper rolls for cots, paper towels, pill cutter / counter, safety pins, nonionized salt, bandage scissors, plastic bags, single dose normal saline ampules for eyes, thermometers & thermometer covers, tissues, tooth holders, trashcan liners triangular bandages, emesis bags white petroleum jelly, AED, biohazard sharps box, BP equipment, & sanitary pads.

Emergency Use Only (not limited to): triangular bandages with pins, ace wraps (3", 4", 6"), CPR mask/shield or AMBU bag, and cardboard splints. No buddy taping, ace bandages or splints will be used unless transporting for emergency care.

Facilities (not limited to): Drug control locking cabinet and/or lock box for refrigerators, waste cans, desk and swivel chair, computer/internet access, computer and printer, file cabinet with lock, liquid soap dispenser, wall clock, refrigerator and freezer or ice chest, bathroom/sink, sink at station, cot or bed, hand sanitizer, bulletin board, lamp (magnifying and/or gooseneck), lockable bank bag/box, PPE, and refrigerator thermometers.

CLINIC MANAGEMENT GUIDELINES

Scholar Passes

Scholars must have a pass to enter the clinic except for emergent situations. Clinic slips/passes with first and last name, date, time, grade and complaint are to be filled out by the teacher or staff. Nurse/Tech may choose to send note or letter home to parent/guardian.

- Unless it is an emergency, a scholar MUST have a pass to enter the clinic.
- If the scholar comes for a daily medication/treatment(s), a pass is not necessary.

Non-Health Related Use of the Clinic

The school health clinic is for taking care of acute/chronically ill or injured scholars/staff and administering medication/treatment(s). Please remember the clinic is also for confidential matters and keeping scholars' privacy should be a priority.

The following are prohibited in the clinic:

- Non-related healthcare bathroom use. Visitors and well scholars must use a separate bathroom on campus.
- Food not related to medication administration or nursing intervention treatment should not be kept in the clinic. Exception is for food pantry for scholars that need to come get a snack for hunger issues.

Notification to Parent/Guardian

Most scholars' visits to the school clinic do not require verbal notification of a parent/guardian. The nurse cannot accept parental requests to call anytime the scholar is seen in the school's clinic. However, if the scholar asks to call home the school nurse will honor that request. It is desirable in elementary school for the nurse to call for scholars who are not mature enough to relay messages to the parent/guardian. Middle and high school scholars may contact their parent/guardian while in the clinic using the clinic phone. However, in all instances when parent/guardian (including elementary students) need to be contacted the school nurses will use their discretion on maturity level and age appropriateness of each individual scholar.

There are times when it is necessary to verbally notify a parent/guardian. For this reason, it is the parent/guardian responsibility to have updated contact information always provided to the school. The school nurse is not responsible when parent/guardian contact information is incorrect or outdated.

At the nurses' discretion, for minor injuries that occur during school hours, every effort will be made to contact parent/guardian, or a health room note sent home via the scholar. For all significant injuries, 911 will be called as necessary. In instances where a scholar who is 18 years or older and does not live at home and who has been injured, the emergency contacts provided to the school will be notified.

Excessive Visits to the Nurse

Although scholars are free to visit the school clinic for any health issues, it is important for them to remain in class for uninterrupted educational time. If a scholar is a frequent visitor (defined as greater than 25 visits) with no apparent symptoms or medically explained symptoms, nursing intervention will include:

- Meeting with the scholar to determine if there is a cause for frequent visits.
- Parent/Guardian will be notified via phone or letter home per nurse's discretion.
- Administrator/Headmaster, teacher, and counselors may be notified.
- A meeting will occur with parent/guardian, headmaster, and other appropriate personnel as determined.

Scholars Sent Home

Scholars who are experiencing serious illness should not be allowed to drive/walk home on their own. Examples of this could be multiple episodes of vomiting and/or diarrhea, fever, high or low blood sugar, high blood pressure, etc.

1. Parent/Guardian **MUST BE NOTIFIED** whenever a scholar is to be sent home.
 - If a parent/guardian does not respond within 30 minutes of nurse attempt to notify by phone, text, and/or email, contact administration.
2. Parent/Guardian **MUST** make transportation arrangements.
 - If a parent/guardian does not retrieve scholar in a reasonable amount of time after notification (within 1-1 ½ hr), contact administration.
 - If no arrangements are made to pick up scholar, contact administration
 - If scholar is too ill to return to class and parent/guardian will not pick up scholar:
 - a. Notify administration
 - b. Use nursing discretion and send to emergency room
 - c. Call DCF – Florida Department of Children and Families Services

When a Major Emergency Necessitates Immediate Transfer to the Hospital:

1. Call 9-1-1. NEVER LEAVE A SCHOLAR who is not breathing or who is in a life-threatening situation. SHOUT FOR HELP. When a second person is available, that person should call 911.
2. For a more immediate response, notify the resource officer to call 911 if they are on school campus. If the resource officer refuses to call 911 or is not available, health personnel will call themselves.

3. If a scholar is **NOT BREATHING**, a person trained should begin Rescue Breathing / CPR (if needed) IMMEDIATELY. Perform 2 minutes before leaving to call 911.
4. Contact the Front Office to provide a copy of the scholar's Synergy demographic information and Health Emergency Information, which gives hospital personnel permission for treatment in an emergency. This should accompany the scholar when transported by EMS.
5. Notify administrator/headmaster and contact parent/guardian.
6. The school headmaster or their designee shall accompany the scholar to the hospital if the parent/guardian is not present.

MEDICATION/TREATMENT POLICY AND PROCEDURE

Scholars who need to receive medications during the school day are provided with the opportunity under s. 1006.062, Florida Statutes. This service may be provided by Registered Nurses, Licensed Practical Nurses, school health aides, or other trained and supervised individuals designated by the headmaster. The headmaster may designate a properly trained and supervised staff member to administer medications.

Medication administration at school should primarily be considered a support service provided when a scholar requires the medication in order to attain an appropriate education. Medication/treatment(s) will only be administered according to policy and procedure. Volunteers (this includes parent/guardians who are licensed practitioners) do not administer any medication/treatment(s).

Administration of medication during school hours will occur only when:

- Medication schedules cannot be adjusted to be given at home. For example, daily allergy medication given once a day would not need to be administered during school hours.
- Administration of the medication at school is in the best interest of the scholar or on an emergency basis.
- As per Florida Statute, (Section 202 of the Controlled Substances Act) school staff cannot prevent scholars from attending school or school activities if they are not receiving medication treatment.

Medication/Treatment Authorization Forms

Prior to administration of any medication/treatment, the parent/guardian must complete and sign the standard forms developed by St. Johns Classical Academy (Parental Authorization for Administration of Medicine Forms; Medication Administration Records, Emergency Action Plans, etc). School Nurse must ensure authorization forms are completely filled out, that instructions are clear, and inventory is counted with parent/guardian and nurse. Renewal of medication forms takes place at the beginning of every school year and if the medication prescription changes. Physician orders for medications/treatments must be renewed yearly and throughout the school year if order changes at all.

Medication/Treatments Expiration & Descriptions

- Prescription and over-the-counter drugs that are outdated, damaged, deteriorated, misbranded, or adulterated will not be given.
- All prescription medication must be in the most current bottle provided by the pharmacy. Notify parent to bring refills in the newest bottle, to replace the bottle currently in the clinic.
- All medication must be within the expiration date. No expired medication will be given.
- The beyond-use date must not exceed the expiration date and it shall not be a date greater than one year from the date the medicinal drug is filled.
- If either the "discard after" date or the manufacturer's expiration date are outdated, the medication is considered to be expired.
- If the prescription label discard date states "see manufacturer's expiration date", follow the manufacturer's date.

- If prescription label states “follow attached instructions”, the written instructions must be kept with the bottle at all times. Additionally, a copy must be made and placed with the MAR.
- All medications in the bottle must match the medication description on the prescription label.

Self-Carry Medications

Both prescription and over-the-counter medications require a Parental Authorization for Administration of Medicine (PAAM) Form to be filled out by a parent/guardian annually. Medications must be cleared by the school nurse and these authorization forms are kept in the clinic. Medications must meet medication policy criteria. The school nurse must monitor the medication and treatment supplies for expiration dates. All items must be in-date. These medications are not considered clinic inventory. School nurse should perform periodic review of scholar self-carry medication to ensure compliance and record the check.

The following are approved self-carry medications:

- Epi-pen
- Inhalers
- Diabetic care kits with insulin
- Pancreatic Enzymes
- Other life sustaining medications
- Medication to relieve headaches

Florida House Bill 1537 states, “a student may possess and use a medication to relieve headaches while on school property or at a school-sponsored event or activity without a physician’s note or prescription if the medication is regulated by the United States Food and Drug Administration for over-the-counter use to treat headaches.” 2 (p)

If a scholar who is self-carrying medication is found to be unreliable, abusive of the medication, or if they share the medications with other scholars, the self-carry privilege will be revoked and reported to administration. This could result in disciplinary consequences for the scholar. St. Johns Classical Academy recommends only high school (9-12th grade) scholars self-carry headache medications.

Medication/Treatment Intake

Medications and treatments given on school campus must be administered according to procedure and meet the following criteria:

- **Prescription medications** MUST have an original, in-date, unaltered prescription label on the bottle. This label will include the scholar’s name, medication name, medication form, medication dosage, frequency of administration, description of medication, health care provider’s name, pharmacy name and phone number. Nurses will follow the prescription, doctor orders and/or bottle directions. The prescription label must be on medication bottle/box at all times (also applies to inhalers, epi-pens, insulin, etc.)
- **Non-prescription medications** MUST be in the original, in-date (store labeled) container marked with the scholar’s name and be age appropriate. Therefore, medication dose cannot exceed dose specified on package label without a physician’s order. (i.e. ibuprofen, cough drops, medications in blister packs). Over-the-counter (OTC) medications require a doctor’s order if parent/guardian requests that it be given daily (i.e. Tylenol, TUMS before lunch every day, etc.). OTC medication given on an as needed basis (PRN) will only be given consecutively for one week, then a doctors order will be required to be given afterwards.
- **NO Aspirin or aspirin containing medications** will be given without a physician’s order.

Parent/Guardian Role for Medication/Treatment Intake

- Furnish the school with their scholar's in-date medication/emergency medication and treatment equipment/supplies. i.e., nebulizer, suction machines, diabetic supplies etc.
- Parent/guardians will furnish the school with a separate supply of the medication, in its original, most recent (pharmacy or store labeled) bottle.
- If parent/guardian is bringing a refill from a large prescription bottle (i.e. mail-order prescription with a 3-month supply), transfer of the medication from one bottle to another must be performed by the parent/guardian – not the nurse. Only a 30 day supply is allowed in the school at any one time.
- Parent/guardians must cut/split scored medication in half or quarters prior to bringing medication to school. Please note that most sustained, controlled or time-released medications should not be cut/split. Parent/guardian assumes the responsibility and risk of each piece of the medication having too much or too little per dose.
- Parent/guardians are **required to bring medication directly to the school health room.**
- Parent/guardians may authorize a designated adult who is 18 years or older to drop off medication refills with prior notification to the school nurse.
- Parent/guardians must completely fill out and sign the Parental Authorization for Administration of Medicine and Medication Administration Record (MAR) Forms yearly for each medication / treatment(s) being received. Medication forms must be filled out completely and correctly.
- 18-year-old and older students may sign their own consents for medication/treatments.

School Nurse Role for Medication/Treatment Intake

- Ensure medication/s and treatment supplies are age appropriate, in-date and correct.
- Ensure medication matches the bottles description of the medication.
- Ensure authorization forms are filled out entirely and intake is witnessed.
- On the Medication Administration Record Form the nurse will enter date, number of pills received (ml if liquid / number of pen/inhalers), expiration date, signature of the nurse and parent/guardian signature.
- Controlled substance medication must be counted by parent/guardian and nurse upon arrival and recorded on the Controlled/Scheduled Medication Administration Log. This Log must be maintained (medication counted) each week by one Health Services Room personnel with one other school personnel.
- Pill counters must be cleaned between use to avoid cross contamination.
- Pill splitters/cutters must be cleaned between use to avoid cross contamination.
- Record medication expiration on Medication Expiration Log for the current school year
- Record health condition and medication in clinic in Synergy under health category

Dropping Off Medication/Treatment Supplies to Front Office

Front Office staff is **NOT** allowed to accept any medication, medication paperwork, and/or medical supplies at any time for any reason. The intake of medication and/or supplies into the school is only allowed by the school health services clinic staff or by the trained designated school's UAPs.

Medication Cabinet and Refrigerator Organization

1. Medication cabinet (except where emergency medications are stored) and refrigerator medications will be locked at all times.
2. Each scholar will have their own medication slot/container for prescription and OTC medications.
3. Siblings may not share a medication slot/container for over-the-counter medications.
4. Medications will be alphabetized by scholar's last name with all (daily, PRN and emergency medications) in one area in the medication cabinet.
5. RED NAME ALERT labels will be used for scholars with similar sounding or looking names.

Medication Scheduling

- School nurse must follow time and amount/dose written on prescription. Parent/guardian cannot adjust time/dose without providing a healthcare providers' order.
- While on campus, medications and treatments may be given within one hour before or after the prescribed scheduled time for administration or intervention.
- If a scholar is scheduled to be off campus or not available at the time when their medication is regularly scheduled, medication may be given within one hour before or after the prescribed scheduled time of administration or intervention.
- If unavoidable circumstances prohibit the scholar from getting medication within the time frame described above, every effort must be made to alert the parent/guardian by phone. This would include such circumstances as the absence of trained personnel or special events that disrupt scheduling at school.
- The school nurse will notify the parent/guardian of the need for replenishment of medication and/or treatment supplies. If parent/guardian does not replenish the needed items, the nurse should notify administration.

Medication Administration

Medication administration includes the staff member verifying the identity (name & date of birth) of the scholar, checking the medication dose, route of administration and time against the order. Check the scholar's allergy each time before administering medication. It also includes assisting the scholar in the ingestion, injection, application or monitoring the self-administration of the medication.

1. Scholars should come with a Clinic Pass from their classroom (unless daily scheduled).
2. CHECK PAAM Form.
3. Ensure **MAR Form** is completely filled out with correct medication/treatment to be administered and matches medication prescription/order.
4. CHECK THE "6 RIGHTS": Scholar's Name, Medication, Route, Time, Dose, and Documentation.
5. Ask the student to state first and last name (do not prompt). Small children will often answer to other names, date of birth (birthday), and allergies.
6. Compare the label on the medication container with the MAR Form for the following information: **right scholar, right medication, right route, right time, and right dose.**
7. Check the expiration date on the medication container to be sure that it has not expired.
8. Check when the last dose of medication was given.
9. Always check three times to be sure that the scholar is receiving the correct medication. Check the scholar's name on the container of medication when it is removed from the shelf, just before the scholar takes the medication, and before it is returned to the shelf.
10. Pour/place the appropriate dose into a clean medication cup or scholars's clean hand.
11. Nurses are to be aware and report to parent/guardian any side effects from any medication/treatment(s).
12. A scholar has the **right to refuse** any medication or treatment.
 - a. If a scholar questions whether the medicine is correct (i.e., appearance, number of tablets, etc.), do not give the dose until the MAR Form and medication prescription has been rechecked. If there is still a question, contact the parent/guardian.
 - b. If a scholar refuses to take a medication the parent/guardian must be notified and the variance properly documented.
 - c. If no parent/guardian contact is made, a note must be written to the parent/guardian stating what happened and documented on the Daily Health Room Activity Log and in Synergy.

Medication Documentation

1. Documentation of medication or treatment administration should be **at time of administration** if given by the nurse or health room staff/UAPs on scholar's MAR and on the Daily Health Room Activity Log.

2. Non-medical clinic substitutes should document all administrations on paper Daily Health Room Activity Long in substitute folder.
3. Any documentation by non-medical clinic substitutes must be kept archived in the clinic and not shredded.

Medication Trained Staff

Medication Administration Training will be provided and documented annually by licensed school health nurses, as per Florida Statute to school staff. Non-medical personnel who have been trained by the nurse may administer emergency medications such as, inhalers, insulin, glucagon, Diastat, EpiPen®. Documentation of medication administration by trained school staff is documented as follows:

- The Medication Administration Course: **will be available on the first day you return to school.**
- To take the course go to the Portal at CCDS, click on the Professional Learning Tile. Then click on the Safe Schools tile go to view library and click on health then look for Medication Administration Basics.
- The course needs to be completed along with the Medication Administration Skills Checkoff no later than **October 31st**.
- Please see examples for the certification, and the medication skills check off:

Certificate of Completion

Jane Doe

Has completed

Medication Administration Basics (Full Course)

A training program requiring **25 minutes**

On

Monday, October 4, 2025



**ST JOHNS CLASSICAL ACADEMY
SCHOOL HEALTH SERVICES**

Medication Administration Skills Checklist

Staff person _____ Position _____

Procedure Guidelines	Return Demo Date _____
Washes hands before and after procedure	
Gives proper dose of medication at proper time; States 5 Rights	
Compares labeled medication container with written order	
Reads label 3 appropriate times	
Checks expiration date on label	
Documents medications given correctly	
Maintains security of medication area	
Describes proper actions for medication refusal, field trip, and medication error	
Emergency Medications:	
EpiPen:	
States symptoms of allergic reaction, location of medication and emergency plan	
Demonstrates, with trainer, correct procedure for administration.	
States follow-up procedures	
Glucagon:	
States signs of hypoglycemia, location of med and emergency plan	
Demonstrates mixing of medication in syringe	
Demonstrates proper injection technique, using correct site	
Correctly states aftercare	
Diastat:	
States understanding of when to use this medication, location of medication and emergency plan	
Demonstrates proper positioning of scholar, procedure for administering medication	
States aftercare needed	
Inhaler:	
Identifies signs/symptoms of asthma exacerbation, location of medication and emergency plan	
Demonstrates proper use of inhaler and spacer	
States follow-up procedures	

I have taken the Medication Administration Course. I understand that I am to administer medications to scholars according to these procedures and as designated to me by the Headmaster. I understand that I am to report immediately to the school nurse any new orders, change in medication orders, changes in scholar health status, and discovery of a medication error. In the event of a medication error, I am to fill out a medication variance report and forward it to the appropriate parties. I understand that I may not delegate this task to any other person.

Employee Signature _____

Date _____

LPN Signature _____

Date _____

RN Signature _____

Date _____

Medication Discrepancies

Prescription and over-the-counter drugs that are outdated, damaged, deteriorated, misbranded, or adulterated must be physically separated from other prescription and over-the-counter drugs until they are picked up by parent/guardian or destroyed at the end of the year.

School nurse will:

- Move expired medication to bin clearly marked “expired medications do not give” and placed in a separated locked cabinet or top shelf away from other medication.
 - If a separate locked cabinet is not available, nurse may put on top shelf of medication cabinet in a bin clearly marked “expired medication, do not give”.
- Put a note in the scholar’s medication bin that medication is expired and parent/guardian has been contacted. Contact will be documented in Synergy.
- Notify parent/guardian of expiring/expired medication so that medication replacements can be brought in by parent/guardians. Contact will be documented in Synergy.

Medication: Error Protocol

Medical errors made by school health staff and UAPs functioning in a health provider role during the course of administering health care must be reported. Medication errors include the following: incorrect scholar, incorrect medication/treatment, incorrect time, incorrect dose, incorrect route, dose omission, administration of expired medication, authorization form expired and incorrect documentation of any kind.

The specific Medication/Treatment Variance Form will be used to report all medical errors (not injuries). The information from the medical error form is used to improve health practices and is not punitive. Scholar and staff names are NOT to be listed on the medical error form. No copies should be left in scholars’ CUM or employees’ file. The form is to be sent directly to the Headmaster/Risk Management.

If incorrect medication or incorrect dose is inadvertently given, the order of the corrective measures will be based on the professional judgement of the school health staff after assessing/evaluating the scholar.

In NON-EMERGENT medication errors, the school nurse will:

1. Notify Poison Control 1.800.222.1222 and follow instructions given.
2. Notify Headmaster immediately.
3. Notify parent/guardian.
4. Complete Medication/Treatment Variance Form:
 - Scholar and staff names are not to be listed on form
 - No copies should be left in scholar's record or employee's file
 - Email completed Medication/Treatment Variance Form to Risk Management

In EMERGENT medication errors, the school nurse will:

1. Notify Emergency Medical Intervention as needed (call 911).
2. Notify Poison Control 1.800.222.1222 and follow instructions given.
3. Notify Headmaster.
4. Notify parent/guardian.
5. Complete Medication/Treatment Variance Form:
 - Scholar and staff names are not to be listed on form
 - No copies should be left in scholar's CUM or employee's file
 - Email completed Medication/Treatment Variance Form to Risk Management

Medication/Treatments: Field Trips

Elementary, Middle and High School Field Trips During School Hours:

School nurses can train staff to administer medication during field trips. Staff must take medication course and print certificate. This procedure covers scholars who require administration of medication during temporary absences off school property for activities such as field trips during the school day. The school nurse may send a few Band-Aids, gloves, small hand sanitizer (if available) and cups if needed for medication in a small bag to go with the medication. The trained teacher/staff member will then give the medicine according to the "6 rights".

1. All medication must be in the original container with the scholar's name, dosage, directions for administration with:
 - MAR
 - PAAM
 - EAP/MMP
2. For grade teams going together, the nurse may print out a health condition list for ONLY the grade level going. Nurse must highlight scholars with conditions that may require emergent care.
3. Nurses can send only the amount of medication needed for the dose to be given on the field trip following the steps below:
 - Request a second labeled prescription bottle from parent/guardian for field trips
 - Pharmacies will give an additional prescription bottle for free for schools
 - Place correct dose of medication for field trip in second prescription bottle labeled for that medication
 - All other pills remain in the original prescription bottle locked in medication cabinet
4. For a scholar with an Individualized Seizure Action Plan, the school nurse must follow any accommodations the scholar requires for school trips, as per FL Statute 1006.0626.
5. Remind staff to return all empty prescription bottles to the clinic upon return to school.
6. School health staff will document the administration of the medication/treatment on Daily Health Room Activity Log per policy.
7. All signed logs and documentation returned must be archived. DO NOT SHRED. May be kept in a locked file cabinet during the school year and archived at the end of the school year.

If parent/guardian has not obtained a duplicate labeled prescription bottle:

1. The nurse may count out the exact dose(s) to be given & place in prescription bottle with proper administration instruction and signature forms.
2. The remainder of the medication can be temporarily locked in cabinet in clean, **labeled** zip lock bag for use until the prescription bottle returns.
3. The staff person accompanying the scholar will be responsible for security of the medication and for medication administration. **IMPORTANT: Remind staff to bring back medication bottles and all information.**

Points to Remember:

- Staff must be trained and approved by a school nurse and proper documentation on file before any medication(s) are given for field trips.
- Medication cannot be administered by volunteer staff or parent chaperones.
- The scholars' own parent/guardian may administer their own scholar's medication(s).
- Self-carry Medications include EpiPen®, Insulin, Diastat, Pancreatic Enzymes, Glucose, Inhalers, and Headache medications for high schoolers.

- **NO** scholar can be denied a field trip because no one is available to give the medication. It is the schools' responsibility to provide qualified personnel to be available for fieldtrips.

Medication/Treatment: High School Field Trips – After School Hours / Overnight

It is the sponsoring staff member's responsibility to ensure confidentiality of authorizations forms, health conditions, and medication/treatments of scholars.

Each department/club staff member sponsoring the event will facilitate and distribute:

- Parent/Guardian Authorization for Overnight Field Trip Form
- Any other form required to attend the field trip per school policy

Nurses are NOT RESPONSIBLE for any "off hour" school activities

- Regular Scholar Hours
 - Upper School M, T, TH, F 7:30-2:30 Wed 7:30-12:30
 - Lower School M, T, TH, F 8:00-3:00 Wed 8:00-1:00

Medication(s) Disposal

Nurse will notify parent/guardian in writing at least two weeks before the end of the school year that they must pick up any remaining medication by a specific date. This includes any medication discontinued or changed during the school year. Explain that if the medication is not picked up by the deadline date, the medication will be discarded using CDC suggested guidelines.

ALL medications must be documented on MAR when picked up or discarded.

For Pills and Liquids:

1. Mark out the names and prescription number for safety. Then peel off the bottle and shred.
2. Empty bottle's contents into milk jug containing kitty litter or coffee grounds then throw the empty unlabeled prescription or over the counter bottle away.
3. Add some water, soda, rubbing alcohol to start dissolving the pills.
4. Close the lid and secure with duct or packing tape.
5. Hide the container in the trash. Do not put in the recycle bin.
6. Use the Detera drug deactivation pouches handed out by the Community Coalition Alliance

Injectable Medications:

1. Place in sharps container for pick up by biohazard personnel.

Inhalers:

1. Discharge any medication contents outside to empty inhaler.
2. Remove scholar label and shred.
3. Discard inhaler into trash container.

CLINIC DOCUMENTATION GUIDELINES

Clinic Documentation

1. Health Office Visits will be entered on the Daily Health Room Activity Log. Documentation for health office visits should be entered at the time of the scholars' visit. It is acceptable on busy days to extend this to within 24 hours. However, this does not include medication/treatment documentation that must be entered at time of administration.
2. Communication with parent/guardian, health care provider and/or school personnel must be documented on the Daily Health Room Activity Log and may be documented in Synergy under the Contact Log contact under scholar name at nurses discretion.
3. School clinic records are considered a part of the scholar's educational record. School nurses may give health records to parent/guardians upon request. If parent/guardian requests an Injury Report, the school nurse may ONLY provide a copy of the Daily Health Room Log summary of that visit.

Nursing Notes

The content of the information documented provides a formal and detailed account of the quality of care provided to a scholar. Nurses have 24 hours to put in nursing notes, although at time of care is preferred. Medication administration documentation must be at time of administration. Education provided, referrals, and any contacts made on scholar's behalf are considered a part of the nursing note and must be added to secure nursing note area or by appropriate drop downs in Daily Health Room Activity Log.

- Subjective data: What you are told/history
- Objective: What you see/hear/feel/smell. Vital signs (if needed).
- Record of nursing care intervention/treatment and evaluation
- Scholar education
- WHERE, WHEN and HOW the injury occurred
- WHAT the scholar stated (if anything)
- PAIN SCALE will be used as follows:

PAIN SCALE		PAIN SCALE
No Hurt	0	No Pain
Hurts A Little	1-3	Mild Pain
Hurts A Bit More	4-5	Moderate Pain
Hurts Even More	6-7	Severe Pain
Hurts A Lot	8-9	Very Severy Pain
Hurts The Worst	10	Worst Pain Possible

DESCRIPTION of injury must include the following:

1. Size and location of injury
2. Bleeding and drainage
3. Pain
4. Skin color and condition
5. Swelling

Depending on injury location further assessment may be needed such as: Range of Motion or Neurological Check.

Referrals and Assistance

School nurses help identify, assist, and provide referrals for scholars in need and connect families in obtaining appropriate access to community resources. Referrals are documented on the Daily Health Room Activity Log.

Health Education

Nurses should provide health education where appropriate, either one-on-one or in the classroom that supports and promotes healthy behaviors and outcomes. Education is documented on the Daily Health Room Activity Log and/or in Synergy; if applicable. Must also keep record of educational classes taught on Health Education Classes Taught in Schools Log for DOH.

Approved Abbreviations

Apx.	Approximately	Meds	Medications
AAO	Awake, Alert, Oriented	mcg	Microgram
BG / BS	Blood Glucose / Blood Sugar	mg	Milligram
BP	Blood Pressure	MOM	Milk of Magnesia
Bilat	Bilateral	MMR	Measles, Mumps, Rubella
BKF	Breakfast	ml	Milliliter
BM	Bowel Movement	NPO	Nothing by Mouth
LBM	Last Bowel Movement	Nsg	nursing
CHO	Carbohydrate	O2	Oxygen
cm	Centimeter	O2 sat	Oxygen Saturation
c/o	Complaint Of	Oint	Ointment
CRT	Capillary refill time	OTC	Over the Counter
DOB	Date of Birth	oz	Ounce
dx	Diagnosis	PRN	As Needed
IDDM	Insulin Dependent Diabetes Mellitus	PERRLA	Pupils Equal Round Reactive Light Accommodation
ER	Emergency Room	resp	Respiration
EMS	Emergency Medical Services	RLQ	Right Lower Quadrant
FROM	Full Range of Motion	RUQ	Right Upper Quadrant
F/U	Follow Up	Rx	Prescription
g	Grams	SA	Stomachache
HA	Headache	Sub-Q / SQ	Subcutaneous
HR / HRR	Heart Rate / Heart Rate Regular	sx	Symptoms
H²O	water	T/temp	Temperature
IM	Intramuscular	Tx	Treatment
in.	Inches	UTD	Up to Date
kg	Kilogram	x	Multiple By / Times
K	Potassium	VS	Vital Signs
LOC	Loss of consciousness	WNL	Within Normal Limits
LMP	Last Menstrual Period	YOA	Year of Age
LLQ	Left Lower Quadrant	YTD	Year to Date
LUQ	Left Upper Quadrant	~	Approximately
LCH	Lunch	Δ	Change
↓	Decrease	↑	Increase

Archiving Documents and Forms

DO NOT Shred the following:

- Clinic Passes
- Sub Logs signed by anyone other than the nurse or UAP (i.e., Trained staff, teacher on a field trip, etc.).
- Completed MAR Forms (even if discontinued), doctor's notes, or EAP/MMPs. Keep in Cum Folders.
- Once the box (old files for storage) is filled, add the date to the outside of the box. Seal box with packing tape (i.e., CONFIDENTIAL CLINIC Dates).
- Consult with school administration where filled boxes are to be stored on campus in a secure location.

HEALTH CONDITIONS

Introduction

This section will address the most commonly encountered ailments/illnesses in the school setting. If the illness/ailment is not covered in this chapter, look in the Emergency Guidelines for Schools book required to be in the clinic by the DOH. Medical Management Plans, Emergency Action Plans (EAP), Individual Health Care Plans (IHCP), and Health Condition Questionnaires for Parents and treatment logs are discussed in this section. Keep in mind that Headmasters need to be informed of any unusual injuries/events/medical situations that may arise during the school year.

Health Conditions

Record in Synergy

- Health Conditions and allergies should be entered in Synergy under Health Condition tab.
- Entering a Health Condition and Allergy will display an alert icon in Synergy when the scholar is brought up.
- Add health conditions to Health Conditions SY List for administration yearly and in the clinic book for easy access.
- The school nurse will update Health Conditions and Allergies throughout the year as needed and at the beginning of every school year.

Example:

1. Anaphylaxis-Severe Food Allergy: Peanut, tree nuts, eggs.
2. Seizures.
3. Eczema.
4. Seasonal Allergies.

Care Plans: Nursing Individualized Healthcare Plan (IHCP) / (CP)

Individualized Healthcare Plan (IHCP) is a nursing care plan which outlines the nursing care provided to the scholar. It is a set of actions the nurse will implement to resolve/support nursing diagnoses identified by their nursing assessment. IHCPs are for the nurse, *not school staff*. These are nursing diagnoses and interventions that have set goals and outcomes for the scholar to accomplish throughout the school year.

1. Only Registered Nurses (RN) will develop IHCPs for scholars.
2. The Registered Nurse is responsible and accountable for creating the IHCP, for managing its activities, and for its outcomes, even when implementation of the plan requires delegation to unlicensed assistive personnel (UAP) (NASN, 2012a).
3. Registered Nurses are to update IHCPs immediately upon health condition or needs changing during the school year.
4. Licensed Practical Nurses who are assigned to a school must notify the supervising RN of any scholar who may require an IHCP. The supervising RN has 30 days to complete the IHCP.
5. Licensed Practical Nurses are to notify supervising RNs immediately if health condition or needs change during the school year.
6. All Health Services staff are to follow the nursing instructions on the plan, per their scope of practice.
7. IHCP's are good for three consecutive school years.

The IHCP should be customized to the individual needs and goals of the scholar. Each scholar is different, and a one-size-fits-all approach will not work. Nurses should remove or add specific diagnoses, goals, outcomes, and interventions to the IHCP about the individual scholar's needs. Florida statute requires the development of IHCPs on the following health conditions **Anaphylaxis, Asthma, Diabetes, and Pancreatic Disorder**. In addition:

IHCPs are to be written on scholars who:

- a. have multiple needs that are medically fragile
- b. have multiple health care needs that require attention from nurses on a daily basis
- c. have IEP or 504 plans which address healthcare needs

As a leader of the school health team, the registered nurse is responsible for first assessing the scholar's health status; identifying health problems that may create a barrier to educational progress, safety or well-being; and developing a health care plan for management of the problems in the school setting. The use of current care standards in the development of the IHCP will help assure administrators, parents, and staff that the scholar is properly cared for.

The IHCP can assist in many areas:

- Registered nurses utilize IHCPs to communicate nursing care needs to administrators, staff, scholars, and parents.
- The IHCP will create a safer process for delegation of nursing care, supporting continuity of care.
- The IHCP can serve as the health plan component of a 504 plan. For scholars qualifying for special education, it can be incorporated into the Individual Education Plan when the health care issues are related to the educational needs of the scholar.
- The Registered nurse utilizes the IHCP to develop an emergency action plan (EAP) to inform school staff of the steps to take if an emergency arises related to the scholar's chronic health condition.

Emergency Action Plan (EAP):

In Florida, a school medical emergency action plan (EAP) is a documented strategy outlining procedures to follow for specific medical crises, like anaphylaxis, asthma, seizures, or severe injuries, ensuring a coordinated and effective response that protects each individual scholar's life/plan of care. An EAP provides specific, actionable steps tailored to a variety of medical emergencies, including medication, notification, and when to call 911. This is to be filled out by a Health Care Provider each school year.

Medical Management Action Plan (MMP):

In Florida, a school medical management action plan (MMP) is a detailed, individualized document outlining a scholar's specific health needs and providing guidance for school staff to manage those needs, including medical conditions or procedures during school hours and school-sponsored activities, ensuring the scholar's health and well-being in the school environment. This is to be filled out by a Health Care Provider each school year.

CLINIC MANAGEMENT FOR HEALTH CONDITIONS

Health personnel work within their scope of practice and with reasonable nursing judgement following school health protocols/guidelines. Health personnel can use approved interventions for any of the health problems in the School Health Services Guidelines if warranted after evaluation and assessment.

The scholar with a minor complaint shall be encouraged to remain in school unless it endangers the scholar's health or that of his/her classmates. The school nurse or health room staff reserves the right to suggest a parent/guardian seek further medical evaluation for a scholar for **any** illness or condition after the initial assessment/evaluation. Staff should document any clinic office visit or care given on campus where health assessments, evaluation or recommendations are made.

The following nursing actions are interventions allowed by St. Johns Classical Academy Health Service Program that health personnel may initiate independently. Those represented on the chart are approved to use as a treatment and do not require an order by a medically licensed professional. School nurse or trained staff will always ask if a scholar is allergic before use of any approved intervention.

Nursing Intervention Chart

APPROVED Nursing Interventions Chart	
Aloe with or without lidocaine	Vaseline or A&D Ointment
Soft Chew Peppermints	Saline Eye Flush
Water	Saline Solution for contacts
Baking Soda/Water paste for stings	Salt water gargle
Calamine or Caladryl Lotion	Sting relief (Benzocaine)
Cold pack/compress	Rice pad (with directions) for menses
Crackers / Snack	Warm compress for menses, strained muscles, or ear pain
Honey	Unscented lotion
Eye Wash	Rubbing alcohol for insect bites
Glucose tabs/gel	Rubbing alcohol for glucometer checks/finger
Hydrocortisone cream	
Lip Balm	Cornstarch

DO NOT USE Not to be used on students
Rubbing alcohol or any other forms on open wounds
Cotton in ear (may get lost in ear canal)
Cough drops (unless scholar has a PAAM)
Hard Peppermints (choking hazard; unless scholar has a PAAM)
Peroxide (caustic to skin); may use to remove stain on clothing
Warm compress to abdomen (unless menses related)

ABDOMINAL PAIN

Stomachaches/pain may have many causes including illness, hunger, food poisoning, GI issues, psychological issues, menstrual discomfort, etc. Young children may not be able to give an exact location of where the pain is located. The pain may get worse; progression is usually more rapid in the younger scholar.

Notify parent/guardian to pick scholar up if:

- Fever: If temperature is 100.4°F or greater, or if pain and/or nausea persist, and/or if a scholar appears significantly ill.
- If temperature is $\geq 103^{\circ}$ F and scholar is extremely ill and/or with Influenza like Illness (ILI) such as cough, aches, sore throat or severe abdominal pain and parent is not available. 911 may be called per school protocol/guidelines.
- If ILI is suspected, nurse may offer scholar a mask to wear home. Scholar may decline the mask. Do not send a scholar in a mask out on campus.
- Pain caused by an injury, severe pain, pain persists and/or increases.
- Bloody or black stools, yellow skin/eyes and/or no urine output for 8 hours.
- Vomiting.

Abdominal Pain: No Severe Distress

Consider possible causes of complaint. (No breakfast? Menstrual cramps? Constipation? Diarrhea? Emotional upset? Etc. For a scholar with frequent visits and chronic complaints of abdominal discomfort, confer with parent/guardian regarding appropriate intervention and referral. Determine type of pain: dull, sharp, continuous or intermittent and is the pain localized or diffuse.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. School health staff will suggest physician evaluation if indicated.

1. Ask scholar to describe the pain and location (Observe facial expressions).
2. Obtain history (when did start / last meal), duration of pain, and is it in response of being hit.
3. Take temperature (If temperature is within normal range; continue with 3, 4, and 5).
4. Offer crackers/water.
5. Encourage toilet use (LBM).
6. Allow scholar to rest up to 15 minutes.
7. Encourage scholar to return to class and complete the school day.

If the scholar has vomiting, diarrhea, fever or if the abdominal pain is persistent or in response to an injury, call the parent/guardian. The scholar should be excluded from school until symptoms are gone and scholar is fever and diarrhea free for 24 hours without the use of fever reducing or anti-diarrheal medication. Abdominal injuries require close supervision for a minimum of 24 hours depending on the injury.

Abdominal Pain: Menstrual Discomfort

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Administer PRN medication, provided by parent/guardian according to guidelines.
2. Nurse may offer warm covered heating pad for discomfort on suprapubic area. Nurse should check heat level, warn scholar to remove pad if pad causes any discomfort.
3. Provide sanitary napkins if needed. No tampons are provided by school clinic.
4. Rest for up to 15 minutes
5. If scholar cannot return to class, notify parent/guardian to pick scholar up and take home.
6. If applicable, interview scholar for possibility of pregnancy. Call 911 for a pregnant teenager with abdominal pain, vaginal bleeding, and/or labor pains.

Abdominal Pain: Severe / Acute Abdominal Distress

Signs and symptoms: pale or clammy skin, sweating, fever, fetal position.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. **DO NOT USE HEAT PACK** and **DO NOT** give scholar anything to eat or drink.
2. Nurse should inquire if abdominal pain was caused from an injury, falling from a height, or struck by a fast-moving object.
3. Take temperature unless abdominal pain is from an injury.
4. Take blood pressure and heart rate.
5. Call 911 for blunt abdominal injuries.

Appendicitis pain usually presents over the **right lower part of the abdomen** but may be present throughout the abdomen. In early stages, fever may be low (99-101°).

ABRASIONS and CUTS

A wound that breaks the skin. When exposed skin comes into moving contact with a rough surface, it may rub away the upper layers of the epidermis which may cause an abrasion.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Wear disposable gloves when exposed to blood or other body fluids
2. Cleanse wound with soap and water, pat dry.
3. If necessary, control bleeding according to procedures (see Bleeding).
4. When bleeding stops and if no allergies are present, triple antibiotic ointment or vaseline may be used on abrasions and simple cuts. Bandage lightly.
5. Notify parent/guardian if there is a question of whether or not stitches are needed, or a tetanus booster is needed, i.e., a gaping wound generally requires sutures, a tetanus booster is required for contaminated (dirty) or deep wounds or if last booster was given more than five years previously.

Physician Evaluation

Most minor cuts and abrasions do not always need a doctor's care. However, notify the parent/guardian and suggest a physician evaluation if:

- The edges of the cut are jagged or gape open, the cut is deep (1/4 inch or more), or one can see fat or muscle. These are signs that the wound may need stitches.
- One cannot get all the dirt or debris out of the wound, or the wound was caused by something very dirty or rusty.
- It is a puncture wound or a deep cut and the scholar has not had a tetanus shot in the past 5 years.
- The wound is from an animal or human bite. (See Bites)
- There is numbness, loss of sensation, or loss of movement. These can be signs of a nerve or tendon injury.

ALCOHOL / DRUG (prescription or illegal) INTOXICATION (accident or otherwise)

If school staff or teacher asks a nurse to assess a scholar or staff member for intoxication or being

under the influence of a controlled, illegal substance, the school nurse can only give general nursing assessments. The only legal way of knowing is through drug testing of the urine or blood. School health staff DO NOT conduct drug tests and/or carry out scholar body or backpack searches. Photographs of the substances would be valuable particularly if it is unidentified pills etc. The nurse should record what the drug is if identifiable, how the drug is packaged, number or approximate amount of drugs. The nurse should release the alcohol/drug paraphernalia to the resource officer or school administrator.

Signs and Symptoms will vary according to drug or poison. DO NOT GIVE FLUIDS and DO NOT INDUCE VOMITING. Suspect a possible drug/alcohol overdose if you observe the following signs/symptoms:

- Drowsiness
- Slurred speech
- Distorted senses
- Paranoia
- Seeing bright colors
- Mental confusion
- Nausea/vomiting
- Mood or behavior changes
- Impaired body movement and/or coordination
- Strong smell of a substance

Signs indicating need for immediate action are: (Call Poison Control 1.800.222.1222 / 911)

- Loss of consciousness, altered mental status, convulsions or seizures, abnormal breathing, violence or hallucinations, severe abdominal pain and vomiting
- Other indications of poisoning include: burns around lips or mouth, chemical odor of breath, pupils exceedingly small or unusually dilated
- Maintain open airway (Resuscitate if necessary)

Evaluation/Assessment:

1. Ask scholar if they ingested/smoked any type of substance.
2. Obtain vital signs, respiration, blood pressure, heart rate, O₂ sats and temperature.
3. General assessment of respiratory, cardiovascular, and other systems depending on history/presenting symptoms and what scholar states/reports and health history
4. What does their breath and/or clothes smell like? Liquor? Marijuana?
5. Notify headmaster/administration, dean, and school resource office for further legal assessment.
6. Call Poison Control 1.800.222.1222

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Management for Conscious Scholar:

1. Stay with scholar.
2. Try to find out what drug has been taken, how much, and when.
3. Call Poison Control 1.800.222.1222
4. Evaluate the need to call 911. Call if any of the following occur:
 - Decreased or increased pulse
 - Decreased respiration
 - Hyperthermia with increased thirst
 - Extreme agitation or seizure
5. Administer Narcan, if deemed necessary (see "Narcan Emergency Use" p 48).
6. If scholar vomits, have them do so in receptacle (such as empty trash can). Save receptacle with suspected alcohol or drugs if available.
7. Continue to observe for convulsions or breathing difficulties.

Management for Unconscious Scholar, but is Breathing: (Call 911)

1. Position on his/her side to prevent aspiration of vomit, and monitor.
2. If a scholar does vomit, position him/her on their side, so that material drains out of mouth. Save vomited material for EMS personnel.
3. Observe for shock and treat accordingly (see "Shock" section).
4. Continue to observe for convulsions or breathing difficulties.

ALCOHOL/DRUG	SIGNS/SYMPTOMS (not limited to)
ALCOHOL Juice, Hard Stuff, Sauce, Suds, Moonshine, Hooch, etc.	Decrease, lower blood pressure, heart rate and respiration. Skin may be cool to the touch. Bloodshot/glassy eyes, dazed look, slurred speech, slow response, ataxia, and sweating
COCAINE/CRACK Snow, Blow, Crack, Flake, Gold Dust, Line, White, That White B, Snow White, White Powder, Icing, White Dust, Powder, etc.	Increase blood pressure and heart rate. Elevated body temperature, dilated pupils, anxiety/agitation, sweating, confusion, runny nose/nose bleeds, track marks, paranoia, hallucinations
COUGH/COLD MEDICINE Red Devils, Red Hots, Orange Crush, Dex, Drex, DXM, etc.	High or low blood pressure, rapid heart rate, high temperature, breathing problem/slow and labored breathing, palpitations. Blood shot eyes, drunkenness, and hallucinations
DEPRESSANTS Valium, Xanax, Klonopin, Halcion, and Librium are often referred to as "benzos" Seconal, Ambien, Lunesta, Barbs, Candy, Downers, Sleeping pills, Roofies, Yellows, Yellow Jackets	Lowered blood pressure slowed heart rate and breathing, dilated pupils. Slurred speech, dizziness, fatigue/drowsiness, lack of coordination
DESIGNER DRUGS Ecstasy (Molly), K2/Spice, Bath Salts (Mephedrone), Khat, Herbal Ecstasy, etc.	Increase blood pressure, heart rate, and body temperature. May cause agitation, aggression, chest pain and palpitations, kidney pain, insomnia, psychosis, seizures, muscle tension, chest pain, nausea/vomiting, sweating, lack of appetite, dilated pupils, and dehydration.
EDIBLES Food or candy infused with cannabis or other drugs. Ex: cookies, gummies, candies, chocolates, drinks, etc.	Intoxication, altered perception, anxiety, panic, paranoia, dizziness, weakness, slurred speech, increased heart rate, hallucinations.

ALCOHOL/DRUG	SIGNS/SYMPTOMS (not limited to)
HALLUCINOGENS LSD, PCP, Angel Dust, Special K, Mushrooms, Peyote, Magic Mint, etc.	Increase blood pressure, heart rate, respiratory rate, and body temperature. Intensifies feelings and sensory experiences, hallucinations, panic, paranoia, psychosis, sweating, loss of appetite, mixed senses, changes in the sense of time, spiritual experiences, and feelings of relaxation or detachment from self/environment, insomnia, uncoordinated movements.
INHALANTS Poppers, Snappers, Whippets, Locker Room, Rush, Huff, Sniff, Bolt, Glue, Bang, Kick, etc.	May increase or decrease blood pressure, heart, and respiratory rate. May cause nausea, sneezing, coughing, nosebleeds, feeling and looking tired, anoxia, dizziness, slurred speech, confusion, euphoria, hallucinations, delusions, headaches, bad breath, and seizures.
MARIJUANA Weed, Grass, Bud, Mary Jane, Pot, etc.	Lowered blood pressure, increased heart, and respiration. May also cause blood shot eyes, dry mouth, sleepy, lack of concentration and coordination, reduces reaction time, increase cravings for food, and reduce short-term memory.
NARCOTICS Oxycodone, Percocet, Vicodin, Codeine, Hydrocodone, Oxycontin, Methadone, Fentanyl, Pain Killers, Oxy, Perco., Hillbilly Heroin, Morpho., Wafer, Demmies, D., Captain Cody, etc.	Decreased blood pressure, heart rate and respiration. May also include stomachache, nausea, constricted pupils, fatigue, drowsiness, confusion, dizziness, cold and clammy skin, fingernails and lips with a bluish tint, seizures, unresponsiveness, and coma.
STEROIDS Arnolds, Juice, Pumpers, Roids, Stackers, Gym Candy	Increase blood pressure, heart rate and respiration. May also include aggression and irritability, delusions, depression, nervousness, mood swings, convulsion, nausea and vomiting, swelling in the legs, burning/itchy skin, and muscle and bone weakness.
STIMULANTS Adderall, Speed, Uppers, Black Beauties, Meth, Bennies, Dexies, Skippy, Lid, etc.	Increase blood pressure, heart rate and respiration. May also include sleeplessness, restlessness, anxiety, hallucinations, loss of appetite, stomachache, depression, flat effect, headache, fatigue, nausea and or vomiting.

Narcan Emergency Use

Florida HB 355 (effective July 1, 2025) allows for the administration of Narcan by trained school personnel for known or suspected opioid overdose. NARCAN® (naloxone HCl) Nasal Spray is for intranasal use only and is used to temporarily reverse the effects of opioid medicines. Narcan is to be administered right away if signs and symptoms of an opioid emergency are present, even if responder is unsure.

Signs and Symptoms (of known or suspected opioid overdose): unusual sleepiness and person is unable to be awakened, unresponsiveness, unconsciousness, breathing difficulties including slow, shallow breathing, or stopped breathing, pinpoint pupils, gurgling sounds, cold/clammy skin, and cyanosis.

Follow proper administration of Narcan nasal spray per manufacturer instructions.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. General assessment of respiratory, cardiovascular and other systems depending on history/presenting symptoms.
2. If signs and symptoms of an opioid emergency are present, administer Narcan. Position person on his/her side to prevent aspiration of vomit, and monitor.
3. Call 911.
4. Continue to observe for convulsions or breathing difficulties.

Pursuant to State law (F.S. 381.887), the Board, its' employees and agents, are not liable for any injury arising from the use of Narcan nasal spray administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the scholar is having a known or suspected opioid overdose.

POISONING

Poisoning can be swallowed, injected, inhaled, absorbed through the skin or eyes. Call poison control, 1.800.222.1222, if suspected poisoning from any of the following:

- Medicines
- Insect bites and stings
- Snake bites
- Plants
- Chemical or cleaners
- Food poisoning
- Inhalants
- When in doubt

Signs and symptoms: something unknown in mouth, burns around mouth or skin, strange odor to breath, sweating, nausea/vomiting, dizziness/fainting, seizures/convulsions.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Wear disposable gloves.
2. Check scholars' mouth and remove any remaining substance from mouth. Ask scholar to spit it out, do not perform a blind sweep.
3. Do not induce vomiting or give anything by mouth (unless told by Poison Control).

4. General assessment of respiratory, cardiovascular, and other systems depending on history/presenting symptoms.
5. Call Poison Control, 1.800.222.1222.

Management for Unconscious Scholar, but is Breathing: (Call 9-1-1)

1. Position on his/her side to prevent aspiration of vomit, and monitor.
2. Observe for shock and treat accordingly (see "Shock" section).
3. Continue to observe for convulsions or breathing difficulties. Initiate steps of CPR as necessary.

ALLERGIC / ANAPHYLACTIC REACTION

An allergic reaction is a medical emergency requiring immediate treatment that occurs when a person is exposed to any allergy-causing substance or bite/sting. (See Bite/Sting in guidelines for more information). Scholars may experience a delayed allergic reaction up to 2 hours following food ingestion, bee sting, etc.

Parent/Guardian should report severe peanut/food allergies to nurse, teachers, administration, and food service. Florida Administrative Code Rule 6A-6.0251 allows scholars to carry auto-injectable epinephrine in schools with proper paperwork (PAAM/MAR/EAP). Parent/guardians MUST furnish the school with their scholar's up-to-date EpiPen® for the scholar to self-carry and/or an EpiPen® to be kept in the clinic.

The school nurse will:

- Report known food allergies to the food service manager.
- Develop an IHCP (RN only), and train staff as required.
- For child-specific training, only a Registered Nurse may train a UAP on the administration of EpiPen®.
- Ensure all staff involved with the scholar's day to day activity receive a copy of the physician's Allergy Emergency Action Plan (EAP) provided by the parent/guardian. An EAP is a child specific plan for anaphylactic emergencies in the school setting.

Signs and symptoms: Itching or burning, hives, tingling/swelling (particularly of face, neck, eyes, tongue, or lips), throat tightness, hoarseness or thickened speech, difficulty swallowing, tightness in chest, hard to swallow, wheezing, breathing difficulty, dry/hacking cough, dizziness, shock (pallor, sweating, rapid pulse, weakness), abdominal pain, nausea/vomiting, confusion, sudden uneasiness/anxiety or feelings of impending doom, unconsciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Observe the scholar constantly for difficulty breathing, skin reactions and/or signs of shock.
2. Attempt to determine cause of reaction (bee sting, medication, food allergy, etc.).
3. Check for Medic-Alert bracelet or necklace.
4. Follow the steps of scholar EAP, or call 911, if indicated.

A severe allergic reaction requires IMMEDIATE ACTION:

Anaphylaxis is a rapid, severe allergic response that occurs when a person is exposed to an allergen, an allergy-causing substance, to which he or she has been previously sensitized. It is brought on when the allergen enters the bloodstream, causing the release of chemicals throughout the body that try to protect it from the foreign substance.

1. Follow the steps of scholar's EAP for anaphylactic shock and administer emergency medication.
2. Notify administration.
3. CALL 911.
4. If scholar is not breathing, initiate steps of CPR as necessary.

EpiPen® Training

The principal and the school nurse will identify staff members (school UAP's) who are both willing and capable of training for:

- a. Identify signs and symptoms of anaphylactic shock
- b. Calling 911
- c. Administering the scholars' EpiPen® if needed, in the absence of the nurse. Field trips are included.
- d. Child Specific Training for school personnel will be completed within 30 days of identifiable scholar needs.

ABSCCESS / BOIL

A boil or abscess is a bacterial infection of the skin and underlying soft tissues. The infectious agent is spread through drainage from lesions or the nasal discharge of an infected person.

Signs and symptoms: Skin is red, raised with a yellow or white center from which pus may drain. A carbuncle is a cluster of boils that have formed a larger area of infection. A furuncle is an infected hair follicle with the formation of a boil.

Intervention: Scholar should NOT be excluded from school. Lesions must be covered with a clean dressing when draining.

ADRENAL INSUFFICIENCY

Adrenal insufficiency is an endocrine disorder that occurs when the adrenal glands do not produce enough cortisol. Lack of the body's cortisol production affects the ability to appropriately respond to physiological stressors. Adrenal crisis is a serious complication of adrenal insufficiency and can occur when an individual with adrenal insufficiency experiences a traumatic physical or emotional stressor.

Signs and symptoms: Dizziness/lightheaded, sudden muscle pain, severe nausea, vomiting Abdominal pain, headache or confusion, low blood pressure, seizure, loss of consciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 9-1-1
2. Follow Emergency Care Plan
3. Provide appropriate first aid until emergency response team arrives

AIDS/HIV

Parents are not obligated to inform the school of an HIV positive scholar. All exposures to blood/body fluids should be treated as potentially infectious and universal precautions should be adhered to, as with every scholar, regardless of status. AIDS/HIV is not transmitted through

casual contact (i.e. normal school activities). Notify parent/guardian immediately if HIV positive scholar is exposed to chickenpox, measles, COVID-19, or influenza (flu).

ANIMAL BITES / SCRATCHES

The major concern with all animal bites and scratches (including dogs, cats, ferrets, raccoons, rats, squirrels, bats, prairie dogs, rabbits, etc.) is infection. Hamsters, gerbils, and guinea pigs are not high-risk animals for diseases transmittable to humans. However, a tetanus shot update may be in order and this bite must be reported to Parent/Guardian and Headmaster/Administration.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Wash area with soap and water. Irrigating with running water for 2-3 minutes unless bleeding heavily.
2. Use direct pressure as needed to control bleeding.
3. Cover with sterile, non-stick bandage.
4. Notify parent/guardian of the date of last Tetanus shot.
5. Advise medical attention.
6. Get description of animal and pet owner's name, if possible.
7. Do not attempt to capture or restrain the animal.
8. Notify Animal Control for all bites. If phone call not answered, contact school resource officer for alternate number.

Animals in Schools (High Risk)

Animal bites or injuries require immediate attention and possibly a visit to a primary physician or Emergency Room because domesticated and feral animals can transmit a large number of diseases to humans. **All animal bites or diseases must be reported** to Clay County Animal Control at 904.269.6342 and Clay County Department of Health @ 904.529.2848.

NO ANIMALS ARE ALLOWED IN SCHOOL CLINICS. Animals in classrooms and schools should be discouraged.

- Many birds, such as parrots, may transmit a respiratory disease such as Psittacosis.
- Under no circumstances should raccoons, bats, prairie dogs, ferrets, foxes, or skunks be allowed in the classroom! Any bite/scratch must be reported immediately, as rabies transmission is possible.
- Turtles have been linked to fecal discharge and transmission of Salmonella Gastroenteritis. Any turtle aquarium water should be kept from contact with scholars. Wash hands promptly after touching turtle/area.

Animal exhibits and petting zoos can be thrilling and an educational experience. However, due to the presence of bacterial health hazards while handling some animals, schools should take precautions.

ANXIETY and HYPERVENTILATION

Anxiety is a feeling of fear or uneasiness and usually a reaction to stress. Symptoms a scholar may report are gastrointestinal issues, feeling nauseous, irritable, tense, chest palpitations and/or restlessness. Anxiety may cause many symptoms such as pallor, sweating, and an increased heart rate. Some individuals, when overly anxious, may hyperventilate.

Symptoms of hyperventilation may include: rapid deep breathing, chest tightness/discomfort, palpitations, muscle spasms in hands and feet, tingling/numb sensation in lips and/or extremities, weakness, confusion, dizziness, and possible fainting.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Remain calm and reassure scholar. Obtain privacy if possible.
2. Assist scholar with breathing techniques.
3. Initiate Calming Strategies, Grounding Exercises, or Progressive Muscle Relaxation Techniques.
4. Attempt redirection techniques (word puzzles, coloring, etc.).
5. Refer scholar to guidance counselor if needed. Consult parent/guardian.
6. For ongoing issues with an individual scholar, the nurse should evaluate the need for medical referral or psychological counseling referral.

ASTHMA

Asthma is one of the most common serious chronic illness. Most people with asthma have symptoms that can be controlled with medicine. Asthma is a chronic respiratory condition resulting in constriction and inflammation of bronchial tubes in the lungs. The condition narrows air passageways causing recurrent episodes of breathing difficulties, often called asthma attacks. Many things can trigger an attack, such as physical activity, respiratory illness, weather changes, environmental factors, emotional upset and allergic reactions. Florida Statute 1002.20 (3)(h) allows students to carry emergency medications in school.

Symptoms of attacks may include: shortness of breath, coughing, wheezing, rapid breathing, chest tightness/discomfort, anxiety/restlessness.

Severe signs of exacerbations (attacks) are:

- Breathing in quickly with inability to speak (one-to-two word phrases)
- Scholar neck muscles may tighten with each inhalation
- Increased use of stomach muscle and chest muscles during breathing
- Leaning over to breathe
- Nasal flaring, neck, and chest retractions
- Lips and nail beds may have a grayish or bluish color
- Pulse oximeter reading below 92% (see chart for parameters):

Oxygen Saturation (SpO2%)	Pulse Rate	Reading
95 – 100%	60 – 100	Normal
95%	101 - 109	Continue Monitoring
93 – 94%	110 – 130	Refer to Healthcare Provider
92% or lower	131 or higher	Call 911

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Keep scholar in a sitting position and within nurses' view.
2. Assess scholar, including Fingertip Pulse Oximeter - Blood Oxygen Monitor.
3. Follow asthma action plan for scholar.
4. Give inhaler/nebulizer medication as ordered by physician.
5. Continue to monitor scholar for further difficulty.
6. If scholar improves, send back to class and notify parent/guardian; if applicable.

7. Call 9-1-1 if scholar does not improve within 15 minutes (follow EAP instructions) after medication and rest and/or exhibits any of the following symptoms:
 - a. Struggling for air/breath and/or talking in broken sentences due to shortness of breath
 - b. Pale or blue in color around lips or fingernails
 - c. Not mentally alert, difficulty concentrating, or appears confused
 - d. Using neck, rib or stomach muscles to breathe
 - e. Having obvious difficulty breathing
 - f. Medication is not helping symptoms

When airway gets very tight, wheezing may STOP because child cannot breathe with enough force to cause the wheeze. Remember asthma can be fatal. When in doubt call 9-1-1.

BACK and NECK INJURIES

DO NOT MOVE ANYONE WITH SUSPECTED BACK OR NECK INJURIES UNLESS NECESSARY for safety.

Suspect neck injury with **ANY** severe fall or blow to the head.

Signs and Symptoms: Severe pain and tenderness at the site of injury. Possible deformity at injury site. Possible paralysis or loss of strength in one or more limbs.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

If the scholar is lying in a safe area:

1. Call 9-1-1. **DO NOT** move scholar.
2. **DO NOT** bend, twist, or rotate the neck or body of the scholar.
3. Gently place pillows or rolled blanket on both sides of head and neck for immobilization.
4. Observe for breathing difficulties and/or shock.
5. **Initiate steps of CPR as necessary.**

If the scholar **MUST** be moved, in case of danger at the scene, move scholar by standing at scholar's head, placing hands under armpits, cradling neck and head with forearms, then pulling gently to safety, keeping the scholar's body straight. Enlist the assistance of another person in order to provide as much support as possible.

BED BUGS

Bed bugs are reddish-brown in color, oval and flat. They are about the size of an apple seed. Bed bugs feed on the blood of humans when people are asleep. During the day, they hide in cracks and crevices and can be found in seams of mattresses, box springs, bed frames, nightstands, electrical outlets, carpeting, walls, etc. No pesticides will be used in schools in response to a single case of bedbugs (i.e., no carpet or backpack spraying). Bed bugs do not infest people and one found bed bug is not an infestation.

1. Administration should notify the contracted pest control provider if an infestation is suspected. Pest control will determine if there is an infestation.
2. If it is determined that an infestation is in a classroom:
 - a. Administration should allow pest control to treat with pesticides that comply with state and local laws and regulations.
 - b. Parents of affected child will be advised to contact pest control for their own home.

Transmission: Bed bugs are not known to transmit disease but are a nuisance. Bed bugs may attach to personal belongings such as backpacks, clothing, or other items.

Signs and Symptoms:

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

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Wash the affected area/s with soap and water and cover with a Band-Aid/s or dressings.
2. Apply Caladryl or Hydrocortisone and ice to itchy areas.
3. Scholars should not be excluded from school for a rash due to bed bugs. However, consider an unknown rash to be contagious until bed bugs are confirmed with a note from a licensed health care provider.

BITES, SCRATCHES, and STINGS

Human Bites

If bite cause a break in the skin, treat both the person who was bitten and the “biter”.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Always maintain confidentiality. Parent/Guardians DO NOT have access and/or SHOULD NOT be given the name of the scholar who did the biting.

1. Immediately, cleanse wound with soap and water for 2-3 minutes or rinse mouth with water.
2. May use alcohol wipe (if not fully open) to clean bite wound.
3. Cover with sterile, non-stick bandage.
4. Advise Parent/Guardian to contact their medical provider to ascertain tetanus vaccination status (nurse can look up status for parent) and/or need for medical attention.
5. See Clinic Infection Control Guidelines section and follow procedures under exposure plan.
6. If either scholar is known to be infected with any Blood Borne Pathogen, school nurse/supervisor of health services and headmaster/administration should be notified immediately.
7. An Injury Report should be completed for this event and sent to Risk Management.

Insect Bites/Stings

Most bites and stings trigger nothing more than minor discomfort. They often result in itching, redness, or mild swelling in the injured area. However, in some instances a bite or sting may cause a life-threatening allergic reaction.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. The stinger, if still present should be removed, by gently scraping with the edge of a tongue blade, the edge of a credit card or other dull blade instrument (DO NOT use tweezers. The use of tweezers may cause additional venom to be released into the site).
2. Wash area with soap and water.
3. Apply cold pack/compress.
4. If the scholar shows signs of anaphylactic shock, stay with the scholar and manage accordingly.
5. For minor insect bites such as red ant or mosquito may use “sting relief” or rubbing alcohol.
6. Return to class if no additional symptoms.

Caterpillar Contact

When there is contact with a caterpillar’s setae or spines to human skin it can cause a reaction.

Signs and Symptoms: redness, swelling, itching, rash, welts, and small, fluid-filled sacs called vesicles. There may also be a burning or stinging sensation. Symptoms can appear within minutes and last for one or more days.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. For suspected setae exposures, adhesive tape applied to the skin then removed will remove remaining caterpillar spines. Repeat with fresh tape as necessary.
2. Remove any constricting clothing or jewelry as soon as possible.
3. Wash area with soap and water.
4. Apply cold pack/compress.
5. If the scholar shows signs of anaphylactic shock, stay with the scholar and manage accordingly.
6. For minor insect bites such as red ant or mosquito may use “sting relief” or rubbing alcohol.
7. For caterpillar-related eye exposures, wash the eye with water or eye wash. Suggest ophthalmologic consultation.

Snake Bite

Unless snake is reliably identified as non-poisonous, assume that it is poisonous. DO NOT try to capture the snake. If possible, note any identifying characteristics of the snake such as large triangular head, rattle or coloration.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 911. Keep scholar quiet, still and calm.
2. Remove jewelry or constricting items near the bite site due to possible swelling.
3. Keep the bitten part of body below heart level.
4. Immobilize the affected body part.
5. DO NOT use tourniquet or cold packs and DO NOT suck or cut the poison from the bite. Check vital signs. Stay with scholar until 9-1-1 arrives. Monitor for signs and symptoms of shock.

Spider Bite

A spider bite usually looks like any other bug bite causing a red, inflamed, sometimes itchy or painful bump on the skin. Two poisonous spiders known to the Florida region are “Black Widow” and “Brown Recluse”.

Signs and Symptoms from bites of poisonous spiders:

- Swelling around the bite
- Pain around the bite
- Ulcer forming around the bite
- Swelling and pain that spreads to stomach, back, or chest
- Stomach cramps or body aches
- Chills, nausea, sweating

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Cleanse the wound with soap and water.
2. Apply cold pack/compress to site.
3. Call 9-1-1, if scholar experiences severe pain, abdominal cramping or trouble breathing.

BLEEDING DISORDERS

Bleeding disorders is a general term for a wide range of medical problems that lead to poor blood clotting and continuous bleeding. In people with bleeding disorders, clotting factors are missing or do not work as they should. This causes them to bleed for a longer time than those whose blood factor levels are normal. Bleeding problems can range from mild to severe.

Hemophilia

Hemophilia is an inherited blood disorder in which blood does not clot properly. People with hemophilia bleed longer, not faster. Severity can be mild, moderate, or severe. Internal bleeds in joints or muscles are most common. Even minor injuries can cause internal bleeding. Scholars are probably receiving frequent transfusions with special blood products.

Symptoms:

- Mild cuts, bruises, abrasions are not a serious problem; they bleed longer, not faster.
- Internal bleeding may occur anywhere in the body; this is a serious problem.
- Muscles and joints: tingling sensation, pain, burning, tightening
- Abdominal: pain, tenderness, nausea, headache, dizziness, visual disturbances, purplish areas
- Indications of intramuscular hematoma (most commonly felt in knees, ankles, elbows): tingling, burning, pain, limited ROM, edema, increased warmth/tenderness

Symptoms of internal bleeding:

- Headache
- Dizziness
- Visual disturbances
- Neurologic deficit
- Altered LOC/pupillary changes

- Signs of shock
- Profuse, uncontrollable hemorrhage
- Severe abdominal pain
- Swelling and joint pain

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Firm pressure for 10 minutes over skin lacerations or abrasions.
2. Elevate affected limb.
3. Ice packs may help stop the bleeding by constrict the blood vessels and help clots form faster.
4. Carefully observe scholars following minor trauma for possible internal bleeding.
5. Notify parent/guardian of incident even if scholar returns to class.
6. If bleeding cannot be controlled, immediately notify 9-1-1, parent/guardian and principal.
7. Follow scholar's EAP.

Bleeding Wound (Hemorrhage)

The depth of injury and type of vessel broken determines severity of the bleeding and how difficult the bleeding is to control. First Aid responders will follow universal precautions when providing care.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. If you suspect an internal bleed, seek medical treatment immediately. **Call 9-1-1.**
2. Direct pressure and elevation. Hold a thick dry dressing tightly over the site of bleeding.
3. Lift the bleeding part up if no fracture is evident and if lifting the part is not painful.
THIS METHOD ALONE CAN CONTROL MOST BLEEDING.
4. Apply firm pressure for 10 minutes over skin lacerations or abrasions.
5. If direct pressure and elevation is not enough, pressure on the supply artery may be added. Direct pressure at the bleeding site should be maintained.
6. In an event that the school nurse arrives at an emergent scene and someone has applied a tourniquet, do not loosen. Seek medical attention immediately.
7. Protect the wound from contamination and infection. Do not remove any object, which may be embedded in site (i.e., pen stuck in arm). Bandage around protrusion.
8. If scholar appears to be in shock (pallor, rapid pulse, weakness, sweating, etc.), call 911. Keep scholar under observation and keep in warm, comfortable, and flat in bed with feet raised.

NOTE: If there is a broken bone or embedded object protruding from the wound site:

1. **DO NOT** use direct pressure. Apply pressure to the pressure point* above the wound to slow or stop the flow of blood to the wound.
2. **DO NOT** disturb a broken bone or attempt to remove a deeply embedded object.

A pressure point is a spot on the body where you can apply pressure by compressing the nearby artery. Apply pressure to the artery against the bone underneath. For an arm injury, apply pressure to the brachial artery or for a leg injury press onto the femoral artery.

BONE, JOINT, and TISSUE INJURIES

If a scholar has an injury at school such as a “jammed” or sprained finger/toe, sprained wrist/ankle or knee the school nurses **DO NOT** buddy tape, wrap or splint so that the scholar can remain at school. This is a parent/guardian, physician, or athletic trainer’s responsibility. There must be a physician order for the school nurse to be able to manage a wrapped injury at school.

Injuries of the bones, muscles and joints may be fractures, dislocations or sprains/strains. Only a licensed healthcare provider can determine the type of injury. Treat all injured parts as if they could be fractured.

Signs and Symptoms can be: pain, swelling, discoloration, limited/inability to move the extremity, feeling “heat” in injured area, bent or deformed bone, and/or numbness or loss of sensation. Health services staff may immobilize / wrap only to stabilize a injury for safety reasons until scholar can seek further immediate medical attention.

Intervention (if no spinal injury is suspected):

- Elevate the extremity, apply ice/cold pack with a cloth or paper towel, to minimize swelling.
- Assess for range of motion, pain, swelling, and pulse distal to injured area.
- If ice/elevation relieves discomfort, send scholar to class, but notify parent/guardian to check area.
- Notify parent/guardian and/or 9-1-1 if movement causes increased pain, if obvious joint deformity, skin broken over possible fracture, or if pulse not present. Notify headmaster or designee if injury is severe.
- Injury form is to be completed as required.

Bruises

Bruising is an area of skin discoloration from broken blood vessels leaking into areas under the skin causing discoloration, pain, and possible swelling.

Intervention: The following are interventions if warranted following the school health staff’s evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Obtain history of bruise/s.
2. Assess range of motion and gait.
3. Scholar may return to class if there is no deformity, scholar is able to bear weight and no other symptoms develop.

Note: If scholar presents with unexplained, unusual, or frequent bruising, consider the possibility of abuse and refer to Child Abuse and Neglect Reporting section.

Sprains and Fractures

A medical provider must diagnose a fracture from a sprain/strain. An x-ray is needed for accurate diagnosis. Therefore, school nurses will proceed as if there were a fracture if pain, swelling, deformity, discoloration, point tenderness, or temperature change is evident.

If a scholar has an injury at school such as a “jammed” or sprained finger/toe, sprained wrist/ankle or knee the school nurses **DO NOT** buddy tape, wrap or splint so that the scholar can remain at school. This is a parent/guardian, physician, or athletic trainer’s responsibility. There must be a physician order for the school nurse to be able to manage a wrapped injury at school.

Signs and Symptoms: pain in one area, point tenderness, swelling, discoloration, limited range of motion, deformity, bone protruding, numbness or loss of sensation, tingling, and feeling of heat in the injured area.

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Nonurgent Sprains and Fractures

1. Obtain history of injury. Determine if history warrants an Injury Report..
2. Assess range of motion and gait.
3. Observe area for pain, swelling, deformity or discoloration.
4. Allow scholar to rest. Apply cold pack/compress to site.
5. Elevate limb if possible.
6. Reassess after a period of rest.
7. Scholar may return to class if pain improves, there is no deformity, scholar is able to bear weight and no other symptoms develop.

Urgent Sprains and Fractures

1. Call 9-1-1. Keep the scholar quiet. Observe for shock.
2. DO NOT attempt to straighten any deformity.
3. **DO NOT** allow scholar to bear weight on the injury.
4. Do not move scholar unless safety is a factor. In which case, only move scholar after immobilizing the limb with a splint and determining that back injury is not suspected.
5. Apply cold pack/compress to site of pain if bone is not exposed.
6. If there is an exposed bone, cover with dressing. Control hemorrhage, if necessary. Apply pressure to the artery against the bone underneath. For an arm injury, apply pressure to the brachial artery or for a leg injury press onto the femoral artery.

Only immobilize an injury to wait for a parent/guardian or emergency medical provider to arrive using a triangular sling, splint or arm board wrapped to support both joints proximal and distal to the injury.

1. Regularly check distal pulses with splint or arm board in place. Observe for tightness of wrap due to swelling causing loss of blood flow.
2. Monitor temperature, color, sensation of both injury/body part distal to injury.

BREATHING DIFFICULTY / SHORTNESS OF BREATH

Breathing difficulties can appear gradually or suddenly. Many conditions can cause breathing issues, including stress or anxiety. Ask scholar for causative conditions (asthma, anaphylaxis, diabetes, heart disease). Manage treatable conditions accordingly.

NOTE: If scholar loses consciousness OR is having rapidly increasing difficulty with breathing, call 9-1-1. Initiate CPR if necessary.

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Keep scholar in a sitting position and within nurses' view.
2. STAY WITH SCHOLAR. Be calm and reassuring.

3. Assess scholar, including Fingertip Pulse Oximeter - Blood Oxygen Monitor.
4. If scholar looks or acts very ill or is unable to participate in school, notify parent/guardian and send scholar home.
5. Occasionally, a scholar may hyperventilate for emotional reasons. If the difficulty subsides within 15 to 20 minutes, give scholar water and observe him/her for up to 20 minutes more. If the scholar feels well enough to return to class, he/she may.
6. Watch for signs of serious difficulty requiring mouth-to-mouth resuscitation and emergency transport (9-1-1) such as:
 - Cessation of breathing
 - Unconsciousness or decreased level of consciousness (dazed, confused, irrational, and/or combative behavior)
 - Cyanosis (blue lips, fingernail lids)
7. If asthmatic and shortness of breath continues without results from administration of prescribed inhalers, etc., call 9-1-1.

BULLYING AND HARRASSMENT

All school employees are required to report witnessed or alleged bullying or harassment to the headmaster/administration. St. Johns Classical Academy is committed to providing an educational setting and workplace that is safe, secure, and free from bullying and harassment for all scholars and employees.

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Obtain history.
2. Treat any injury with first aid.
3. Report to headmaster

BURNS

Destruction of a layer or layers of skin caused by heat, cold, electricity, light, friction, radiation, or chemicals. The deeper the burn means the burn is more severe. A general rule is that a deep burn (deep second-degree and all third-degree burns) which are larger than a quarter or half-dollar needs medical attention. Note: If a scholar comes to school with unexplained burns (i.e. iron or cigarette burns, or repeated health room visits for burns), consider the possibility of child abuse and follow mandatory reporting guidelines.

Important factors in determining the severity of a burn:

Depth (degree):

- First degree (superficial): redness, mild swelling and pain with no blisters
- Second degree (partial thickness): red or mottled appearance, blisters, swelling and sometimes a wet appearance to the skin
- Third degree (full thickness): loss of skin, destruction and/or charring of tissues (red, raw, ash white, black, leathery, or charred skin usually with little or no pain)

Location:

Critical areas are hands, face, feet, genitals and chest. All second and third degree burns to these areas need medical attention.

For all critical burns, **that have the following symptoms:**

- Breathing difficulties and/or respiratory distress
- Burns covering more than one body part
- Burns to the head, neck, chest, hands, feet or genitals
- Burns resulting from heat, electricity or chemicals

→ **Call 9-1-1**

→ Treat for shock, if necessary

→ Notify Administration and Parent/Guardian

Heat Burns

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Extinguish flames, remove scholar from source of burn. NOTE: Ensure power is OFF before going near the scholar.
2. Immerse or rinse area in cool water unless there are deep open areas of tissue. **Do not use ice.**
3. Apply a loose sterile dressing to the area.
4. Do not remove clothing from a severely burned area if caused by heat or flame.
5. Do not apply any ointments.
6. Do not break blisters.
7. Activate 9-1-1 if needed.

Chemical Burns

Major chemical burns need emergency medical help. Minor chemical burns can usually be treated with first aid. If unsure exposure is to a toxic chemical, call Poison Control, then call 911.

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Put on gloves to remove contaminated jewelry or clothing from the burned area.
2. Rinse with cool water for at least 20 minutes or until EMS arrives if 9-1-1 is called. Do not use ice.
3. Apply a loose sterile dressing to area.
4. Activate 9-1-1 if needed.

Chemical Burn to Eyes

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 9-1-1, treat for shock as needed. Any chemical burn to the eye requires immediate evaluation and management.
2. Continuously, rinse eye continuously with a slow and steady stream of water or with provided eyewash bottle, following directions. Otherwise, continuously rinse eye until EMS arrives.

3. Do **NOT** remove contact lenses, just continuously rinse until EMS arrives.
4. Ask scholar/staff what chemical was splashed into eye.
5. Call Poison Control @ 1.800.222.1222.
6. Follow MSDS interventions if available and known chemicals.

CANCER

Cancer is a disease in which abnormal cells grow in an uncontrollable manner. Management depends on the type of cancer, what stage the cancer is in, treatment, and side effects of treatment. Many scholars with cancer have central venous catheters/ports and pain medications which the school personnel need to be aware of. Intravenous medications and cauterization site care are not approved to be done by health room personnel. Scholars with cancer are often immunocompromised. Notify the parent or guardian if the scholar has been exposed to chickenpox, measles, COVID-19, or influenza (flu), or if the scholar has a temperature of 100.4°F or greater.

CARDIOVASCULAR DISORDERS

Cardiovascular diseases can be categorized as congenital or acquired. Some scholars will have physical limitations. Congenital heart disease is usually present at birth and involves structural abnormalities which cause blood flow or conduction problems. Acquired heart disease occurs after birth and includes conditions such as rheumatic heart disease and endocarditis.

Symptoms (not limited to): Cyanosis, Chest Pain, Irregular heart beat/murmurs, Dizziness, Cough Shortness of breath, or Exercise Intolerance.

Intervention: Follow scholar EAP, monitor VS, notify parent/guardian if needed.

CEREBRAL PALSY

Cerebral palsy is a neurological disorder that appears in infancy or early childhood. It is characterized by a lack of muscle coordination when performing voluntary movements (ataxia); stiff or tight muscles and exaggerated reflexes (spasticity); altered muscle tones (too stiff or too loose); altered gait (toe walking, “scissored” gait, dragging one leg or foot). It is caused by abnormalities in parts of the brain that control muscle movement. These factors include genetics, premature birth or low birth weight, maternal health issues in pregnancy, delivery complications, meningitis, and encephalitis or head injury.

Intervention: Follow scholar EAP, monitor VS, notify parent/guardian if needed.

CONJUNCTIVITIS (PINKEYE)

Conjunctivitis is an inflammation of the mucous membranes that line the eyelids and cover the white part of the eyeball. It is caused by allergens, irritants, bacterial or viral infections. With this inflammation, the white part of the eye becomes pink or red and the eye produces large amounts of tears and discharge. In the morning, discharge may make the eyelids stick together.

Intervention: Scholars should be excluded from school until asymptomatic; until antibiotic treatment has been ongoing for 24 hours, and/or has a note from a health care provider stating ok to return.

CUTANEOUS LARVA MIGRANS: (Creeping Eruption)

Sometimes referred to as Creeping Eruption, cutaneous larva migrans is a skin infection caused by hookworms. Hookworms are spread through contact with sandy soil contaminated with dog and cat feces. Creeping eruption causes itching, blisters, and a red, growing, snake-like rash. Walking barefoot on contaminated soil is how most people get this condition.

Intervention: Exclude scholar from school. Must have note from healthcare provider to return.

CYSTIC FIBROSIS

Cystic fibrosis is a genetic disorder that affects mainly the lungs and digestive system. Thick mucus production can block airways and lead to lung damage. The thick mucus can also trap germs and make infections more likely. It can also prevent proteins needed for digestion from reaching the intestines, which decrease the body's ability to absorb nutrients from food. Diagnosis of Cystic Fibrosis may be confirmed if high levels of salt are found during a sweat test. There is no cure for Cystic Fibrosis and it is one of the most common life shortening childhood- onset inherited diseases.

Florida Statute 1002.20 provides for the carrying of Pancreatic Enzyme supplements in a school setting. It permits a scholar with pancreatic insufficiency or cystic fibrosis to carry and self-administer prescribed pancreatic enzyme supplement while in school, participating in school-sponsored activities, or in transit to or from school if the school has been provided with authorization from the scholar's parent and prescribing practitioner.

Intervention: Follow all EAP/MMP/MAR/IHP paperwork in health services clinic.

CHEST PAIN

Chest pain in children and adolescents is common, but usually benign. Cardiac causes are uncommon unless known cardiac problems exist. Initiate appropriate emergency procedures for chest pain with fast heartbeat, dizziness or fainting that may indicate cardiac cause. In cases where calling 9-1-1 is recommended, notification of headmaster/administration and parent/guardian is also required.

Common causes of chest pain in children and adolescents are:

- Musculoskeletal
- Costochondritis (benign and often temporary inflammation of cartilage jointing each rib to the sternum)
- Asthma
- Gastroesophageal reflux
- Anxiety
- Precordial catch syndrome (sharp stabbing chest pain below breast that last a few seconds and is worsened by taking a deep breath. It may be caused by a pinched nerve)

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Take careful history and type of pain (i.e., stabbing, sharp, dull, throbbing, pressure etc.).
2. Determine onset of symptoms, length of time of symptoms, and any association of activity with symptoms.

3. Take vital signs and make scholar comfortable. If pain resolves and scholar feels well enough after a period of rest up to 20 minutes, scholar may return to class.
4. If needed, notify parent/guardian for further scholar medical evaluation.
5. Call 9-1-1 if scholar is seriously compromised, cyanotic, difficulty breathing, and decreased or loss of consciousness.

If child/adolescent or adult is experiencing chest pain due to cardiac problem, complains of intense crushing pain which possibly radiates to neck, jaw, shoulder, arm, or back, this may be a heart attack and appropriate emergency measures should be taken.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 9-1-1 (Notify Resource Officer to call if on campus) and get AED.
2. Initiate steps of CPR as necessary.

CHILD ABUSE and NEGLECT REPORTING

Florida Statute s.39.201 (1) (a) mandates any person who knows or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare is a mandatory reporter.

The law recognizes educators / nurses as trained professionals, caring people, and the largest single group to work with children. Examinations by school staff are not permitted either alone or with DCF staff. No photos, interviews or verbal reports with scholar will be performed by the school nurse. However, school nurse can perform normal assessment parameters for normal complaints presenting to the health services clinic.

Failure To Report

Suspicion of child abuse or neglect is adequate grounds for a referral. It is not the responsibility of school health personnel or school staff to prove abuse or neglect.

- Failure to report child abuse to DCF is a third-degree felony under 39.205(1).
- Failure to report a sexual battery under 749.027 is a misdemeanor of the first degree.
- Failure to report a case of known or suspected abuse, neglect, or exploitation of a vulnerable adult or preventing someone else from doing so is a misdemeanor of the second degree under 415.111(1).

Nursing Protocol in Regards to Department of Child Services

1. DCF must have badge and official paperwork to receive information.
2. Nurses should refer DCF investigators seeking records to Risk Management.
3. Nurses do not interview, assess scholars or take photographs with DCF workers.
4. Referral to school crisis team/counselor is expected.
5. Referral Agencies: State-wide toll-free registry: 1-800-96-ABUSE.

The Florida Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect.

- Report online at <https://myflfamilies.com/abuse>
- Call 1-800-962-2873

- Florida Relay 711 or TTY 800-955-8771
- Fax your report to 800-914-0004
- If you suspect or know of a child or vulnerable adult in immediate danger, call 9-1-1 or the schools Resource Officer.

Intervention:

1. School nurse will assess and care for first aid needs if needed.
2. Notify proper authorities.
3. Notify headmaster/administration.

Physical Abuse

- Bruises, welts, and/or fractures in various stages of healing.
- Burns that show the shape of an item used to inflict them (cigarette tip, iron, grill, etc.), rope burns.
- Human bite marks.
- Reports of injury by caretaker (from child or friend).
- Parent/Guardian or child attempts to conceal injury or offers illogical, unconvincing, and contradictory or no explanation of child's injury.
- Repeated school absences.

Neglect/Emotional Maltreatment

- Child consistently dirty, unwashed, hungry, or inappropriately dressed.
- Child without supervision for long periods of time.
- Child has unattended physical problems and health care needs.
- Child constantly tired or listless.
- Child rarely attends school.
- Child exhibits behavioral problems (overly compliant, lags in emotional development, attempts suicide).
- Repeated school absences.

Sexual Abuse

- Child has venereal disease or symptoms or pregnant.
- Child experiences pain or itching in the genital area, painful urination.
- Child is unwilling to participate in physical activities.
- Child openly engages in sexual behavior or talk which is age inappropriate.
- Child develops worsening behavior or school performance without obvious cause.
- Child complains of or hints at inappropriate sexual behavior.
- Child appears unusually sad or withdrawn with no obvious explanation and this condition persists for days or weeks.
- Repeated school absences.

Human Trafficking Awareness

Per Florida Department of Education, human trafficking is defined under Florida law as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjugation to involuntary servitude, peonage, debt bondage, slavery, or a commercial sex act. Human trafficking is modern slavery.

Call the Florida Abuse Hotline at 1-800-96-ABUSE or 9-1-1 for suspected victims. If you suspect or know of a child or vulnerable adult in immediate danger, call 9-1-1 or the school's Resource Officer.

CHOKING / ABDOMINAL THRUSTS

Choking occurs when a foreign object becomes lodged in the throat or windpipe, blocking the flow of air. A sign of choking may be the universal choking sign which is grabbing the throat with one or two hands or simply pointing to the throat. Other symptoms include coughing or gagging, sudden inability to talk, wheezing, hand signal and panic, or unconsciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Ask the scholar if they are choking? Can they breathe? If scholar can cough forcefully, do not interfere. Simply observe them unless they develop the inability to breathe or loss of consciousness.
2. If the scholar cannot cough effectively or is making high-pitched coughing or wheezing sounds, **direct a bystander to call 9-1-1.**
3. Begin steps of choking first aid
 - give thrusts slightly above the navel until (kneel behind child or pick up from behind)
 - the object is forced out,
 - child can breathe or make sounds, or
 - child becomes unresponsive
 - then initiate CPR

COMPLEX MEDICAL PROCEDURES

Complex Medical Procedure require yearly renewed physician's orders and Medication Authorizations if needed. For scholars requiring these procedures an IHP/504 may be part of the interdisciplinary consultation and evaluation for IEP meetings.

Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP) or other individuals designated by the school headmaster may provide certain health-related services or assistance to scholars, as necessary. Delegation of nursing tasks and services to UAPs must be in accordance with s. 1006.062, F.S. and Chapter 64B9-14, F.A.C. requiring child-specific training. Service provision activities include the completion and documentation of complex medical procedures or monitoring the scholars who perform the procedure independently. Health Services training forms will be completed annually for unlicensed health staff, techs and UAPs. See specific training forms for instructions and guidance of each complex medical procedure. When any complex medical procedure is performed, it will be documented on the Daily Health Room Activity Log. Health services staff will follow doctors orders.

Complex medical procedures include (but are not limited to):
(scholar specific)

- a. Carbohydrate Counting
- b. Glucose Monitoring
- c. Catheterization
- d. Gastrostomy Tube Feeding (J-Tube, Peg)
- e. Oxygen Therapy

COMMUNICABLE DISEASE

There is an increased risk of infection transmission between persons in a school due to close contact in group settings and activities where equipment and supplies are shared. This causes an added risk of absenteeism due to respiratory, gastrointestinal or other communicable illnesses. St. Johns Classical Academy collaborate with the local health department to help with outbreak investigation which in turn provides education about prevention and control of communicable diseases in schools. See Reportable Disease Chart.

A Note About How to Stay Healthy

Practicing good personal hygiene prevents many communicable diseases. Reminding scholars of certain essential practices such as hand washing before meals and after using the restrooms is essential. School nurses are available to provide hand-washing classes to scholars if time permits.

Most Communicable Diseases Can Be Prevented by Following the Steps Listed Below:

- a. **Hand washing:** Wash hands with soap and warm water frequently, especially after using the restroom. Give scholars enough time to properly wash their hands. (single most important factor)
- b. **Stay home when ill:** Strongly suggest that ill scholars and staff stay home when ill. Avoid close contact with others during the infectious period.
- c. **Education:** Be informed about signs, symptoms and prevention of diseases. Share information with scholars and parent/guardians.
- d. **Disinfect surfaces:** Clean and disinfect surfaces or objects, focusing especially on frequently touched surfaces.
- e. **Vaccinate:** Check immunization status of scholars frequently.
- f. **Seek care:** Referrals to health care provider for those ill with symptoms to get diagnosed and treated.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Ascaris (Roundworm)</u> reach maturity about 2 months after ingestion	Live worms seen in stool or vomitus. Abdominal discomfort. Malnutrition.	By transmission of eggs to the mouth from the soil, items and excrement.	Until medically treated.	Warm, wet climate. No special season.	No	Hygiene, hand washing, home cleanliness & sanitation.
<u>Chickenpox</u> (Varicella) SHINGLES (same)	Scattered rash, red with small central blisters. Crusts form later. May have fever and fatigue.	Coughing, sneezing, direct contact. Highly contagious.	10-21 days	Variable	Yes, until all vesicles are dried/ crusted, approx. 6 days after first vesicles & no new vesicles for 24 hours	Immunization. Exclude infectious children.
<u>Common Cold</u> Colds are caused by viruses; antibiotics are not indicated	Runny nose, watery eyes, fatigue, coughing, and sneezing	Cough/sneeze, or Direct contact of a contaminated object then touching mouth, nose, or eyes	Range 1-5 days Commonly 2 days Variable	Variable. Greatest in the Fall and Winter.	No, unless fever. Exclude until NO fever for 24 hours without the use of fever reducing medications.	Teach effective hand washing and good respiratory hygiene and cough etiquette.
<u>Conjunctivitis ("Pink Eye")</u> Allergic Usually of both eyes	Itching, redness, excessive tearing.	Contact with agent that causes allergic reaction	No contagious period	Throughout the year.	No	Avoid allergen. Consult physician for diagnosis and treatment if needed.
<u>Conjunctivitis ("Pink Eye")</u> <u>Bacterial</u> One or both eyes	Red or pink, itching painful eyes. Green/yellow discharge. Crusted shut in am.	Contact with discharge from eye or upper respiratory track of infected person	Range 1-3 days. As long as the infection is active.	Throughout the year.	Yes, for student in acute stage until treated 24 hours later	Observation of school contacts for 2-3 days. Personal hygiene.
<u>Conjunctivitis ("Pink Eye")</u> <u>Chemical</u> Usually of both eyes	Red, watery eyes	Usually after contact with irritant	No contagious period	Throughout the year.	No	Avoid chemical. *Chlorinated water *Perfumes *Cleaners
<u>Conjunctivitis ("Pink Eye")</u> <u>Viral</u> May affect only one eye	Pink, swollen, watery eyes, sensitive to light	Contact with discharge from eye or upper respiratory track of infected	Up to 14 days after appearance of signs/symptoms	Throughout the year.	Yes, for student in acute stage until treated 24 hours later	Observation of school contacts for 2-3 days. Personal hygiene.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Covid-19</u> <u>(Coronavirus)</u>	Fever, sore throat, cough, shortness of breath, headache, muscle aches, nasal congestion, nausea/vomiting new loss of taste or smell	Respiratory droplets, coughing, sneezing, direct contact. Highly contagious.	Symptoms may appear 2-14 days after exposure to virus.	Throughout the year.	Yes, until fever-free for 24 hours without use of fever reducing medication, and symptoms are improving.	Immunization Teach effective hand washing and good respiratory hygiene and cough etiquette.
<u>Cutaneous Larvae Migrans</u> "The Creeping Eruption"	Tunnel-like lesions of dog/cat hookworm under the skin	Not to others	No contagious period. Disease is self-limiting (approx. 5-6 weeks)	Summer	No	Control itch to prevent infection from scratching
<u>Fifth Disease</u> Human Parvovirus, B19 Disease, Erythema Infectiosum	Redness of the cheeks (slapped cheek appearance) and body. Rash, muscle aches, stuffy nose.	Resp. droplets in air, or by blood contact	4 – 14 days *If exposed, Pregnant women should contact MD	Winter and spring	Yes, until rash appears.	Teach effective hand washing and good respiratory hygiene and cough etiquette.
<u>Gastroenteritis</u> Stomach/Intestinal Flu *Suspect food poisoning contact Health Department & SBAC Food Service Director if cafeteria consumed food.	Nausea, vomiting, abdominal pain/cramping, diarrhea, fever, pallor, loss appetite	Oral/Fecal contamination from infected person	Variable. Average 4-6 days.	Throughout the year. Common in the Fall or Winter.	Yes, until on full diet and formed stools. NO fever for 24 hours without the use of fever reducing medications.	Teach effective hand washing.
<u>German Measles</u> Rubella	Mild cold symptoms. Fine rash/fever. Glands behind ears enlarged.	Contact with/ discharge from upper respiratory track of infected	One week before onset of rash, and about one week after rash disappears	Winter and Spring	Yes, until 7 days after onset of rash. Must be confirmed by physician.	Immunization. Observe classmates for 21 days.
<u>Hand, Foot, and Mouth Disease</u>	Fever, sores in mouth, on hands and feet. Rash with blisters, sore throat, malaise	Airborne and drainage from sores	First 7-10 days of symptoms	Summer and Autumn	Until exposed sores are healed over. No fever or malaise	Teach hand washing and respiratory hygiene and cough etiquette.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Hepatitis A</u> Short-term liver infection	Headache, fever, loss appetite, nausea, vomiting. Dark urine. Jaundice.	Direct contact with infected person or contaminated food.	2 weeks preceding jaundice and up to 7 weeks	Throughout the year.	Yes, for first 2 weeks of the illness or 1 week after onset of jaundice. Must be confirmed by physician.	Immunization Teach effective hand washing and good hygiene
<u>Hepatitis B</u> Short-term or chronic liver infection *May have no symptoms in children	Fever, malaise, nausea, vomiting, jaundice	Direct contact with blood or body fluids	Range 2 weeks – 9 months. Common is 2-3 months.	Throughout the year.	Yes, acute symptoms <u>only</u> . Must be confirmed by physician.	Immunization Teach effective hand washing and good hygiene
<u>Hepatitis C</u> *May have no symptoms to Fever, malaise, loss appetite	Nausea, vomiting, cramps, dark urine, clay color stool, joint pain, jaundice	Parenteral (IV) contact with infected blood, sharing of personal items.	2-12 weeks	Throughout the year.	Yes, acute symptoms <u>only</u> . Must be confirmed by physician.	No vaccine
<u>Impetigo</u> (Streptococcal infection on skin). *Exclude if on scalp	Reddened spot with blister which drains honey-colored serum/scabs.	Respiratory droplets, contact infected person or with objects	1-10 days and as long as lesions continue to drain.	Spring and Summer.	Yes, until after 24hrs on antibiotics lesions must be covered until dry.	Early treatment. Stress good personal hygiene
<u>Influenza “FLU”</u> Type A and Type B	Headache, fever, sore throat, runny and stuffy nose, cough, feeling bad.	Airborne, discharge from mouth or nose, contaminated articles. Direct contact.	1-4 days	Greatest in the Fall and winter.	Yes, until fever-free for 24 hours without use of fever reducing medication, and symptoms are improving.	Immunization Teach effective hand washing and good hygiene

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Measles</u> (Rubeola)	Fever, runny nose, inflamed eyes, cough. Flat/raised rash on face spreading to rest of body.	Respiratory, airborne, direct contact from nose and throat secretions.	7-21 days Very contagious.	Winter and early spring.	Yes, until 4 – 5 days after rash appears. Must be confirmed by physician and Health Dept.	Immunization Contact ACHD Observe classmates for 21 days.
<u>Meningitis - Bacterial</u>	Stiff neck, fever, malaise, fever, headache, photophobia, and/or vomiting	Contact with respiratory droplets	Variable Commonly 2-10 days	Throughout the year	Yes, until 24 hours on antibiotics, symptom free	Immunization Teach effective hand washing and good respiratory hygiene and cough etiquette.
<u>Meningitis - Viral</u>	Sudden onset of fever and headache - May have stiff neck, photophobia, and/or vomiting	Contact with respiratory droplets or human feces.	3-6 days	Throughout the year	Yes, until symptom free and on physician recommendation	Teach effective hand washing and good respiratory hygiene and cough etiquette.
<u>Meningococcal Disease</u>	High fever, headache, may have a rash	Contact with respiratory droplets			Yes, until 24 hours of antibiotic treatment	
<u>Molluscum Contagiosum</u>	Small raised round flesh-colored lesions, found mostly in joints (elbows, behind knees, etc.)	Contact with lesions or contaminated surfaces	2-7 weeks	Throughout the year	No	Teach effective hand washing, avoid sharing towels
<u>Mononucleosis</u> Epstein-Barr virus	Fever, sore throat, swelling lymph glands, malaise, fatigue.	Contact with respiratory droplets or contaminated surfaces	4-6 weeks	Throughout the year	No, if no fever, if feeling well enough to attend.	Not kissing or sharing drinks, food, or personal items, like toothbrushes, with people who have infection
<u>MRSA</u> *Methicillin-Resistant staphylococcus aureus	Raised pustule, lesion, may resemble bug bite	Through open wounds with drainage direct contact	While draining fluid	Throughout the year	Yes, until treated by doctor. Must be covered & taped all 4 sides	Hand washing, clean clothes.

What is MRSA?

- Strains of staph bacteria that have developed a resistance to the most common antibiotics used for treatment (the methicillin family).
- It is a rapidly-progressing bacteria that attacks the soft tissue area of the skin and can become systemic by entering the bloodstream which endangers joints and vital organs.

What does MRSA look like?

- The most common misdiagnoses of MRSA are spider bites. Spider bites are very rare; they should be treated as suspected MRSA infections.

How do you contract MRSA?

- HA-MRSA (Hospital Acquired) is usually colonized in the nares (nose) and the colonized individual may not show any symptoms of the infection.
- MRSA can be transferred from the nose to other surfaces and individual via the hands.
- CA-MRSA (Community Acquired) does not always colonize in the nares. It is spread via contact with skin that has the infection or surfaces that have come in contact with infected skin. MRSA can live for months on surfaces and fabrics.

How do you help prevent a MRSA infection?

- If MRSA is suspected, a medical professional should be notified immediately.
- To avoid contamination, wash skin areas that are at risk frequently with an antimicrobial soap. When a sink is not available or convenient, use an alcohol rub or wipe.

How do you treat MRSA?

- Consult a physician or medical professional if MRSA is suspected.
- Use a topical antimicrobial that is proven to kill MRSA.
- Keep all suspected MRSA infections covered with a clean, dry bandage.
- Clean all clothes, linens and towels in HOT water and dry completely.
- Clean all potentially contaminated surfaces with a cleaner proven to kill MRSA.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Mumps</u>	Fever. Swelling of salivary glands	Contact with respiratory droplets or contaminated surfaces.	12-25 days	Winter and Spring.	Yes, for 5 days after swelling appears	Immunization Contact Health Department. Must be confirmed by a physician.
<u>Norovirus/Rotavirus</u> (viral stomach infection)	Stomach pain, nausea, diarrhea and/or vomiting, fever, headache and body aches	Contact from an infected person, contaminated food or water, contaminated surfaces	1-5 days The virus can stay in stool for 2 weeks or more	Throughout the year.	Yes, until 48 hours without vomiting or diarrhea.	Wash hands frequently. Good personal hygiene. Prevent exposure when ill.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Pertussis (whooping cough)</u>	Runny nose/ congestion. Sneezing, red, watery eyes. Fever. Dry cough, (whoop sound)	Droplets in the air from infected person coughing or sneezing.	5-21 days	Throughout the year.	Yes, until antibiotic finished	Immunizations. Teach hand washing and respiratory hygiene and cough etiquette.
<u>Pinworms</u>	Perianal itching	Touching feces or objects contaminated with feces, then touching mouth	Range 2 weeks- >2 months Commonly 4-6 weeks	Throughout the year.	No	Medical Evaluation needed. Teach effective hand washing
<u>Scabies</u>	Intense itching, Red, raised eruptions between fingers, toes, under arms, at beltline.	Direct contact, shared clothing or linens	4-6 weeks after exposure, 1-4 days after re-exposure.	Throughout the year.	Yes, until treatment completed.	Personal hygiene. All household members should be treated.
<u>Strep Throat</u> Streptococcal Pharyngitis, including SCARLET FEVER	Sore throat, possibly fever, swollen lymph nodes. Scarlet fever is strep throat with a rash	Contact with respiratory droplets or contaminated surfaces.	1-5 days	More common in cold months.	Until 24 hours after starting antibiotic.	Personal hygiene. All household members should be treated.
<u>Ringworm - Head</u> Tinea Capitis	Scaly, round, red patches on scalp (Hair becomes brittle and breaks off easily).	Direct or indirect contact with skin lesions, contaminated materials and surfaces	As long as the fungus stays present in the skin lesion	Throughout the year.	Yes, until treatment by physician	Good personal hygiene, frequent observation of children with sores.
<u>Ringworm - Body</u> Tinea Corporis	Round, red, scaly patches with raised edges on skin.	Direct or indirect contact with skin lesions, contaminated materials and surfaces	As long as the fungus stays present in the skin lesion	Throughout the year.	No, cover with bandage, call Parent/Guardian and refer to medical provider	Good personal hygiene, frequent observation of children with sores.
<u>Tinea Pedis - Athlete's Foot</u>	Scaling or cracking of skin between toes, blisters May appear on other parts of body, especially groin and hands.	Direct or indirect contact with skin lesions, contaminated materials and surfaces.	As long as the fungus stays present in the skin lesion	Throughout the year.	No	Keep feet dry and cool. Dry between toes after bathing. Exclude active cases from school showers.

Communicable Disease Chart

Disease and Incubation Period	Common Early Signs and Symptoms	How Spread	Period of Communicability	Seasons of Prevalence	Exclusion of students from school	Control
<u>Tuberculosis</u> Pulmonary	Gradual onset of fatigue, anorexia, fever, failure to gain weight, and cough	Breathing in respiratory droplets containing the pathogen after an infected person exhales, sneezes, or coughs	Variable	Throughout the year.	Yes, until antibiotic treatment has begun AND a physician's certificate or with county health dept permission	Teach good respiratory hygiene and cough etiquette.
<u>Zika</u> A blood or urine test can confirm Zika infection diagnosis from a medical provider.	No symptoms or will only have mild symptoms. Fever, rash, joint pain, conjunctivitis, muscle pain, headache	Bite of an infected mosquito, can be passed from a pregnant woman to her fetus, and through unprotected sex	Variable. See your doctor or other healthcare provider if you have the symptoms described and/or have traveled an area with known Zika	Throughout the year.	No. Symptoms last for several days to a week. Students with fevers should stay home till fever free for 24 hours without medication use.	Prevent mosquito bites: Use bug spray, empty standing water. Plan for travel. Protect yourself during sex.

REPORTABLE DISEASES/CONDITIONS IN FLORIDA

Reportable Diseases/Conditions in Florida

Practitioner List (Laboratory Requirements Differ)

Per Rule 64D-3.029, Florida Administrative Code, promulgated August 18, 2021



Florida Department of Health

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

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

! Outbreaks of any disease, any case, cluster of cases, or exposure to an infectious or non-infectious disease, condition, or agent found in the general community or any defined setting (e.g., hospital, school, other institution) not listed that is of urgent public health significance + Acquired immune deficiency syndrome (AIDS) * Amebic encephalitis ! Anthrax * Arsenic poisoning ! Arboviral diseases not otherwise listed * Babesiosis ! Botulism, foodborne, wound, and unspecified * Botulism, infant ! Brucellosis * California serogroup virus disease * Campylobacteriosis + Cancer, excluding non-melanoma skin cancer and including benign and borderline intracranial and CNS tumors * Carbon monoxide poisoning * Coronavirus disease (COVID-19) * Chancroid * Chikungunya fever * Chikungunya fever, locally acquired * Chlamydia ! Cholera (<i>Vibrio cholerae</i> type O1) * Ciguatera fish poisoning + Congenital anomalies * Conjunctivitis in neonates <14 days old * Creutzfeldt-Jakob disease (CJD) * Cryptosporidiosis * Cyclosporiasis ! Dengue fever ! Diphtheria * Eastern equine encephalitis * Ehrlichiosis/anaplasmosis * <i>Escherichia coli</i> infection, Shiga toxin-producing * Giardiasis, acute ! Glanders * Gonorrhea	* Granuloma inguinale ! <i>Haemophilus influenzae</i> invasive disease in children <5 years old * Hansen's disease (leprosy) * Hantavirus infection * Hemolytic uremic syndrome (HUS) * Hepatitis A * Hepatitis B, C, D, E, and G * Hepatitis B surface antigen in pregnant women and children <2 years old * Herpes B virus, possible exposure * Herpes simplex virus (HSV) in infants <60 days old with disseminated infection and liver involvement; encephalitis; and infections limited to skin, eyes, and mouth; anogenital HSV in children <12 years old + Human immunodeficiency virus (HIV) infection * HIV-exposed infants <18 months old born to an HIV-infected woman * Human papillomavirus (HPV)-associated laryngeal papillomas or recurrent respiratory papillomatosis in children <6 years old; anogenital papillomas in children ≤12 years old ! Influenza A, novel or pandemic strains * Influenza-associated pediatric mortality in children <18 years old * Lead poisoning (blood lead level ≥5 µg/dL) * Legionellosis * Leptospirosis * Listeriosis * Lyme disease * Lymphogranuloma venereum (LGV) * Malaria ! Measles (rubeola) ! Melioidosis * Meningitis, bacterial or mycotic ! Meningococcal disease * Mercury poisoning * Mumps + Neonatal abstinence syndrome (NAS) * Neurotoxic shellfish poisoning * Paratyphoid fever (<i>Salmonella</i> serotypes Paratyphi A, Paratyphi B, and Paratyphi C) * Pertussis	* Pesticide-related illness and injury, acute ! Plague ! Poliomyelitis * Psittacosis (ornithosis) * Q Fever * Rabies, animal or human ! Rabies, possible exposure ! Ricin toxin poisoning * Rocky Mountain spotted fever and other spotted fever rickettsioses ! Rubella * St. Louis encephalitis * Salmonellosis * Saxitoxin poisoning (paralytic shellfish poisoning) ! Severe acute respiratory disease syndrome associated with coronavirus infection * Shigellosis ! Smallpox * Staphylococcal enterotoxin B poisoning * Staphylococcus aureus infection, intermediate or full resistance to vancomycin (VISA, VRSA) * Streptococcus pneumoniae invasive disease in children <6 years old * Syphilis * Syphilis in pregnant women and neonates * Tetanus * Trichinellosis (trichinosis) * Tuberculosis (TB) ! Tularemia * Typhoid fever (<i>Salmonella</i> serotype Typhi) ! Typhus fever, epidemic ! Vaccinia disease * Varicella (chickenpox) ! Venezuelan equine encephalitis * Vibriosis (infections of <i>Vibrio</i> species and closely related organisms, excluding <i>Vibrio cholerae</i> type O1) ! Viral hemorrhagic fevers * West Nile virus disease ! Yellow fever ! Zika fever
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DENTAL: MOUTH / TEETH / JAW INJURY

Mouth Sores

Sores that may develop on the soft tissue of the mouth, including the lips, cheek, gum, tongue and the floor and roof of the mouth.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Assess and describe sores.
2. Have scholar describe duration, pain level, and any other symptoms (flu-like symptoms, cold recently etc.).
3. Rinse mouth with cool water.
4. Education on infection control.
5. Notify parent/guardian and suggest physician evaluation if:
 - Sores are larger than half inch in diameter
 - White patches are present
 - Frequent outbreaks of mouth sores, sores that do not go away or get worse
 - After starting new medication
 - Recent transplant surgery

Notify parent/guardian for scholar pick up if:

- Rash, joint pain, fever or diarrhea
- Unable to participate in school
- Exclude if inability to swallow or excessive drooling with breathing difficult

Broken, Loose, or Knocked Out Teeth

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Locate tooth/teeth if missing from mouth.
2. DO NOT touch the root portion of the tooth.
3. If permanent tooth cannot be replaced in the socket, keep the tooth in a glass of cold milk, or saline. DO NOT STORE TOOTH IN WATER; water storage damages the root surface cells.
4. Apply cold pack/compress to face to minimize swelling.
5. Notify parent/guardian immediately.
6. For a permanent tooth that has been completely knocked out or severely loosened, instruct the parent/guardian to contact a dentist immediately. Primary teeth will not be replanted because they can damage permanent tooth, but dental advice should be encouraged.
7. If Parent/Guardian cannot be reached and this is a permanent tooth, 911 may be called.
8. DO NOT attempt to clean tooth as this may interfere with the re-implantation process.
9. Injury report is to be completed as applicable.
10. In addition to the same process above (for lost teeth); large fragments of chipped/broken teeth are to be save the same and then cover the sharp edge of the tooth with gauze to prevent laceration of the tongue or cheek.

Toothache

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Try to determine the cause.
2. If food is wedged in a noticeable cavity at the area of pain, dental floss may be used GENTLY to attempt to remove it.
3. Rinse mouth with warm salt water.
4. For frequent use of oral analgesic, or a visible dental concern, advise parent/guardian to seek dental attention. Offer referrals to area services available if indicated.

Jaw Injury

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Apply cold compress to area.
2. If injury is severe, observe scholar for shock or breathing difficulty. Call 9-1-1 if needed.
3. If suspected fracture, immobilize the jaw by wrapping a bandage under the chin and tying it securely over the head.

Lip Injury

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Apply pressure to stop bleeding.
2. Apply cold compress to area.
3. Notify parent/guardian for severe uncontrolled bleeding or laceration requiring sutures.
4. Call 9-1-1 as needed.

DIABETES MANAGEMENT

Diabetes mellitus is a metabolic disorder characterized by hyperglycemia (high blood sugar). In childhood, the treatment for diabetes is a combination of insulin therapy, exercise, and regulation of diet. Capable scholars are permitted to self-manage their diabetes on school campus and field trips. The most urgent situation for which the school must be prepared is hypoglycemia (low blood glucose). It is the goal of the St. Johns Classical Academy Health Services Department to identify every child with diabetes in order to administer appropriate health services and maintain school attendance and education.

Federal law Statute 6.0253(2) and 6A-6.0253(2) gives scholars the right to receive the diabetes care they need to be safe and participate in school activities just like any other child. Trained unlicensed school staff can provide all aspects of diabetes care, and a nurse or unlicensed staff person must be available at all time to provide that care. Florida Department of Education Rule 6A-6.0253(2) this includes provision of emergency diabetes care Florida Statute 1002.20(j). Schools should provide the following:

- Trained staff to provide diabetes care during field trips, extracurricular events and all school- sponsored activities.
- Provide for back-up plan and staff to maintain interventions in event of nurse's absence. Only licensed nurse, scholar (proven capable), parent/guardian, parent/guardian appointee, or trained designee appointed by the school administrator may administer insulin.
- If school nurse is absent, school health tech may assist scholar in carbohydrate count and insulin administration if school nurse or parent/guardian has trained them.
- Routine and as needed blood glucose testing may be provided in the school clinic. Provisions for independent, in class, monitoring may apply to some scholar situations.
- It is safe to feed a scholar with Type 1 Diabetes who is feeling bad; follow scholar EAP/MMP.
- The scholar will be encouraged to wear a Medic-Alert. The nurse will be responsible to ensure that the scholar is flagged in Synergy for diabetes.
- Scholars with diabetes can eat a normal school lunch. Some restrictions may apply for specific scholars and this will be written on their Diabetes Medical Management Plan (DMMP). Nurses will contact teachers and food services to alert them about diet

restrictions. Parties and after school programs may require different snacks be provided if glucose levels are below or above targets set forth in the DMMP. Care should be taken to ensure that scholars receive equal treatment during these situations.

- St. Johns Classical Academy Health Services Department does not monitor individual scholar's glucose levels via scholar's personal continuous glucose monitors (CGMs). The Clinic does not connect any school and/or personal devices to scholars' CGM's. Scholars are encouraged to come to clinic for one-on-one counseling/coordination/guidance of services. Parents can call clinic if they receive notices from phones concerning scholars' readings.
- Scholar is to report to clinic (accompanied by another) and / or nurse is to report to scholar if CGM alarms sound and scholar is exhibiting signs of low blood sugar.

Nurses should be aware that symptoms of new onset Type I diabetes usually develop over a short period. They include increases in thirst and urination, constant hunger, weight loss, blurred vision, and tiredness. Nurses should call parent/guardian and refer for medical evaluation for scholars presenting with the above-unexplained symptoms.

Parent/Guardian Must Comply with the Following:

1. Complete PAAM/MAR forms, including self-carry authorization forms when indicated.
2. Supply Physician's Orders. These are usually in the form of a **Diabetes Medical Management Plan (MMP)**.
3. Ensures adequate supply of medication(s) and treatment supplies are present in health services clinic and are up to date and in proper working condition.
4. For self-carry scholars who are independent, a physician's order (DMMP) is required to have filed in the clinic for emergencies.

Insulin kept at room temperature will last approximately 1 month. However, many insulins differ. Therefore, the use of a stability chart for individual insulins is recommended. Clear Insulin that has discoloration or Insulin that has crystallization/frosting will not be used. Parent/Guardian can return unopened to pharmacy for possible exchange or refund.

Insulin Protocol (See pg 107)

1. Medication protocols and DMMP will be followed on all medication(s).
2. Check stability chart for insulin in pen/vials (Look on internet for current stability chart).
 - Stability unopened and stored in refrigerator.
 - Opened at room or refrigerator temperature (days)
 - Unopened at room temperature (days)
3. Parent/Guardian must bring dated (date of opening) insulin pen/vial.
4. If insulin pen/vial is unopened, school nurse will date upon opening.
5. It is the parent/guardian responsibility to furnish the school with medications prior to expiration dates.
6. Nurse will attempt a courtesy call to parent/guardian for replacement before expiration.

Safe Delegation Diabetes

Diabetes Medical Management Plan contains specific written instructions for dosing of Insulin and any other prescribed diabetes medication instructions from the healthcare provider. The school nurse will arrange training for Unlicensed Assistive Personnel (UAP) and be available for, at a minimum, indirect supervision (as defined in Rule 64B9-14.001, F.A.C.), ongoing supervision, monitoring, and consultation.

1. The delegated UAP has demonstrated competence in recognizing the signs and symptoms of hypo- and hyperglycemia and in responding with the scholar specific interventions.

2. If a scholar raises concerns or requires assistance with the calculated insulin dose, the UAP or licensed personnel will verify the dose with the school nurse, the DMMP, or the healthcare provider before it is given. When only one trained staff member is on site, the scholar's medication dosage could be remotely verified by communicating with the parent/guardian, the school nurse, and/or the healthcare provider.
3. Situations may occur in which existing school health staff are unavailable or have conflicting responsibilities that would interfere with their ability to devote appropriate time and attention to the scholar with diabetes. In those situations, some alternative solutions to consider are:
 - Train administrative personnel to act as backup for delegated UAP.
 - Temporarily change-staffing patterns in the school until the scholar and/or UAP demonstrate competence.
 - The parent/guardian has the right to request temporary or permanent reassignment of the scholar to a school where a diabetes-trained nurse or UAP is in place.
 - Explore any other locally designed solution that protects the health and safety of the scholar and promotes the scholar's ability to attend school in the least restrictive environment.
 - Parent/Guardian may come to school and assist when a nurse or UAP is not available.

Hypoglycemia

Hypoglycemia is most likely to occur in a person taking insulin after physical education, before a meal, or approximately 1 to 1.5 hours after receiving a dose of rapid acting insulin. Symptoms can vary with each scholar as well as each hypoglycemic event. Some scholars will not have an awareness of low blood glucose symptoms.

Early Signs of Hypoglycemia: hunger, paleness, sweating, "jitters" or feeling shaky, headache, weak, cold, clammy, fatigue, or mood changes (*crabbiness), spacey and quiet, anxiety, dizziness, drowsiness, inability to concentrate. **CHECK BLOOD GLUCOSE UNLESS CHILD IS UNRESPONSIVE.....then, assume/treat as hypoglycemia.**

Moderate symptoms include: Headache, behavior change, poor coordination, blurry vision, weakness, slurred speech, confusion.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

FOR ALERT STUDENT: Refer to scholar's individualized **DMMP**

1. Test glucose. If below target in DMMP, give the scholar concentrated sugar immediately in one of the possible ways listed below:
 - 15 grams of fast-acting glucose like glucose tabs (3-4 chewable glucose tablets or 1 dose of glucose gel 15g dose)
 - Fruit juice (4 ounces)
 - Regular soda (4 ounces)
 - Sugar dissolved in a small amount of water (3 packets or 1 tablespoon)
 - 1 tablespoon of honey, or cake icing

Giving concentrated sugar should relieve the signs and symptoms within 10 to 15 minutes.

2. Wait 10-15 minutes and re-test blood glucose.
3. On target or blood glucose over 80? Stop treating and see #4.
4. Below target? Blood glucose under 70? Repeat step 1 and 2.

5. On target, blood glucose over 70? Stop treating. Ask scholar if meal/snack was missed. If blood glucose is improved, but next regular meal is more than one hour away, follow treatment with an extra snack per medical provider's orders (usually a carbohydrate and protein). Often the scholar will carry a snack and should be allowed to eat it. Obtain a snack if scholar does not have one. Scholar can return to class. Follow Scholar's DMMP!

Advanced Hypoglycemia:

Signs of Advanced Hypoglycemia: These may occur without warning. They include disorientation, dizziness, uncooperativeness (even combativeness), inability to swallow, seizures, and loss of consciousness. If a scholar is disoriented, dizzy or combative immediately give scholar:

- icing, honey, or gel squeezing slowly inside the cheek below the gum line of the mouth and massage over the outer cheek.

BE ALERT FOR THE POSSIBILITY OF CHOKING.

If unconscious, or seizing presume the scholar is having "low blood glucose" and

- ***CALL 911 immediately.***
- Turn scholar on their side
- Give Glucagon (as prescribed) per **DMMP**. Or
- Glucose gel tube can be administered inside cheek and massaged from outside while waiting or during administration of glucagon. Glucagon could be used if scholar has documented low blood sugar and is vomiting or unable to swallow. Glucagon is a fast-acting drug and the scholar will usually improve within 10-15 minutes.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. If breathing and pulse are present, assume the person with diabetes is having **severe hypoglycemia**. DO NOT give any food or liquid to a person who cannot swallow or is unconscious/unresponsive. CALL 9-1-1.
2. Obtain and administer glucagon. Turn scholar to their side to prevent aspiration and choking. Scholar should remain in this recovery position until fully awake. *After administering glucagon be alert as scholar may vomit.
3. When the scholar regains consciousness, feed them a high sugar liquid (sugar dissolve in water, honey and water, 4-6 ounces fruit juice, 6 ounces regular soda). Have scholar take small sips, as they may be nauseated and vomit.
4. Once a scholar can safely swallow, clear liquids without vomiting provide a longer-acting source of sugar (carbohydrate with protein).
5. Monitor scholar for absent pulse/respiration or seizure activity until rescue personnel arrives. Observe closely for another episode of hypoglycemia.
6. Initiate CPR if necessary.

Glucagon Instructions:

1. Glucagon comes in injectable or inhaled form.
2. Do not take the time to check the scholar's blood sugar if they require emergency glucagon.
3. Injectable glucagon will work whether injected into the muscle or subcutaneous fat.
4. Check expiration date on glucagon and follow instructions for preparation and administration.
5. See Glucagon Procedures for specific instructions.

Hyperglycemia

Diabetic Ketoacidosis is a life-threatening condition that affects people with diabetes. It occurs when the body cannot use sugar (glucose) as a fuel source because there is no insulin or not

enough insulin. Fat is used for fuel instead. When fat breaks down, waste products called ketones build up in the body and are flushed out in urine. ***Urine testing for ketones*** is asked for in ***hyperglycemia emergencies*** and may be taught to non-licensed personnel if needed. When these symptoms are present, it is an emergency, as a child will need insulin to transport glucose into the cells.

Common symptoms can include:

- Decreased alertness
- Deep, rapid breathing
- Dry skin and mouth
- Flushed face
- Frequent urination or thirst that lasts for a day or more
- Fruity-smelling breath
- Headache
- Muscle stiffness or ache
- Stomach pain, nausea and vomiting

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Check if scholar has taken their daily dose of insulin. If not, administer the sliding scale insulin if available. Follow scholar's Diabetic **MMP**.
2. Check urine for ketones if indicated.
3. Encourage water and moderate exercise. **ONLY** if ketones are negative.

DIARRHEA

Diarrhea is described as 2 or more stools within a 4-hour period that are either loose, runny, watery, and/or bloody, or if stool cannot be contained in the diaper/undergarment. The most common causes of diarrhea are viruses, bacteria, parasites, and medication. Transmission to others can be prevented by thorough hand washing, especially before eating, after using the bathroom, and changing diapers.

Intervention:

- Take the scholar's temperature.
- Call parent/guardian.
- Disinfect all contaminated surfaces and instruct scholar to wash hands.
- Further persistent diarrhea, especially if accompanied by a fever (temperature of 100.4°F or greater) or bloody stools, should be evaluated by a medical provider for possible infectious diarrhea (i.e. shigella, giardiasis, and salmonella).
- **The scholar needs to stay home from school until the diarrhea has stopped, without the aid of anti-diarrheal medication, for a minimum of 24 hours before returning to school.**

EARACHE / EAR PAIN

Ear pain that affects one or both ears.

Signs and Symptoms: ear pain, pulling or tugging on the ear, headache, irritability, sense of fullness in the ear, muffled hearing or difficulty responding to sounds, fever, difficulty sleeping or loss of balance

Intervention: The following are interventions if warranted that the school health staff may use

after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Take temperature (send home if 100.4 or >) and history of pain.
2. Determine onset of symptoms, length of time of symptoms, and any association of activity with symptoms.
3. Assess ear canal with otoscope (RN only); if desired.
4. If scholar looks or acts very ill, is unable to participate in school, or discomfort persists, notify parent/guardian and send scholar home.

Object in Ear

Do not attempt to remove object. Contact parent/guardian to seek medical attention.

EYE CONCERNS / INJURY

For care always tip the head so the affected eye is below the unaffected eye. Have scholar remove contacts before giving first aid unless chemicals have splashed in the eyes. Flush first without removing the contact lenses. With any eye injury **DO NOT allow scholar to rub eye**. DO NOT stick any solid object (tweezers, finger, etc.) in eye to remove a foreign body, always check the visual acuity. As always, If severe call 9-1-1.

*Eye Infection: (See Conjunctivitis)

Chemical in Eye

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 911, treat for shock as needed. Any chemical burn to the eye requires immediate evaluation and management.
2. Continuously, rinse eye with cool water/shower, or use provided eyewash bottle, following directions. Otherwise, continuously rinse eye until EMS arrives.
3. **Call Poison Control** at 1.800.222.1222.
4. Remove contact lenses (if any) **only if told so by Poison Control**.
5. Ask scholar/staff what chemical was splashed into eye.
6. Follow MSDS interventions if available and known chemicals.

Laceration to Eyelid

Intervention: The following are interventions if warranted following the school health staff's evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Do not wash or rub eye.
2. Cover the affected eyelid with gauze. Apply cold compress over gauze if tolerated.
3. Keep scholar sitting up.
4. 911 may be called if needed

Puncture / Penetrating Object of Eye or Eyelid

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 9-1-1.
2. Loosely bandage eye. Use a paper cup over injured eye if an object is protruding.
3. Do NOT apply pressure.
4. Do NOT remove object stuck in the eye.

Scratch on Eye

A scratch on the eye may cause a corneal abrasion. Notify parent/guardian and suggest a physician evaluation.

Signs and Symptoms: Pain, gritty feeling in the eye, tearing, redness, sensitivity to light, headache.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Rinse eye with saline or clean water.
2. Encourage scholar to blink and cry.
3. Try to keep scholar from rubbing the eye/s.
4. Keep eye closed. Nurse may cover eye with loose gauze if it hurts scholar to blink.

“Foreign Object” in Eye

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Encourage scholar to blink and cry.
2. Try to keep scholar from rubbing the eye/s.
3. Gently pull lashes so that upper lid comes down and away from the eyeball. Have scholar look down. Release lid after 3-5 seconds.
4. Gently pull lower lid down away from eyeball. If object is seen and does NOT appear embedded, gently rinse with tap water or eyewash.
5. If object cannot be removed after one or two attempts of the above method, notify parent/guardian and refer to healthcare provider.

Stye (bump on eyelid)

A stye appears as a red lump on the eyelid that is similar to a boil or a pimple with eyelid pain, tearing and possible crusting around the eyelids. Most styes are harmless do not affect the ability to see clearly.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Nurse may apply a warm paper towel to affected eye and encourage self-care measures at home, such as applying a warm washcloth to the closed eyelid for 10 to 15 minutes several times a day.
2. Instruct scholar not to rub or touch the eye/eyes.
3. Notify parent/guardian and refer to healthcare provider if no improvement in 2-3 days or if redness or swelling extends beyond eyelid into face.
4. Advise scholar: Do not “pop” area like a pimple.

Trauma to Eye / Hematoma

Ocular or orbital trauma to eye or area around the eye from an injury.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Check pupils for reaction to light, size, and equality.
2. Ask scholar if they lost consciousness and details.
3. Apply ice pack to bone surrounding eye.
4. Notify headmaster/administration, parent/guardian and 911 if there was or is loss of consciousness or vision loss.
5. Fill out Injury Report if happened on school grounds or at school sponsored event.

FAINTING

Syncope is a brief, partial or complete loss of consciousness. **Some causes of fainting:** excessive heat (exhaustion, dehydration, emotions, hypoglycemia, eating disorders, anemia, cardiac arrhythmias, vasovagal response (bearing down), menses, pregnancy, drug use, etc.

Signs and Symptoms: Pale skin, sweating, dizziness, numb or tingling hands and feet, nausea, visual disturbances.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Assist scholar to a lying position on their back. If the scholar is breathing, raise their legs about 8-12 inches above heart level to restore blood flow to the brain.
2. Check the scholar's airway for any obstruction. Check for vomiting – If scholar has vomited, turn them on their side to clear their airway.
3. Check for breathing, coughing or movement (signs of circulation).
4. Bathe face with cool wet paper towel/cloth. Try to loosen all belts, ties, collars and restrictive clothing.
5. Obtain vital signs.
6. When the scholar regains consciousness, do not let them get up too quickly. Attempt to determine the cause and treat accordingly, such as giving fluids for dehydration.
7. Administer first aid if scholar sustained an injury from fainting.

Call 9-1-1 if:

- Scholar is not breathing and has no pulse; Initiate CPR.
- Scholar was injured and is bleeding after falling; apply direct pressure to control the bleeding and do not move them due to possible head/neck injury.
- They remain unconscious for more than 2-3 minutes, put the scholar into the recovery position (if no neck injury) and get emergency medical help.
- The scholar is having trouble speaking, seeing, moving, having chest pain, rapid or irregular heart rate.

Scholar will need to see a doctor if:

- Before losing consciousness, there were chest pains, arrhythmia (irregular heartbeat) or a pounding heartbeat (palpitations).
- Fainting resulted in an injury.
- Fainting is preceded by fecal or urinary incontinence.

- There is a history of heart disease or diabetes (check for medical identification bracelets).
- They are pregnant.
- They experience recurring episodes of syncope.
- They were unconscious for more than 2-3 minutes.
- They have a pounding or irregular heartbeat.
- They have loss of speech, vision problems, or are unable to move one or more limbs.
- They have convulsions or a tongue injury.

FEVER

For a temperature of 100.4° F (38° C) or greater and/or if a scholar appears significantly ill, notify parent/guardian to pick scholar up and take home.

If temperature is ≥103° F, scholar is extremely ill and/or with Influenza like Illness (ILI)/Covid like illness such as cough, aches, sore throat or severe abdominal pain and parent is not available/unreachable/states will not come for over 1-1½ hour, or emergency contacts are unreachable; 911 may be called per school protocol.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Assess scholar and take temperature.
2. Notify parent/guardian for scholar pick-up. Stay in clinic no longer than 1-1 ½ hours.
3. Encourage fluids by mouth unless fever is accompanied by abdominal pain.
4. Keep scholar as comfortable as possible.
5. Administer over the counter medication, if available, and PAAM/MAR present.
6. Scholar with a fever is not to return to school until fever free for 24 hours without Tylenol, Ibuprofen or another fever reducing medication during that time.

The American Academy of Pediatrics has stated that there may be contradictions to the use of Aspirin for children, especially with flu-like illnesses or suspected chicken pox. Do not give aspirin or aspirin containing products without a written doctor's order.

FOREIGN OBJECTS IN EAR, NOSE, and THROAT

Foreign objects lodged in the ear or nose may cause pain, redness, drainage or infection. Objects in the mouth may be swallowed or breathed (aspirated) into the lungs. The treatment for foreign bodies in the ear or nose is prompt removal of the object by the scholar's healthcare provider. Nurse may NOT attempt removal of objects lodged in ear or nose. CPR will be performed if object blocks the airway.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Take careful history and type of pain (i.e., stabbing, sharp, dull, throbbing, pressure etc.).
2. Determine onset of symptoms, length of time of symptoms, and any association of activity with symptoms.
3. Take vital signs and make scholar comfortable.
4. Call 911 if scholar is seriously compromised, trouble breathing, blood coming from ear or high temperature and unable to reach parent/guardian.

GASTRIC UPSET

For chronic complaints of abdominal discomfort, confer with parent/guardian regarding appropriate intervention and referral.

Intervention: The following are interventions, if warranted, that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Potential causes of a stomachache and interventions:

- Hunger – Give snack and water and allow scholar to go back to class.
- Ulcer – Ulcers can be derived from allowing the stomach to sit empty too long or too often, from ongoing stress, bacterial infection, and certain medications.
- Constipation – Give the scholar water, allow them to attempt to use the restroom, if not successful and scholar is still unable to function in school call parent/guardian, otherwise allow the scholar to rest up to 20 minutes and then complete the day.
- Diarrhea – Check temperature, if feverish it may be due to a stomach virus or food poisoning. Encourage fluid intake to avoid dehydration and contact a parent/guardian. See Nausea/Vomiting/Diarrhea for further instructions.
- Emotional upset – Allow them time to calm down, talk with the scholar, the scholar may want to talk with the guidance counselor, if so, notify the counselor and set up a time. Allow the scholar to rest up to 20 minutes and then complete the school day.
- Stomach Virus – Check temperature, if fever is high, call parent/guardian for pick up.
- Abdominal Injury – See Abdominal Pain.
- Menstrual Discomfort/Pain – See Abdominal Pain. *NOTE – Do not apply heat to abdominal pain unless you are sure that it is menstrual cramps and scholar is not pregnant.

If no fever and not excessive, rehydrate, allow them to rest and then finish the school day.

HEADACHE / MIGRAINES

Headaches have a wide range of causes. Determine contributing factors: Lack of food or sleep, vision problems, cold/sinus problems, or injury to head. Headache may precede the onset of illness, stress, vision concerns, exposure to allergens/toxin, classroom avoidance or have unknown causes. Scholars may experience headache due to mild dehydration.

Some indications that a headache may be more serious: frequent recurrence, loss of consciousness, vomiting (especially in the absence of fever or when associated with a history of injury), bizarre or unusual behavior, neck stiffness, pain, fever. Neck stiffness associated with pain and difficulty in extending head up to ceiling, and down to chest, and fever, may suggest meningitis and requires immediate medical care. Chronic headaches may also occur with visual changes and eye strain. Nurse should check vision if headaches are chronic.

If the headache is sudden and severe, there is no known medical history of migraine, or if there are any symptoms such as altered mental status, slurred speech, blurred vision, sensitivity to light, vomiting or weakness on one side, condition may not be a simple headache. CALL 911. Call parent/guardian and notify principal.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Give no medication unless scholar has own supply, written PAAM, and MAR.

1. Obtain history: occurrence, frequency, duration, location, severity and description.
2. Check for fever (100.4 or >) (Headaches are commonly associated with fevers.)
3. Scholar may rest with a cool cloth or ice pack on forehead at nurse's discretion.
4. Determine possible contributing factors: lack of water, food or sleep, vision problems, cold/sinus problems or injury to head.
5. Give water.
6. Refer to physician if child has chronic headaches.

Migraines are a neurological condition causing blood flow changes in the brain resulting in a throbbing pain in the head. Triggers such as foods, environment and hormones can cause overreaction of the blood vessels in the brain. Migraine headaches are often accompanied by extreme sensitivity to light and sound causing nausea, vomiting, fatigue, dizziness, and vision problems.

HEAD INJURY / CONCUSSION

A head injury is any trauma to the scalp, skull or brain. The injury may be a superficial abrasion, bruise, minor bump (goose egg) or serious and life threatening. A head injury can be serious even if it appears minor. Notify via phone/text/email/head bump letter (either/or) parent/guardian for all head injuries and suggest a physician evaluation. School personnel responsible for scholars at time of injury must complete an Injury Report. Concussions are a traumatic brain injury caused by a blow, bump, or jolt to the head and must be diagnosed by a health care provider.

Call 9-1-1 for a Head Injury that:

- Any scholar who has lost consciousness, even if consciousness is regained.
- Vomiting following a blow to the head or nausea.
- Inability to move a limb or limbs.
- Oozing of blood or watery fluid from ears or nose.
- Sleepiness or dazed demeanor following a blow to the head.
- Unequal pupils.
- Pale color that does not return to normal in a short time.

Head injury symptoms can change over time, even days after, therefore for any hit to the head (even without any of the below signs and symptoms) contact parent/guardian and educate them on the following:

- Where, when and how injury occurred plus description of injury
- If scholar had no symptoms and begins symptoms at home or symptoms change/get worse
- If their scholar just doesn't "feel right" or is "not acting like themselves"
- Educate them to notify a healthcare provider
- Always send Head Bump Letter home

Signs and Symptoms (call 9-1-1 if develops):

- Nausea or repeated vomiting
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache that gets worse and does not go away
- Feeling sluggish, foggy or groggy
- Concentration or memory problems

- Confusion
- Possible loss of consciousness
- One pupil larger than the other
- Is drowsy or cannot be awakened
- Weakness, numbness, or decreased coordination
- Convulsions and Seizures

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Nonurgent Head Injury

1. Assess scholar. Try to determine the cause of the injury and if a neck injury is possible.
2. If superficial, follow first aid for abrasions and lacerations.
3. Bumps: Apply cold pack/compress. DO NOT apply pressure to area of swelling.
4. Let scholar rest and monitor scholar's behavior. **If symptoms change or worsen, call 911.**
5. Check signs and symptoms when scholar arrives, 15 minutes, and at the end of 30 minutes. If scholar shows no signs and symptoms of a concussion (as indicated on the Concussion Signs & Symptoms Checklist by CDC), scholar may return to class. If scholar experiences one or more signs, contact parent/guardian for pick-up and refer to health care professional.
6. Scholar may return to class if pain improves, there is no deformity, scholar is able to bear weight (if applicable) and no other symptoms develop.
7. Request teacher and scholar notify nurse if symptoms worsen or there is a change in behavior.

Urgent Head Injury

1. Assess scholar. Try to determine the cause of the injury and if a neck injury is possible.
2. If there is a suspected neck injury, do not move the scholar.
3. Arrange rolled up blankets or clothing on both sides of the trunk, head and neck for immobilization.
4. Call 911. Do not leave scholar alone. Do not give anything by mouth.
5. If CPR is necessary, the lower jaw should be pulled forward gently to open airway, the head tilt should be minimal. A TRAINED individual should perform CPR.
6. Determine the level of consciousness: awake and alert, dazed, semi-conscious, or unconscious.
7. Observe unconscious scholar for breathing and for other injuries. If choking is a concern, gently roll the scholar onto one side, turning all body parts at one time, supporting the scholar's neck and head.
8. For bleeding, gently hold gauze over wound. Apply ice packs to bruises, swelling.

HEAT EXHAUSTION / HEAT STROKE

Heat exhaustion is a heat-related illness that can occur after exposure to high temperatures for several hours and have become dehydrated (excess loss of body fluid). There are two types of heat exhaustion; one caused by water depletion and the other from salt depletion. **Untreated Heat Exhaustion can progress to Heat Stroke.**

Heat Exhaustion

Heat exhaustion usually results from exercising in a warm environment. Prevention involves increased intake of fluids on hot days, especially if heavy exercise is planned; gradual acclimatization (such as slowly working up to a full exercise schedule over a period of days

during hot weather); and short “rest periods” in an air-conditioned atmosphere when discomfort is obvious.

Symptoms of heat exhaustion:

- Confusion
- Dark Color Urine (a sign of dehydration)
- Dizziness
- Fainting
- Fatigue
- Headache
- Muscle cramps
- Nausea
- Cool, Pale, Clammy skin
- Profuse sweating
- Rapid heartbeat

Prevention:

When the heat index is high, stay inside. If you must go outdoors, you can prevent heat exhaustion by taking the following steps:

- Wear lightweight, light-colored, loose-fitting clothing and a wide brim hat.
- Use sunscreen with SPF of 30 or greater.
- Drink extra fluids. To prevent dehydration, it is recommended to drink at least eight glasses of water, fruit, or vegetable juice per day. Because heat related illness could also be a result of salt depletion, it is advisable to substitute electrolyte rich sport drinks for water during extreme heat and humidity.
- Take additional precautions when exercising outdoors. Take extra precautions during outside play/practice, and/or sporting events, etc. which occur during summer months. The general recommendation is to drink 24 ounces of fluids 2 hours before exercising or practice. During exercise, an individual should drink at least 8 ounces every 20 minutes, even if you do not feel thirsty.
- Avoid fluids containing caffeine because these fluids can cause dehydration.

Intervention:

The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

- Stop activity. Get scholar out of heat and sun immediately to rest, preferably to an air-conditioned room.
- Have scholar lie down and elevate feet 8-12 inches above the heart.
- Remove any tight or unnecessary clothing.
- Apply cool wet towels to neck, armpits, and groin (use fans if available).
- If conscious, administer sips of fluid. If nausea or vomiting occurs, discontinue fluids.
- *If such measures fail and do not provide relief after 20 minutes, notify parent/guardian to pick up the scholar and advise calling physician for medical evaluation.

Heat Stroke

If heat exhaustion progresses, it can become heat stroke. Heat stroke is the most serious form of heat injury and is a medical emergency. **CALL 9-1-1.**

Symptoms of heat stroke:

- Core body temperature above 103° F, but fainting may be the first sign
- Throbbing headache
- Dizziness and light-headedness
- Lack of sweating despite the heat
- Red, hot, and dry skin
- Muscle weakness and cramps
- Rapid heart rate, which may be strong or weak
- Behavioral changes such as confusion, disorientation or staggering.
- Seizures
- Unconsciousness

Intervention:

The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

2. If suspected, **call 911 immediately**.
3. Move to a cool shady area or air-conditioned room if possible.
4. Remove any unnecessary clothing.
5. Take temperature, if a thermometer is available, and try to cool body down with fans, cool wet cloths and ice packs under armpits, to groin, neck and back.
6. Follow all the interventions above for heat exhaustion.

HERPES SIMPLEX (COLD SORES / FEVER BLISTERS)

A cold sore or a fever blister is a common viral infection of the mouth area this is caused by herpes simplex virus type 1. The virus is most commonly spread by direct contact with lesions of an infected person. Scholar should **NOT** be excluded from school.

HYPERVENTILATION

Abnormally prolonged and rapid breathing often associated with acute anxiety or emotional tension.

Signs and Symptoms:

- Pounding heart or chest pain
- Dizziness or lightheadedness
- Tingling sensation in fingers or toes
- Stomach discomfort
- Sensation of smothering or inability to catch one's breath
- Numbness in the hands, feet, and/or mouth
- Health room personnel may notice unsteadiness, decreased alertness, and/or fainting

Intervention:

- Allow scholar to sit in a quiet place.
- Reassure scholar. Make direct eye contact and speak clearly and slowly. Stay with the scholar.
- Have the scholar focus on slowing his/her breathing. Have scholar do the following exercise:
 - Take slow deep breaths through the nose counting to four while inhaling.
 - Exhale slowly through closed lips (like blowing through a straw) to a count of four.
- If the breathing exercise does not help, it may be helpful to have the scholar breathe into cupped hands over face or into paper bag.

- If symptoms continue for more than several minutes or scholar passes out, call 911.
- Notify parent/guardian and headmaster.

INCONTINENCE (URINARY/BOWEL) / TOILETING

Routine toilet training / changing clothes is not the role of the school nurse. That is the role of the paraprofessionals in the school setting. The school clinic should not be closed for routine hygienic care of an individual scholar. Some health conditions may require a scholar to have assistance with toileting during school hours. In instances where there is a known medical condition or suspected illness requiring hygienic care, the school nurse may assist with this care. If supplies are needed for toileting i.e., diapers, wipes, etc. it is the parent/guardian responsibility to supply these to the school in addition to an extra change of clothes for their scholar. If there is room, the school health services clinic may, at times, have a clothes closet for those that need an extra change of clothing during the school day.

INFLUENZA (FLU)

Influenza (commonly referred to as the “flu”) is a respiratory virus affecting the nose, throat, and lungs. There are two main types of influenza virus: type A and B. Illness is usually characterized by the sudden onset of high fever or chills, headache, congestion, muscle aches, and a dry cough. Most people are ill with the “flu” for a week or less. Influenza occurs most often in the late fall and winter months.

Influenza is most commonly transmitted from one individual to another through contact with droplets from the nose and throat of an infected person during coughing and sneezing, particularly in confined spaces such as school buses and small classrooms.

- Scholars **should be excluded** from school.
- The scholar **may return when they are fever free for 24 hours without the use of fever reducing medication.**

LACERATION

A laceration is a wound that breaks the skin with either smooth or irregular edges and may bleed freely.

Intervention:

- Wear gloves.
- Control bleeding by applying pressure with gauze.
- Clean minor cuts with soap and water.
- Recommend that parent/guardian contact licensed healthcare provider for further instructions if bleeding does not resolve with pressure or if sutures may be indicated.
- Give the parent/guardian the date of the scholar's last tetanus booster to take to the licensed healthcare provider.

LICE (PEDICULOSIS)

St. Johns Classical Academy is committed to **utilizing best practice recommendations** for lice management at school in the manner that respects the privacy of its scholars and families. No school personnel, parents of other scholars or unauthorized personnel other than, clinic staff and school headmaster (need to know basis) will be notified of a scholar having lice/nits. Lice exclusions are viewed as necessary only when excessive infestations (more than 10 live lice, diagnosed by a treating healthcare provider) are present or there is a lack of follow up for treating the lice. Scholars with only nits may remain in school, but parent/guardian should continue daily lice/nit checks and comb through hair to remove nits until completely clear.

Per, the Centers for Disease Control and Prevention, head lice can be a nuisance but they have not been shown to spread disease. Personal hygiene or cleanliness in the home or school has nothing to do with getting head lice. <http://www.cdc.gov/parasites/lice/head/schools.html> Both the American Academy of Pediatrics (AAP) <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Updates-Treatments-for-Head-Lice.aspx> and the National Association of School Nurses (NASN) <https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-head-lice> advocate that “no-nit” policies should be discontinued. “No-nit” policies that require a child to be free of nits before they can return to schools **should be discontinued**.

Transmission

- Contact with a person with lice. Contact is common during play (slumber parties, sports activities, at camp, on a playground).
- Sharing clothing, such as hats, scarves, coats, sports uniforms or hair ribbons.
- Sharing combs, brushes or towels.
- Lying on a bed, couch, pillow, carpet or stuffed animal that has recently been in contact with a person with lice. Head lice can survive only 1 to 2 days away from the scalp.

Signs and Symptoms:

- Visible lice crawling on scalp and hair and/or nits (head lice eggs) adhered to hair shaft
- Tickling feeling or something moving in the hair
- Itching, caused by an allergic reaction to the bites
- Sores on the head caused by scratching that may become infected
- Irritability and trouble sleeping

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. May assess a scholar for lice in the **clinic** always **respecting the confidentiality** of the scholar. Adult lice or eggs (nits) are found in the hair, often behind the ears or near the nape of the neck.
2. If live lice are found:
 - a) Notify parent/guardian by phone stating that prompt, proper treatment must be completed before returning to school.
 - b) Send home letter to parent/guardian (stating same as above).
 - c) Only send scholar home if live infestation (> 10) found on scholar.
3. **The scholar will not be allowed to return to school until proof of treatment is presented by parent/guardian. Acceptable proof of treatment is a healthcare provider note, receipt from purchase of over-the-counter lice treatment or visual confirmation from the STCA health services room staff of no live lice on scalp upon scholar return to school.**
4. If no live lice infestation is present, scholar may return to class **via the school nurse**.
5. Scholars **suspected** of having live head lice will not be sent home early from school; they can go home at the end of the day, be treated, and return to school following appropriate treatment.
6. Scholars with nits-only WILL NOT be excluded from attending school and WILL NOT be sent home from school. Letter can be sent home to parent/guardian suggesting treatment.

Lice Facts

- Lice cannot live for more than 24 hours, as they are a parasite that needs a blood meal from the scalp. Lice prefer the nice warm environment of human hair.
- Lice can spread with close head-to-head contact, sharing items of clothes/hats, towels, hair accessories, combs and/or brushes etc.
- Research shows that most children that get lice do not get lice at school. Lice are more prevalent returning to school after breaks.
- Students often get lice from sleepovers, group or club activities, camp, family gatherings, and/or playing sports.
- Pets do not get or transmit lice.
- Lice do not jump, fly, or swim.
- Lice do not cause disease, but can cause a secondary skin infection because of scratching.
- Lice feet are adapted to holding onto human hair and have difficulty attaching to smooth or slippery surfaces such as plastic, metal, polished synthetic leathers or similar materials.
- Lice can often be found on people with good hygiene and grooming habits.
- There are many acceptable treatment options; however, treatment with a product that is both a pediculicide as well as ovicidal is the surest way to kill lice and prevent further re-infestation.

NAUSEA/VOMITING/DIARRHEA

If multiple cases of nausea/vomiting/diarrhea occur in school at same time, obtain history of food ingested. Contact food service and headmaster/administration for follow up. Scholar may return to school after uncomplicated N/V/D when scholar has been symptom and fever free for 24 hours without medication assistance.

There are numerous causes of N/V/D: acute gastritis due to infections, stomach flu, food poisoning, gastroesophageal reflux disease (GERD), peptic ulcer disease, medications, headaches, inner ear problems, head injuries, heat related, heart related, sepsis, bulimia, obstruction of the bowel, or pregnancy.

Nausea/Vomiting

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Obtain history from scholar (if possible) as to onset, frequency, amount, and description of nausea/vomiting.
2. Take temperature.
3. At nurse discretion, offer crackers and small sips of water.
4. Encourage scholar to rest in a comfortable position and rest for up to 15 minutes.
5. If scholar improves after rest and is fever free, they can return to class at nurse discretion.
6. If not improved, send home and scholar should be excluded from school if actively vomiting. The scholar may return to school when they have been vomit and fever free for 24 hours.

Exclude Scholar and notify parent/guardian immediately for scholar pick up if:

- Fever (100.4°F or >)
- Vomit that appears green or bloody, copious amount of vomit, or several episodes of vomit
- Pain associated with vomiting
- Scholar looks significantly ill
- Recent history of head injury
- High heart rate or decreased blood pressure

Diarrhea

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Obtain history from scholar (if possible) as to onset and frequency of diarrhea.
2. Take temperature.
3. At nurse discretion, offer small sips of water.
4. Encourage scholar to rest in a comfortable position and rest for up to 15 minutes.
5. If scholar improves after rest and is fever free, they can return to class.
6. If not improved, obtain vital signs.

Exclude Scholar and notify parent/guardian for student pick up if:

- Fever (100.4°F or >)
- Blood or mucus in the stool, abnormal color of the stool
- Several episodes of diarrhea in a row (2 or more within a 4 hour time frame)
- Pain associated with diarrhea
- Scholar looks significantly ill
- High heart rate or decreased blood pressure

NAIL (BROKEN OR INGROWN)

Broken Nails

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Cleanse area with soap and water, pat dry.
2. If necessary, control bleeding.
3. When bleeding stops and if no allergies are present, triple antibiotic ointment may be used.
4. Apply clean Band-Aid or bandage if needed.

Ingrown Nails

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Cleanse area with soap and water, pat dry.
2. If no allergies are present, triple antibiotic ointment may be used.
3. Apply clean Band-Aid or bandage.

NOSEBLEED

A blow to the nose or the head may cause nosebleeds. If a fracture is suspected, refer for medical attention. A scholar with repeated episodes of nosebleed should be referred for medical evaluation. Possible causes are dry air, certain medications, nose blowing or picking, allergies, sinus infections or injury to nose.

Symptoms: Blood coming from the nose or complaint of tasting blood or swallowing blood.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Wear disposable gloves.
2. Place scholar in sitting position with the head tilted slightly forward. Reassure scholar.
3. Apply firm pressure on both sides of the nose for 5-10 minutes (scholar can do this themselves). May use a OTC cushioned nose clip.
4. If necessary, apply cold pack to the nose. Provide tissues.
5. Keep scholar quiet for 10-15 minutes after the bleeding stops. Advise scholar not to strain or blow nose for 24 hours.
6. If bleeding continues, notify headmaster/administration and parent/guardian, and refer scholar to healthcare provider.
7. If nosebleed was caused by an injury, a parent/guardian must be called. Injury report must be completed.
8. If injury was caused by an altercation with another scholar, notify headmaster.

ORTHOSTATIC HYPOTENSION (POSTURAL HYPOTENSION)

Orthostatic Hypotension is low blood pressure that results after standing from a sitting or supine position. The lightheadedness that occurs may result in falls and injury. If scholar is injured from fainting, assess scholar for injuries. Treat injuries as needed and notify the parent/guardian.

Signs and Symptoms: Dizzy or light-headed particularly on standing up, blurry vision, weakness, fatigue, confusion, loss of consciousness.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Encourage to get up slowly.
2. Let scholar rest in a supine position if getting up causes' dizziness.
3. Encourage fluids.
4. If scholar looks or acts very ill or is unable to participate in school, notify parent/guardian and send scholar home.

PIERCINGS (EAR)

Puncturing of the ear to create an open area for jewelry. The site may become sensitive and/or show signs of drainage/infection.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Cleanse wound with soap and water, pat dry.
2. If necessary, control bleeding according to procedures (see Bleeding).
3. When bleeding stops and if no allergies are present, triple antibiotic ointment may be used.

POISON

Poisons can be swallowed, inhaled, absorbed through skin or eyes, or injected.

Signs and Symptoms: Unknown substance in scholars' mouth, burns around mouth or on skin, strange breath odor, sweaty, upset stomach or vomiting, dizziness or fainting, and seizures or convulsions.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

If scholar is conscious:

1. DO NOT induce vomiting.
2. Stay with scholar and keep scholar calm.
3. Identify the poison, if possible, how much was taken, and when.
4. Call the Poison Control Center **(1-800-222-1222) for instructions.**
5. Save receptacle of suspected poison if available.
6. Monitor scholar's behavior.

If scholar is unconscious:

1. **Call 9-1-1**
2. Initiate steps of CPR as necessary.
3. Position student on his/her side to prevent aspiration.

POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME (POTS)

POTS primary symptom is orthostatic intolerance. Symptoms of lightheadedness or fainting is also accompanied by a rapid increase in heartbeat of more than 30 beats per minute, or a heart rate that exceeds 120 beats per minute, within 10 minutes of rising. If scholar is injured from fainting, assess scholar for injuries. Treat injuries if needed and notify parent/guardian.

Signs and Symptoms:

- Orthostatic Intolerance
- Dizziness
- Fainting
- Fast Heart rate

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Let scholar rest in a supine position.
2. Encourage fluids.
3. If scholar looks or acts very ill or is unable to participate in school, notify parent/guardian and send scholar home.
4. If scholar is severely injured, call 9-1-1, treat and stabilize.

PREGNANCY – MISCARRY/LABOR

Spontaneous loss of a fetus or female pregnant experiencing contractions/labor pains.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Call 9-1-1.
2. Stay with scholar/staff member and keep them calm.
3. Follow directives of 9-1-1 operator.

RASHES (*SEE COMMUNICABLE DISEASE CHART)

Rashes vary in description. Many are indicative of a disease. Others are localized to skin only. For example, a scarlet, all over, blush rash due to scarlet fever may resemble an antibiotic reaction rash. Skin rashes can occur from a variety of factors, including infections, heat, allergens, immune system disorders and medications. Nurses are not to diagnose. Nurses are to obtain history of recent exposures, illnesses, and relay information to medical provider and/or parent/guardian for prompt treatment.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

When a rash or skin eruption of unknown cause is noted on a scholar:

1. Clean area and cover with loose bandage, if appropriate.
2. Take temperature.
3. For unidentified rashes/skin conditions, scholar is to be quarantined away from others and sent to a medical provider to diagnose and treat. Return to school will require a note from a licensed health care provider **OR the scholar must be rash free.**

Exclude Scholar and notify parent/guardian for scholar pick up if:

- Rash or fever (100.4°F or >)
- Oozing/open wound
- Bruising not associated with injury
- Joint pain and rash
- Unable to participate in school activities
- Measles until 4 days after start of rash
- Rubella until 6 days after onset of rash
- Chickenpox (varicella) until all lesions have dried (usually 5 days)
- Scabies until treated
- Impetigo that cannot be covered and is oozing fluid until treated for 24 hours
- Ringworm on scalp until lesions close (medical treatment required)
- Allergic or irritant reactions
- Shingles (must be able to keep lesions covered with clothes and/or dressing.)

SELF-INJURY

Self-injury consists of self-inflicted deliberately destructive acts resulting in tissue damage.

Common forms of self-injury:

- Cutting in lines on the arms or legs (with razor blades or knives)
- Repeatedly picking at scabs or other injuries
- Eraser or ice/salt burns onto any part of the body
- Using matches or cigarettes to burn the body
- Hair-pulling
- Head banging
- Punching walls or other hard surfaces repeatedly may also take the form of hitting oneself (observe for bruised and/or bloody knuckles)

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Give first aid.
2. Stay non-judgmental.
3. Explain to scholar that in treating them, you may have to share information with guidance counselor, resource officer and/or parent/guardian for medical evaluation/mental health services for their best interest.
4. If the behavior or self-injury is deemed suicidal or otherwise life threatening, emergency procedures are followed. See *Suicide Threat*

Suicide Threat / Attempt

Suicide is the act of taking one's own life on purpose. Always take suicide attempts and threats seriously. Consider any scholars, faculty or staff reference to suicide as serious.

Under such conditions as a suicide threat, commitment to scholar confidentiality is superseded by the need to initiate life-saving interventions.

Suicide Threat

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health services staff will suggest physician evaluation if indicated.

1. DO NOT LEAVE THE INDIVIDUAL ALONE. Under no circumstances will the scholar be allowed to leave the school alone or be left in any room or office alone (including the restroom).
2. Do not allow the scholar to leave until help arrives.
3. Notify school counselor, headmaster, dean and resource officer immediately if you become aware of a suicide threat.
4. Talk calmly to the person until appropriate personnel arrive at the scene.
 - a. Be positive and non-judgmental
 - b. Engage the person in conversation
 - c. Do not become confrontational
 - d. Do not make fast movements toward the individual

When trained personnel arrive (counselor, resource officer, administrator) they will decide the course of action to be taken. If a scholar is found to be at risk of suicide and the scholar suggests that a reason for this risk may be associated with parental/guardian abuse or neglect, the qualified school professional will NOT contact the parent/guardian. Contact abuse hotline as appropriate.

Suicide Attempt

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. **Call 9-1-1.** Keep everyone away from the scene, clear the area.
2. **Notify school headmaster/administration, counselors and resource officer** immediately of any suicide attempt. Notify parent/guardian.
3. DO NOT LEAVE THE INDIVIDUAL ALONE.
4. Provide first aid per policy.

SEIZURES/EPILEPSY

Epilepsy is a medical condition in which a person has the likelihood to suffer repeated seizures. Such individuals require medical diagnosis for proper management in school. Per Florida Statute 1006.0626 care of students with epilepsy or seizure disorders, "A school must provide epilepsy or seizure disorder care to a student based upon the student's ISAP, individualized education plan, or 504 accommodation plans issued under s. 504 of the Rehabilitation Act of 1973, as applicable". The parent/guardian is responsible for submitting the initial ISAP to the school's administration and school nurse upon enrollment or as soon as possible after diagnosis of a seizure disorder. They are also responsible for submitting and updates/changes to the ISAP. Per the statute, "the provisions of a student's ISAP remain in effect until the student's parent submits a revised ISAP, signed by a medical professional, identifying any changes based on the student's condition".

The school nurse is responsible for the following coordination of care at school for the scholar:

1. Ensure that the epilepsy and seizure disorder is recorded in Synergy under Health Condition.
2. Ensure the scholar is flagged appropriately in Synergy.
3. Ensure that employees whose duties include regular contact with the scholar have completed training in the care of scholars with epilepsy and seizure disorders.
4. The training must be completed annually. Employees must send certificate of training to school nurse, who will store in the clinic. These will be archived at the end of the school year.
5. Registered nurses will offer child specific training on emergency medications to above employees. It is the LPN's responsibility to notify a supervising RN as soon as possible that child specific training is needed.
6. If parent/guardian has provided a MMP, the school nurse will ensure school employees with regular contact to the scholar are provided a copy.

Signs and symptoms: Rigidity and/or jerking of body muscles, staring spells, confusion, possible loss of consciousness, and possible loss of bowel or bladder control. (After seizure, there may be a period of profound relaxation, exhaustion, and stupor).

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. ***Follow the Scholar's Seizure MMP!***
2. Note the time when the seizure first started.
3. Prevent scholar from hurting him/herself by moving nearby objects away and breaking fall, if possible. Clear area of other scholars.
4. If vomiting occurs, turn the scholar onto his/her side with face to the side to allow drainage.
5. Observe breathing. Resuscitate if necessary. (The need for resuscitation would be extremely rare). Observe and document details of seizure. Time seizure.
6. Do NOT restrain scholar.
7. Do NOT place your fingers or any object in mouth.
8. If scholar is a known epileptic scholar and this is normal seizure pattern, allow him/her to rest following seizure. Scholar may be allowed to return to class if he/she feels well enough and parent gives permission.
9. If emergency seizure medication is administered, a parent/guardian must be notified.
10. Complete the Seizure Observation Form.

Call 9-1-1 if:

1. Scholar has never had a seizure before.
2. Scholar has difficulty breathing or waking.
3. Seizure lasts longer than 5 minutes.
4. Rapid or repeated seizures activity.
5. Scholar is hurt during the seizure.

Diastat Administration

Diastat is a gel form of Valium intended for rectal use in patients with a seizure disorder, who, despite a daily anti-seizure regimen, have bouts of increased seizure activity. It should be administered by nurses or trained staff who are able to recognize the need for the medication based on individual orders. Designated school staff should be trained and periodically monitored in the administration of the drug and the need to call 9-1-1 if it is administered, or as physician orders indicate.

Please refer to Child Specific Training Form- Medication Administration training, for further instructions on how to administer Diastat.

Nasal Rescue Medicines

Nasal rescue medications have been manufactured as an alternative to rectal medicines used to treat seizures. It should be administered by nurses or trained staff according to the medication administration authorization form. Midazolam nasal spray is commercially available under the brand name of Nayzilam. Valtoco is the brand name for a nasal form of diazepam. This is the same medication used in Diastat.

Please refer to Child Specific Training Form – Medication Administration, for further instructions on how to administer these medications.

Vagus Nerve Stimulation Therapy

Vagus nerve stimulation therapy is another form of treatment that may be tried when medications fail to stop seizures. The therapy prevents seizures by sending regular small pulses of electrical energy to the brain via the vagus nerve, in the neck. The energy is delivered by a flat, round battery, about the size of a silver dollar, which is surgically implanted in the left chest wall. These electrodes are threaded under the skin and around the vagus nerve in the neck. The battery is programmed by the health team to send a few seconds of electrical energy to the vagus nerve every few minutes. If the person with the system feels a seizure coming on, he or she can activate the discharge by passing a small magnet over the battery. In some people, this has the effect of stopping the seizure. It is also possible to turn the device off by holding the magnet over it.

In the event that a scholar needs assistance in using this device, a doctor's order will need to be provided indicating directions for use of magnet, which may include: swipes at onset of seizure, minutes between swipes, and swipes before any emergency medication. Training must be provided by a Registered Nurse. (See page 115).

TYPE OF SEIZURE	COMMON CHARACTERISTICS FOR EACH TYPE
<u>Absence</u> (formerly called Petit Mal seizure).	Generally lasts 1-15 seconds, a blank stare, beginning and ending abruptly, (like lost in thought), unaware of what is going on but resumes normal activity immediately after seizure.
<u>Generalized Tonic-Clonic</u> (formerly called a Grand Mal or convulsive seizure).	In the tonic phase scholar will stiffen arms and legs. In the clonic phase, scholars' head and limbs will begin jerking in a rhythmic manner. They may yell, fall, experience incontinence of urine/stool, salivate, skin turn bluish, extremely tired after seizure, possible headache/muscle soreness, confusion. May take minutes to hours to recover from this type of seizure.
<u>Simple Partial</u>	The scholar will often stay awake and aware throughout the seizure but cannot speak or control movements until after the seizure is over. Depending on the part of the brain affected during the seizure, the scholar may twitch, roll their eyes or blink, hands and feet may shake or bob up and down. They might smell, hear, feel a breeze, or see something that is not actually there. May become emotionally very happy (burst out laughing) or sad (crying) or frightened.
<u>Complex Partial</u>	Often affect a greater area of the brain in one of the brain's two temporal lobes and can affect consciousness. The scholar will often stop what they are doing and stare blankly, mumble, picking at clothes, chewing motions, repetitive motions, unorganized movements, experience altered consciousness like they are in a trance and unable to interact with their environment and other people. Sometimes called Temporal Lobe Epilepsy (TLE).

Psychogenic Nonepileptic Seizure (PNES)

PNES sometimes called pseudoseizures, are non-epileptic seizures. Although PNES mimic epileptic seizures they occur from psychological disturbances rather than abnormal electrical brain activity. School nurses should follow scholars' doctors' orders for treatment and interventions.

Signs and Symptoms: Mimics seizure activity

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Assess scholar for injuries.
2. Treat injuries as needed.
3. If scholar is severely injured, call 9-1-1, treat and stabilize.

SHOCK

Shock is a serious complication of injury or illness in which there is inadequate blood circulation to the brain to maintain vital body functions. Uncontrolled bleeding, heat stroke, diabetic emergency, car accidents, trauma, and allergic reaction to bites, stings, medicine, or food are a few of the many possible causes of shock. If immediate measures are not taken to manage the shock and the underlying injury or illness, the condition will become irreversible and death may result.

Shock is frequently NOT obvious until present in an advanced and life-threatening state. Ask yourself, “Could this scholar be in shock?”

Signs and Symptoms:

- Rapid pulse (usually greater than 120 beats per minute)
- Pale skin tone and sweating
- Agitation or irritability
- Confusion
- Complaints of feeling cold, weak, and/or faint
- Rapid breathing
- Pupils dilated

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

Never leave scholar unattended if shock is suspected.

1. Call 9-1-1.
2. Keep scholar lying down. Elevate feet (about 12”) if no head, neck, chest, spine, hip, or leg injury is suspected. Reassure scholar.
3. Maintain an open airway.
4. Try to determine and manage the cause of shock (uncontrolled bleeding, heat stroke, diabetic emergency, etc.).
5. Cover scholar to prevent loss of body heat if exposed to cold and dampness; help maintain body temperature with a cover.
6. Do not give food or drink.
7. Monitor closely until EMS arrives.

SICKLE CELL ANEMIA/DISEASE (CRISIS)

Sickle cell disease is an inherited disorder where red blood cells are “sickle shaped” rather than round like a doughnut. Sick cells cannot move easily through blood vessels and thus tend to clump and reduce blood flow to limbs and organs and can even block the flow of blood to the rest of an individual’s body. There may be fewer red blood cells causing anemia. Sickled cells also die faster than normal red blood cells leading to anemia symptoms like fatigue and decreased energy, pale color, and breathlessness. Some factors that may trigger a Sickle Cell Crisis are extreme physical activity, infections, stress, sudden changes in temperature or cold damp conditions.

Signs and Symptoms:

- Mild, moderate, or severe pain
- Fever (100.4°F or >)
- Swelling of hands
- Swelling of feet
- Behavior changes
- Complaints of feeling cold, pallor, weak, and/or faint

Call 9-1-1 for the following symptoms:

- Sudden or worsening symptoms
- Chest or abdominal pain
- Severe headache

- Upper left abdominal pain
- Priapism
- Difficulty breathing
- Fever (>101 degrees)
- Sign and symptoms of a stroke

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Check for fever.
2. Be responsive to complaints of pain.
3. Administer authorized medication/s.
4. Notify parent/guardian of any sickle cell scholar's clinic visit.
5. If scholar looks or acts very ill and scholar is unable to participate in school, notify parent/guardian and send scholar home.

SORE THROAT (PHARYNGITIS)

A sore throat is an irritation to the throat which causes pain and scratchiness. A cold or the flu virus may cause sore throat (pharyngitis).

Signs and Symptoms:

- Report of pain in throat
- Inability to swallow
- Increased pain when swallowing
- Excessive drooling with breathing difficulty

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Take temperature; if >100.4 °F contact parent/guardian for pick up. May return to school once they have been fever free without the aid of any fever reducing substance for a minimum of 24 hours.
2. Obtain history: occurrence, frequency, duration, location, severity, and description.
3. Have scholar gargle with warm salt water if able. If scholar reports relief, throat is of normal appearance and there is no fever, scholar may return to class.
4. With parent/guardian permission and scholar not allergic; may give scholar a soft chew peppermint and/or honey for relief.
5. If scholar looks or acts very ill or is unable to participate in school, notify parent/guardian and send scholar home.

SPINAL INJURIES – BACK OR NECK

Damage to the spinal cord that protects the nerves of the spine; most often caused from motor vehicle or bicycle accidents, sports injuries or falls involving bending, twisting or jolting of the body. The pain is usually made worse by pressure or movement and may radiate to arm or leg; may have weakness, numbness or inability to move arm or leg.

Intervention:

- If spinal cord injury is suspected, **DO NOT MOVE** scholar.
- **Call 9-1-1.**
- Do not bend, twist, or rotate the neck or body of the scholar.

If the Scholar is Unconscious:

- Check Airway, Breathing, and Circulation and initiate the steps in CPR as needed (use jaw thrust, not head tilt/chin lift, to open airway) - **ALWAYS CALL 9-1-1 immediately.**

Unless CPR is necessary or the scholar must be moved from fire or another life-threatening situation, **DO NOT MOVE THE SCHOLAR.**

NOTE: If you must move the scholar, be sure to support the head, neck, and body as one unit.

1. Minimize movement of the head, neck, and spine in the position found. Place rolled up clothing, blankets, towels, etc. around the head and sides. If necessary to place scholar on his/her back for CPR, roll the head, neck and spine as one unit.
2. Call parent/guardian and notify headmaster.
3. Document date, time, nature of injury, and interventions.

If the Scholar Regains Consciousness:

- Instruct the scholar not to move until help arrives.
- Minimize movement. **DO NOT MOVE THE HEAD OR NECK.**
- Ask the scholar what happened and where it hurts.
- Call 9-1-1 for assessment.
- Call parent/guardian and notify headmaster.

SPLINTERS/PENCIL “LEAD/GRAPHITE”

A splinter is a foreign object that penetrates the skin. Splinters can lead to infection. If a splinter has been in the body for days or the wound is showing signs of infection suggest a physician evaluation. Pencils NO LONGER contain lead.....they have graphite.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. If splinter is embedded under the skin, cleanse area and bandage. Notify parent/guardian. School nurses do not break skin or search for splinter in the body.
2. If part of the splinter is sticking out and able to be grasped, school nurse may attempt to remove it.
3. To attempt removal of splinter:
 - a. Disinfect the tweezers with rubbing alcohol.
 - b. Grasp the splinter with the tweezers and pull it out gently and slowly in the same direction as the splinter entered the skin. Never squeeze out a splinter, as this may cause it to break into smaller pieces that are harder to remove.
 - c. Cleanse wound with soap and water, pat dry.
 - d. Apply antibiotic ointment and apply clean bandage.
4. If necessary, control bleeding according to procedures (see Bleeding).
5. If splinter is very deep, located in or near the eye, face or if the area appears infected the parent/guardian is notified and a physician evaluation suggested.

SWOLLEN GLANDS (LYMPH NODES)

Swollen glands refer to enlargement of one or more lymph nodes. It is the body's natural reaction to illness or infection. They can be found in the jaw, chest, arms, abdomen, and legs. The most common reason to swell is an upper respiratory infection including other viruses and bacteria's such as cold, flu, sinus infections, strep throat, mono, and skin wounds.

Signs and Symptoms:

- Swelling of the lymph nodes
- Difficulty breathing or swallowing
- Red, tender, inflamed, warm glands
- Fever (100.4°F or >)
- Mumps, until 9 days after swelling of parotid glands

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Take temperature.
2. Obtain history: occurrence, frequency, duration, location, severity, and description.
3. If scholar looks or acts very ill or is unable to participate in school, notify parent/guardian and send scholar home.

TICK REMOVAL

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Try to determine duration of tick adherence.
2. Cleanse site.
3. School personnel may remove a tick if possible (at nurse discretion), using tick removal tools (if available). If you do not have the kit available in the health service clinic, call parent/guardian for pick up.
 - a. Do not grab the tick around its swollen belly. You could push infected fluid from the tick into your body if you squeeze it.
 - b. Gently pull the tick straight out until its mouth lets go of your skin. Do not twist the tick. This may break off the tick's body and leave the head in your skin.
 - c. If tick is deeply embedded, do not remove. Notify parent/guardian and refer to healthcare provider.
4. After removal, cleanse and bandage area.
5. Place tick in plastic bag. Label with scholars' name, date, site of attachment.

NOTE: You want to remove the tick as soon as possible because risk of infection increases between 24 to 72 hours after the tick attaches to the skin.

One note of caution: do not use petroleum jelly or a hot match to kill and remove tick. These methods do not get the tick off the skin and can cause the insect to burrow deeper and release more saliva (which increases the chances of disease transmission).

WOUND CHRONIC CARE AND TREATMENT

Some scholars have wounds that need additional medical treatment because they are difficult to heal or do not heal. Most of these wounds involve infections that are resistant to antibiotics and that require multiple medications and sterile dressing changes. Scholars with uncovered, draining wounds will be temporarily excluded unless covered with a dressing that is taped and secure on all 4 sides to prevent blood borne pathogen exposures.

Intervention: The following are interventions if warranted that the school health staff may use after evaluation/assessment. This includes notifying administration, appropriate staff and/or parent/guardian if applicable. School health staff will suggest physician evaluation if indicated.

1. Follow doctor's orders for any intervention for wound care.
2. Ensure Medication Authorization forms are completed.
3. Document care on Daily Health Room Activity Log at time of intervention.

NURSING PROCEDURES

INTRODUCTION

This section is intended as an informational resource for school and nursing personnel caring for scholars with medical needs in an education setting. It includes information regarding the most common health procedures seen in the educational setting. This manual is **NOT intended to be an instructional instrument** from which personnel will “learn” how to perform any health procedures needed during school hours; see child specific training skills checkoffs for these skills.

Only licensed nurses and non-medical school employees properly trained to perform a “specific” procedure with/on a specific scholar should be involved in any health procedure. A Procedure Physician Order form completed and signed by the scholar’s physician must be on file at the school. This form must be updated if there is a change in treatment/procedure and each school year. If a non-medical school employee will be performing a specific procedure, an Authorization for Non-Medical School Employee to Perform Health Procedure form must be completed and signed by the parent. In most cases, the school nurse or parent would be responsible for training designated personnel. All health procedure skills checklists should be kept in the clinic along with a copy of the Procedure Physician Order form.

It is intended that this manual, coupled with appropriate in-service and specific training, will assist personnel in dealing with the medical needs of scholars in the school setting.

BLOOD GLUCOSE MONITORING

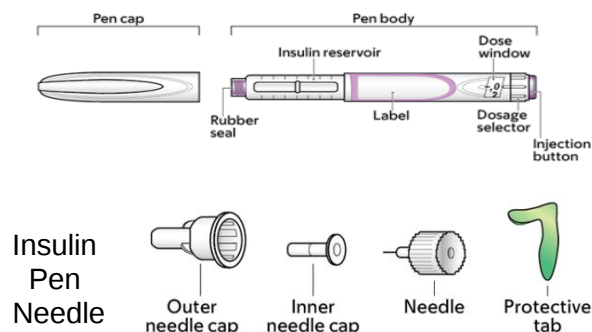
Procedure:

- Make sure the meter is charged.
- Wash and dry your hands with soap and water.
- Hand scholar wash and dry hands with soap and water.
- Prepare the blood sugar meter (put a test strip in the meter); follow the manufacturer’s instruction for the specific meter. Put the lid back on the bottle immediately once you get the strip from bottle to prevent moisture from affecting the other strips.
- Prick your fingertip with the lancet that comes with the kit.
- Touch the edge of the test strip to the blood, covering the test area well.
- Using a clean cotton ball, apply pressure to the place where you stuck the scholar’s finger (or other site. This will stop the bleeding.
- After a few seconds, the meter will display your blood sugar level .
- Record results.
- Treat as instructed on orders/MMP.

[How to Measure Manual Blood Sugar](#)

INSULIN ADMINISTRATION

Pen Device



(use a new insulin pen needle each time you give an injection)

- A **pen cap**. This protects the insulin when you're not using the pen.
- A **rubber seal**. This is where the pen needle connects to the body of the pen.
- An **insulin reservoir**. This holds the insulin. There's a clear plastic area that lets you see the insulin inside the reservoir. You can use this to see about how much insulin is left in the pen.
- A **label**. This tells you the type of insulin in the pen and the expiration date.
- A **dosage selector**. This lets you dial to the right insulin dose.
- A **dose window**. This shows the number of units of insulin selected. There's an arrow pointing to the number in the middle of the dose window. This is the number of insulin units that will be injected.
- An **injection button**. You press down on this to give the injection.

How to Store Insulin Pens:

- Store unused insulin pens in the refrigerator away from the back as so not to freeze.
- Keep the insulin pen currently being used at room temperature (below 86 °F). Once an insulin pen is used for the first time, never put it back in the refrigerator.
- Never freeze insulin pens / Keep insulin pen cool in insulated cooler in hot weather (do not let touch ice directly).
- Always put the pen cap back on the insulin pen after using. This protects the insulin from sunlight.

When to Throw Away your Insulin Pens:

- Insulin Pens can be used over and over for a certain number of days. The number of days depends on the type of insulin. See the instructions that come with the insulin pens. Here is a guide (if you lose the manufacture instructions):

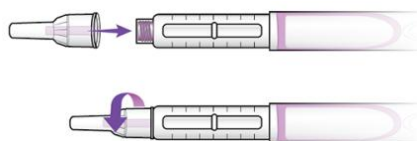
○ NovoLog FlexPen	28 days	Color: Clear
○ Humalog KwikPen	28 days	Color: Clear
○ Lantus SoloStar	28 days	Color: Clear
○ Levemir FlexTouch	42 days	Color: Clear
○ Humulin N KwikPen	14 days	Color: Cloudy
- Count ahead the number of days you can use the insulin pen. Start from the day you first put a pen needle on that new pen.
- Write that date on the pen. This will help you always know when to throw away the pen and start using a new one. Ex..start on Jan1st...count ahead 28 days...write Jan. 28th on pen..throw away on Jan. 28th.
- Once the expired date arrives, throw away the pen in the sharps container (after emptying insulin) and start using a new pen.

Procedure:

1. Take pen cap off the insulin pen.
2. Check the color of insulin:
 - It is supposed to be clear; make sure it is clear. If is cloudy, discard and do not use.
 - It is supposed to be cloudy, mix it by gently rolling the pen between your hands 10 times, then tip the pen up and down 10 times. The insulin should look evenly white and cloudy with no lumps or pieces floating in it. If you see any, keep mixing it until none.
3. Open an alcohol wipe and clean the rubber seal at the top of the insulin pen. Throw alcohol away.
4. Take protective tab off the new pen needle. Throw the tab away.



5. Twist the pen needle onto the top of the insulin pen until it stops turning. Make sure to keep the pen needle straight as you twist it on.



6. Once the needle is on the pen, take off the out needle cap. Place on table.



7. Take off the inner needle cap. Throw it away.

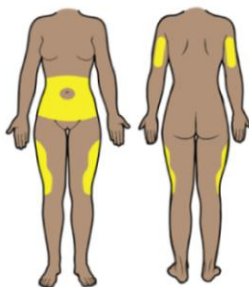


8. Do a safety test (PRIME the pen)

- Hold the insulin pen so you can read the name of the insulin. Look at the dose window. Turn the dose selector forward to dial it to 2 units. The arrow in the dose window should line up exactly to the number you need. It's ok to turn it back if you go too far. If you dial past 2 units, turn the dosage selector back until you are at 2 units.



- Hold insulin pen so the needle is pointing up.
 - Firmly press the injection button against the table or with your thumb. Look for drops of insulin coming out the tip of the needle. If no insulin comes out, dial to 2 units again. Press The injection button a second time. If insulin still does not come out, dial the dose selector to 2 units again. Repeat a third time. If no insulin still does not come out, replace the insulin pen and repeat the steps for priming the pen.
9. Set the insulin dose. Dial the pen to the dose. Make sure the arrow is exactly lined up with the dose injecting. If you cannot dial to the number of units you need, the insulin pen is probably almost empty. Throw it away and get a new one so you can inject the full dose at once. **Never inject less than a full dose or spit the dose into 2 injections.**
10. Choose an injection site once pen is ready. Do not use the same spot as last time, or near incisions, scars, or stretch marks. Each injection should be at least 2 inches from the last site used. This helps prevent soreness and scar tissues. Following a pattern can help remember to rotate injection sites.



11. Inject the insulin dose:

- Hold insulin pen in your fist with your thumb on the injection button. Be careful not to push down on the injection button before you push the needle into your skin.



- Gently pinch up your skin at the injection site. In one smooth, quick motion, push the whole needle into your skin. Make sure it's at a 90-degree angle (straight up and down), not tilted. Apply gentle pressure so you see a small dimple in your skin around the tip of the pen.
 - Move your thumb to the top of the insulin pen. Hold the pen stable and push the injection button down firmly. Be careful not to press the pen harder into the body.
 - After you count to 10, pull the needle straight out of the skin. If you see a drop at the injection site, press the area lightly with your finger or a tissue. **Never rub the injection site after the injection.** This can make the insulin work too fast.
12. After the injection put the large outer needle cap back on the needle. Unscrew the needle from the insulin pen and drop it into the sharps container. Put the pen cap back on the insulin pen.

[Insulin Administration with Pen Device](#)

Syringe Administration

Procedure:

1. Wash hands.
2. Prepare/organize all supplies. Insulin should be given at room temperature. Take out of refrigerator 30 minutes before administration.
3. Check the insulin bottle label. Make sure it is the right insulin and is not expired.
4. Roll insulin vial between hands, if using a cloudy insulin (N or NPH). Do not shake.
5. Wipe the top of the vial with an alcohol swab.
6. Know the dose of insulin you are going to use. Take the cap off the needle, being careful not to touch the needle to keep it sterile. Pull back the plunger of the syringe to put as much air in the syringe as the dose of medicine you want.
7. Put the needle into and through the rubber top of the insulin bottle. Push the plunger so the air goes into the bottle.
8. Keep the needle in the bottle and turn the bottle upside down.
9. With the tip of the needle in the liquid, pull back on the plunger to get the right dose of insulin into the syringe.
10. Remove all the air bubbles. If there are bubbles, hold both the bottle and syringe in one hand, and top the syringe with your other hand. The bubbles will float to the top. Push the bubbles back into the insulin bottle, then pull back to get the right dose. When there are no bubbles, check to see if your dose is accurate and remove syringe from the bottle.
11. Put syringe down carefully so the needle does not touch anything.
12. Pick a clean injection site. Push the needle into the skin.
13. Push the plunger in. Pull the needle out of the skin.
14. Dispose of the used syringe into a proper sharp's container. **Do Not** recap the needle.
15. If the insulin leaks from the injection site, press the site for a few seconds after injection.

Key Points:

- Insulin injections are given into fatty tissue. Areas of fatty tissue are abdomen (do not use the area within 2 inch of the belly button or around belt line), back of upper arms, thighs, and buttocks.
- Do not put a shot in a spot that is bruised, swollen, or tender.
- Rotate injection sites to prevent tissue damage.
- If drawing up 2 types of insulin at the same time and prefer to inject in one syringe:
 - Inject air into both vials before drawing up insulin.
 - Always draw up clear insulin before the cloudy insulin.
 - If you draw too much cloudy insulin, discard the syringe and start again.

[How to Administer Insulin with Syringe](#)

Glucagon Administration

Injection Procedure:

1. Using your thumb, flip the orange plastic cap off the glucagon vial.
2. Pick up the prefilled syringe containing sterile water. Hold the syringe with 1 hand and with your other hand pull the needle cover off the syringe. Do not remove the plastic backstop from the syringe.
3. Pick up the glucagon vial. Hold the vial of dry powder with 1 hand and with your other hand push the needle of the prefilled syringe through the center of the rubber stopper.
4. Hold the vial and syringe together, with the needle still inserted into the vial, carefully turn the vial and syringe together right side up. Slowly push the plunger down until the syringe is empty. Do not take The syringe out of the vial.
5. Hold the entire unit (vial and syringe) in 1 hand and gently shake the vial until the powder is completely dissolved. Do not use if it is cloudy or if you see particles in the solution. Do not take the syringe out the vial.
6. Firmly hold the vial and syringe together, with the needle still inserted into the vial. Carefully turn the vial and syringe together upside down. Gently pull down on the plunger and slowly withdraw all of the liquid into the syringe. Do not pull the plunger out of the syringe.
7. Keep the needle inside the vial. Check the syringe for air bubbles. If you see bubbles, tap the syringe until the bubbles rise to the top of the syringe. Gently push on the plunger to move only the air bubbles back into the vial.
8. Hold the vial and syringe down, push on plunger until the correct dose is in plunger. Take the syringe and needle out of the vial when the correct dose of glucagon is in the syringe.
9. Choose the injection site: Upper arms, thighs, or buttocks. Scholar does not need to be laying down to administer.
10. With one hand gently pinch the skin at the injection site. With the other hand insert the needle into the skin and push the plunger down until the syringe is empty.
11. Pull the needle out and press the injection site with a gauze pad or cotton ball. Discard syringe in sharps container.
12. Turn scholar on side.
13. Call 9-1-1
14. If scholar does not respond in 15 minutes, may repeat dose (follow MMP).
15. Feed scholar as soon as they are awake and able to swallow (fast acting sugar).

[How to Use Glucagon](#)

BLOOD PRESSURE CHECK

If Using Manual Monitor

Procedure:

1. Have scholar sit comfortable with their back supported, their arm at heart level, and both feet flat on the floor uncrossed.
2. Locate a Pulse:
 - a. Palpated the brachial artery to estimate the systolic pressure by feeling for the pulse. Or
 - b. Lightly press your index and middle fingers slightly to the inside center of the bend of your elbow (where the brachial artery is). If you cannot locate the pulse, place the head of the stethoscope (on a manual monitor) or the arm cuff (on a digital monitor) in the same general area.
3. Secure the Cuff:
 - a. Place cuff snugly around the upper arm.
 - b. Just above the elbow (about an inch), with the cuff's center directly over the brachial artery.
 - c. Use the fabric fastener to make the cuff snug, but not too tight.
 - d. Place the stethoscope in your ears. Tilt the ear pieces slightly forward to get the best sound.

4. Inflate the cuff quickly to a pressure slightly above the estimated systolic pressure.
5. Place the stethoscope's diaphragm over the brachial artery and slowly release pressure from the cuff while listening for the first clear sound (systolic pressure) and the point where the sound disappears (diastolic pressure).
6. Fully deflate and remove the cuff.
7. Record the systolic pressure (top number) and diastolic pressure (bottom number).

Important Considerations:

- Cuff size: Use the correct size cuff for the scholar's arm to ensure accurate readings.
 - Cuff Length: The inflatable part of the blood pressure cuff should cover about 75% to 100% of the distance around the upper arm.
 - Cuff Width: The cuff should be wide enough to cover from 40% to 80% of the distance from the elbow to the shoulder.
- Relaxation: Encourage the scholar to relax and avoid talking during the measurement.
- Hold pressure gauge in your left hand and the bulb in your right.
- Close the airflow valve on the blub by turning the screw clockwise.
- Inflate the cuff by squeezing the bulb with your right hand. You may hear a pulse in the stethoscope.
- Watch the gauge. Keep inflating the cuff until the gauge reads about 30 points (mm Hg) above expected systolic pressure. At this point, you should not hear a pulse in the stethoscope.
- If you released the pressure too quickly or could not hear your pulse, DO NOT inflate the cuff again right away. Wait one minute before repeating the measurement. Start by reapplying the cuff.

[How to Take a Manual Blood Pressure Measurement](#)

If Using Digital Monitor

Procedure:

1. Slide blood pressure cuff onto the upper arm and secure it so that it sits snugly about one inch above the crease of the elbow.
2. Press the power button. All display symbols should appear briefly. This indicates that the monitor is ready.
3. If automatic model, simply push the button that inflates the cuff.
4. Sit quietly, feet uncrossed on the floor. Pressure readings will be displayed on the screen.
5. Wait for the long beep. This means that the measurement is complete. Note the pressures on the display screen. Systolic pressure (the force of the blood against the artery walls as your heart beats) appears on the left and diastolic pressure (the blood pressure between heartbeats) on the right. Your pulse rate may also be displayed in between or after this reading.
6. Allow the cuff to deflate.
7. Record and turn machine off.

[How to Take an Automatic Blood Pressure Monitor Measurement](#)

Normal Vital Signs for School-Aged Children (6-9 yoa):

- Heart rate: 75-118
- Blood Pressure: 97-115 / 57-76
- Respiration: 18-25

Normal Vital Signs for Adolescents (10-15 yoa):

- Heart rate: 60-100
- Blood Pressure:
 - 10-12 yoa: 102-120 / 61-80
 - 13-15 yoa: 110-131 / 64-83
- Respiration: 12-20

INHALER

Procedure:

1. Stand or sit up straight. This helps the lungs fully expand when you breathe in the dose.
2. Take the mouthpiece cover off, shake it for 5 seconds. If the inhaler is new and/or has not been used for several days, prime the device by spraying a puff away from the scholar.
(follow manufacture instructions)
3. Hold the inhaler up with index finger on top and thumb underneath it for support.
4. Put the mouthpiece between teeth, and close lips tightly around it. (Make sure tongue does not block the opening).
5. Breathe out.
6. Push the canister down while breathing in slowly and deeply. Breathe as deep as you can so the medication can reach the lungs. Then release the canister.
7. Hold the medicine in lungs as long as possible (5-10 seconds is good), then breathe out.
8. If you do not get enough air in the first breath, wait 15-30 seconds and try again. Shake the canister again before the next puff.
9. Recap the mouthpiece.
10. If the medicine has a steroid in it, have the scholar rinse their mouth and gargle with water after they use the inhaler. Spit out the water.
11. Child specific instructions must be followed over this generalized instruction.

[How to Use a Metered Dose Inhaler](#)

INHALER WITH SPACER

Procedure:

1. Stand or sit up straight.
2. Remove the protective dust cap that covers the mouthpiece.
3. Shake the inhaler hard, at least five times. Make sure the inhaler stays straight up and down while shaking it.
4. Insert the mouthpiece of the inhaler into the soft rubber ring at the open end of the spacer. Make sure the inhaler is pointing upwards.
5. Breathe out to the end of a normal breath. There is no need to push hard to get the air out of the lungs.
6. Place the mask gently over your child's face so that the mouth and nose are covered. Be certain that there is a good seal. The scholar can breathe in and out comfortably while the mask is held in place.
7. Hold the inhaler between the thumb and pointer finger. Push on the top of the inhaler to make it spray medicine.
8. Breathe in slowly and deeply over about 5 seconds. If you hear the spacer whistle, the scholar is breathing in too fast.
9. Hold your breath for 6-10 seconds.
10. Take a break that is long enough for you to catch your breath again.
11. Shake the inhaler again before each puff if more than one puff is ordered.
12. Child specific instructions must be followed over this generalized instruction.

[How to Use a Metered Dose Inhaler with a Spacer](#)

INHALER / DRY POWER (DPI)

Procedure:

1. Stand or sit up straight.
2. Remove the cap. **DO NOT SHAKE!**
3. For a single-use device, load a capsule (until you hear the click).
Prepare the dose (the technique will depend on the individual DPI; some examples are below):
 - Ellipta – slide cover until mouthpiece is exposed and it clicks
 - Diskus – push thumb grip away until it snaps in place, slide lever away from mouthpiece until it clicks
 - Handihaler/Breezehaler – lift cover, then mouthpiece. Insert capsule and press side button to puncture capsule
 - Turbuhaler – remove cover, turn base forward until it stops then turn it back to original position.
4. Breathe out slowly (not into the mouthpiece).
5. Put the mouthpiece between the front teeth and close the lips around it.
6. Breathe in through the mouth deeply for 2-3 seconds.
7. Remove the inhaler. Hold the breath for as long as you can (5-10 seconds is good).
8. Breathe out slowly.
9. Rinse mouth out with water and spit out.
10. Do not allow the DPI to get wet. ***Do Not Use a chamber or spacer with a DPI***
11. Child specific instructions must be followed over this generalized instruction.

[How to Use a Diskus Dry Powder Inhaler](#)

NEBULIZER

Procedure:

1. Wash your hands.
2. Check the medication.
 - Has it expired
 - Is the vial damaged
 - Is the medicine discolored
 - Has it been exposed to extreme temperatures
3. Gather equipment.
4. Pour medication into the nebulizer cup.
 - Unit-dose vials are a snap to use: just twist off the top and pour
 - Take a sniff as you pour and throw out any medication that smells foul, spoiled or like it may contain rubbing alcohol
 - Don't overfill the cup as it may not aerosolize the medication at the correct particle size
5. Attach the mouthpiece or mask.
 - Place mouthpiece over the tongue and close teeth and lips tightly around it
6. Connect the tubing.
7. Turn on the nebulizer. Make sure the device creates a steady mist.
8. Sit or stand up straight. Breathe.
 - Inhale and exhale slowly through mouth for about 5-15 minutes
 - If you start to cough, turn the machine off until you can breathe freely again
 - Continue the breathing treatment until the cup is empty
 - If the medication foams or bubbles, stop the treatment; it may be defective or contaminated medicine or equipment
9. Clean the nebulizer with water and air dry.
10. Child specific instructions must be followed over this generalized instruction.

[How to Use a Nebulizer Machine with a Mask for a Scholar](#)

NASAL SUCTIONING

Procedure:

1. Identify Need. i.e.....sounds of nasal congestion.
2. Wash hands and put on gloves.
3. Obtain equipment and arrange it on clean surface.
 - Bulb syringe
 - Normal saline solution
 - Eye dropper
 - A second person may be needed to help hold the head/hands
4. Explain procedure to scholars using appropriate developmental approach.
5. Insert 1-2 drops of saline into one nostril. Prepare to suction saline and mucus once the saline causes some thinning of mucus.
6. Depress syringe bulb with thumb and insert into nostril, release to suction. Do not place suction tip directly against wall of nasal passage after bulb is depressed.
7. Repeat steps 5 & 6 on another nostril. Continue to suction alternate nostrils until nasal passages sound clear.
8. Evacuate bulb syringe and clean. Wash bulb syringe in warm soapy water and place in an open area to dry.
9. Remove and dispose of gloves. Wash hands.
10. Document procedure by charting date, time, type and amount of mucus, and scholar's response.

PULSE OXIMETRY MONITORING

Procedure:

1. Wash hands.
2. Attach probe to best site (usually finger). Confirm that the light emitting diode (LED) is placed on top of the nail in opposition to the photodetector. Sensor should be flush with the skin.
3. Instruct scholars to breathe normally.
4. Watch for pulse-sensing bar on face of oximeter to fluctuate with each pulsation. Environmental conditions that may also result in erroneous readings include: cold fingers/hands, motion, finger nail polish, and acrylic or press-on nails.
5. Read saturation on monitor after it has remained constant for 5 seconds and document.

TEMPERATURE

Axillary Method (under the armpit)

Procedure:

1. Place the tip of the thermometer in the center of the armpit.
2. Tuck the scholar's arm snugly (closely) against their body.
3. Leave the thermometer in place for about 1 minute, until you hear the "beep".
4. Remove the thermometer, read the temperature and document.

Oral Method (in the mouth)

Procedure: The mouth method can be used for scholars who are older than 5 years of age. It is not recommended for children younger than 5, because it is hard for them to hold it under their tongues are long enough.

1. Carefully place the tip of the thermometer under the scholar's tongue.
2. With your scholar's mouth closed, leave the thermometer in place for about 1 minute until you hear the "beep".
3. Remove the thermometer, read the temperature and document.

Tympanic Method (in the ear)

Procedure: The ear method is recommended for scholars older than 2 years old. Though quick to use, the ear method can produce temperature readings that are incorrect, even when the manufacturer's directions are followed.

1. Use a clean probe tip each time and follow the manufacturer's instructions carefully.
2. Gently tug on the ear, pulling it back. This will help straighten the ear canal, and make a clear path inside the ear to the ear drum.
3. Gently insert the thermometer until the ear canal is fully sealed off.
4. Squeeze and hold down the button for 1 second.
5. Remove the thermometer, read the temperature and document.

Forehead (Temporal Artery)

Procedure: Can be used on any age.

1. Clean the thermometer, follow the manufacturer's instructions carefully.
2. Place the sensor head at the center of the forehead.
3. Slowly slide the thermometer across the forehead toward the top of the ear. Keep it in contact with skin. Stop when you reach the hairline.
4. Read the temperature and document.

Forehead (Non-contact Infrared Thermometer)

Procedure: Can be used on any age.

1. Clean the thermometer, follow the manufacturer's instructions carefully.
2. Place the sensor head at the center of the forehead; does not need to touch the forehead.
3. Hold the thermometer aimed at the forehead.
4. Press button or lever to read the temperature.
5. Read the temperature and document.

VAGUS NERVE STIMULATOR (VNS) PROCEDURE

Purpose: to prevent or stop a seizure

Equipment: VNS magnet

Physicians Orders: Required

Procedure:

1. Know the **Signs** of Impending / Occurring Seizures as listed on scholar's IHCP/EAP/MMP.
Ex...high-pitch cry, rigid arms/legs
2. Provide for scholar safety. Assist to floor and place on side. Assess ABC's. Call for assistance.
3. Feel for the VNS device through the scholar's shirt. Usually on the left chest wall.
(will also be on CP/EAP/MMP).
4. With your other hand, swipe the magnet over the device for less than two seconds.....and/or.....
FOLLOW Physician Orders (1st) for the following: number of swipes at onset of seizure, minutes between swipes, and swipes before any emergency medication.
**touch to smooth flat side of the magnet to the generator with a swiping motion and the magnet over the generator, then pull it away. You may notice a change

in the scholar's voice, hoarseness, or coughing. This is a normal response. Potential adverse effects include: ataxia, dyspnea, numbness, and tingling, spasms of the throat, nausea, and pain.

5. Repeat as needed. (follow dr. orders)
6. Remove the magnet. Return to its identified location. Keep the special magnet at least 10 inches away from credit cards and other magnets. The magnet will damage credit cards. Older microwaves or posted "microwave danger" areas should be avoided. Computer and televisions will not affect the generator.
7. Do not drop the magnet, as this may damage it.
8. Document what time the magnet was swiped over the generator, the number of swipes, and the outcome. Documentation of the episode may be done on a seizure observation form.
9. Child specific instructions must be followed over this generalized instruction.

[How to Use a Vagus Nerve Stimulation \(VNS\) Magnet](#)